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.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer identification number Address change Ronald McDonald House Charities, Inc. Name change 36-2934689 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 110 N. Carpenter St. 630-623-7048 189,738,607. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Chicago, IL 60607-4106 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Katie Fitzgerald Yes X No for subordinates? same as C above **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions www.rmhc.org J Website: H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 1977 M State of legal domicile: IL Trust Association Other Part I Summary we provide essential Briefly describe the organization's mission or most significant activities: At RMHC Activities & Governance services that remove barriers, strengthen families and promote 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 21 4 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 125 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year** Current Year 75,286,529 103,080,235. Contributions and grants (Part VIII, line 1h) 493,050. Program service revenue (Part VIII, line 2g) 4,770,011, 3,462,269. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -480 379 _ -695,469. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 79,576,161 106,340,085. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 42,146,061 58,590,856. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 250 731. 521 794. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 24,623,174. 30,153,699. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 67,019,966, 89,266,349. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,556,195. 17,073,736. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 212,337,428 254,165,091. Total assets (Part X, line 16) 10.885.923 16,050,307. 21 Total liabilities (Part X, line 26) 201,451,505. 238,114,784. 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 reparer (other than officer) is based on all information of which preparer has any knowledge. IARLIX 5/10/2024 Signature of officer Date Sign Stacey Bifero Chief Financial Officer Here Type or print name and title Date Check PTIN Print/Type preparer's name Preparer's signature 5/10/2024 P01268923 Paid Lindsey Pigg malaci Ernst & Young U.S. LLP Firm's EIN 36-6565596 Preparer Firm's name 155 North Wacker Drive Use Only Firm's address

No

Yes

Phone no.312-879-2000

Chicago, IL 60606

36-2934689

Га	Check if Schodula O contains a response or note to any line in this Dort III	Х
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	Δ
'	At RMHC, we provide essential services that remove barriers,	
	strengthen families and promote healing when children need healthcare.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	·
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 75,793,590. including grants of \$ 58,590,856.) (Revenue \$ Support of RMHC Local Chapters worldwide: Ronald McDonald House	402.050
4a	(Code:) (Expenses \$	493,030.
	Charities is a system of independent, separately registered public	
	benefit organizations, referred to as "Chapters" by RMHC. RMHC ensures	
	delivery of the mission across the globe. As a center of excellence,	
	RMHC builds and sustains a robust infrastructure of support to the	
	network of Chapters, including operations, licensing and compliance,	
	finance, risk management, communications, marketing and development.	
	(See Sch O)	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
	-	
	•	
	-	
	·	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 75,793,590.	
		Form 990 (2023)

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	1 1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۳		
,		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- -		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			🔻
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ızu	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
U		12b		l _x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	·			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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		х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Α	
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	l l	v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
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	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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Form 990 (2023) Ronald McDonald House Chart Part IV Checklist of Required Schedules (continued)

	• • •		Yes	No
22 [Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
F	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
a	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	ast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		
	ransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
	s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
C	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
C	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
€	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28 \	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	nstructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f	28c		х
	"Yes," complete Schedule L, Part IV	29	х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31 [Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
5	Schedule N, Part II	32		Х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34 \	Nas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	f "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			v
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	f "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	97		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 59			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to prize winners?	1c	Х	

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	990 (2023) Ronald McDonald House Charities, Inc. 36-293466	,	Р	age ɔ
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
L-	med for the calendar year ending with or within the year covered by this return	Ob		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		<u> </u>
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	 a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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			
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. <u></u> u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tay under section 4951, 4952 or 49532	47		1

Form **990** (2023)

If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI					Х			
Sec	tion A. Governing Body and Management								
		1 1	1		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21						
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	Х				
3	Did the organization delegate control over management duties customarily performed by or under the								
				3	Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х			
				5		x			
5	Did the organization become aware during the year of a significant diversion of the organization's ass		l l			X			
6	Did the organization have members or stockholders?			6					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_		.,,			
	more members of the governing body?			7a_		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or				l			
	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:							
а	The governing body?			8a	Х	<u> </u>			
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)							
		·	_		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	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			11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, g							
12a									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	Х				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? f			120					
·		*		12c	х				
12	on Schedule O how this was done Did the organization have a written whistleblower policy?		l l	13	X				
13					X				
14	Did the organization have a written document retention and destruction policy?			14	Λ				
15	Did the process for determining compensation of the following persons include a review and approva	ı by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-		v			
	The organization's CEO, Executive Director, or top management official			15a		X			
b	Other officers or key employees of the organization	•••••		15b		Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a							
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's							
	exempt status with respect to such arrangements?			16b					
<u>Sec</u>	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed See Schedule O								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 50	1(c)(3)s	only)	avai l al	ole			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain	on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	y, and	financ	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records							
	Stacey Bifero - 847-363-8451								
	110 N. Carpenter St., Chicago, IL 60607-2101								

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

X

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sat	ed any current officer, d	rector, or trustee.			
(A)	(B)			_ (0	C)			(D)	(E)	(F)		
Name and title	Average	(do			Position do not check more than one					Reportab l e	Reportable	Estimated
	hours per	box	x, unless person is both an ficer and a director/trustee)				n an	compensation	compensation	amount of		
	week	_				1		from the	from related	other		
	(list any hours for	director				,		organization	organizations (W-2/1099-M I SC/	compensation from the		
	related	5	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related		
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
·	line)	pul	<u>ISI</u>	0tti	Ke	훈등	For					
(1) Alex Dimitrief	1.00								_	_		
Trustee	0.00	Х						0.	0.	0.		
(2) Andrew McKenna	1.00											
Trustee (until 2/23)	0.00	Х	_				_	0.	0.	0.		
(3) Chris Kempczinski	1.00											
Trustee	0.00	Х	_				_	0.	0.	0.		
(4) David C. Herman, MD	1.00											
Trustee	0.00	Х					_	0.	0.	0.		
(5) Eduardo Sanchez	1.00	l		l					_	_		
Trustee, Treasurer	0.00	Х		Х			-	0.	0.	0.		
(6) Enrique Hernandez, Jr.	1.00	١										
Trustee	0.00	Х	_		_		-	0.	0.	0.		
(7) Ginger Hardage	1.00	.,		,,						^		
Trustee, Chairman	0.00	Х		Х	_		_	0.	0.	0.		
(8) Grace Fung Oei	1.00	Į,							0	_		
Trustee (9) J. Christopher Reyes	1.00	Х	_				-	0.	0.	0.		
	0.00	х						0.	0.	_		
Trustee (10) James D. Watkins	1.00	Δ					-	0.	٠.	0.		
Trustee	0.00	Х						0.	0.	_		
(11) Jan Fields	1.00	Λ						0.	0.	0.		
Trustee	0.00	Х						0.	0.	0.		
(12) Javier Goizueta	1.00							· · · · · · · · · · · · · · · · · · ·	· ·	••		
Trustee (until 12/23)	0.00	х						0.	0.	0.		
(13) Jeffrey Davis	1.00							•	· ·	<u> </u>		
Trustee	0.00	х						0.	0.	0.		
(14) Laura Schumacher	1.00							•	•	•		
Trustee	0.00	x						0.	0.	0.		
(15) Mats Lederhausen	1.00							1	•	•		
Trustee	0.00	х						0.	0.	0.		
(16) Michael Thompson	1.00								- •			
Trustee		х						0.	0.	0.		
(17) Michelle Stephenson	1.00					T		1	- •			
Trustee	0.00	х						0.	0.	0.		

332007 12-21-23 Form **990** (2023)

36-2934689

Form 990 (2023) Ronald McDona	ald House C	har	iti	es,	In	c.			36-293468	9 Page 8			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)	(C)						(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportab l e	Estimated			
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of			
	week	_	Ceran	luau	recto	ritus	lee)	from	from related	other 			
	(list any hours for	irecto						the organization	organizations (W-2/1099-M I SC/	compensation from the			
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization			
	organizations	ndividual trustee or director	nstitutional trustee		yee	шрег		1099-NEC)	1000 (420)	and related			
	below	idua	ution	e.	oldu	est co oyee	ier	,		organizations			
	line)	Indiv	Instii	Officer	Key employee	Highest compensated employee	Former						
(18) Nicole Harper Rawlins	1.00												
Trustee	0.00	Х						0.	0.	0.			
(19) Stuart E. Siegel, MD	1.00												
Trustee	0.00	Х						0.	0.	0.			
(20) Theodore Perlman	1.00												
Trustee	0.00	Х						0.	0.	0.			
(21) Walter A. Orenstein, M.D.	1.00												
Trustee (from 4/23)	0.00	Х						0.	0.	0.			
(22) Wayne Stingley	1.00												
Trustee	0.00	Х						0.	0.	0.			
(23) Wendy Davidson	1.00												
Trustee (from 4/23)	0.00	Х						0.	0.	0.			
(24) Katherine Fitzgerald	40.00												
President & CEO (from 3/23)	0.00			Х				0.	0.	0.			
(25) Rodney Jordan	40.00												
Chief Operating Officer	0.00			Х				0.	0.	0.			
(26) Joanna Sabato	40.00												
Chf. Mktg. & Dev. Officer	0.00			Х				0.	0.	0.			
1b Subtotal								0.	0.	0.			
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.			
d Total (add lines 1b and 1c)			0.	0.	0.								

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

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Х 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? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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
McDonald's Corporation		
110 N Carpenter, Chicago, IL 60607	Professional services	3,924,126.
Integrigo, LLC, 11 Court Street, Suite	Donation Box Management and	
280, Exeter, NH 03833	Collection	3,541,229.
Capgemini America, Inc, 400 Broadacres	Website and technology	
Drive, Suite 410, Bloomfield, NJ 07003	consulting	935,636.
The Narrative Group, LLC, 19 West 21st	Advertising and promotional	
Street, Suite 601, New York, NY 10010	services	807,500.
Deloitte Consulting, LLP	Financial transformation	
4022 Sells Drive, Hermitage, TN 37076	consulting	800,000.
2 Total number of independent contractors (including but not limited to \$100,000 of compensation from the organization	o those listed above) who received more than 32	

See Part VII, Section A Continuation sheets

	36-2934689									
Part VII Section A. Officers, Directors, Tr		nplo	yee			ligh	est (· ·	
(A) Name and tit l e	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated
	hours	(cl	neck	all t	I that apply)			compensation	compensation from related	amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations
27) Angela Steele	4.00									
ecretary	0.00			Х				0.	0.	
28) Stacey Bifero	40.00									
hief Financial Officer	0.00			Х				0.	0.	
			\vdash		 					

Form 990 (2023) Ronald McDo
Part VIII Statement of Revenue

		Check if Schedule O contains a	response (or note to any line	e in this Part VIII			X
					(A)	(B)	(C)	_ (D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
						function revenue	business revenue	sections 512 - 514
S CO	1 2	Federated campaigns	1a	137,261.				
Contributions, Gifts, Grants and Other Similar Amounts			1b					
<i>5</i> g		Membership dues		4,209,084.				
Ţż,		Fundraising events	1c	4,200,004.				
ᇐ		Related organizations	1d	2 000 000				
Sig.		Government grants (contributions)	1e	2,000,000.				
흕	f	All other contributions, gifts, grants, and						
혈퓦		similar amounts not included above	1f	96,733,890.				
E G	g	Noncash contributions included in lines 1a-1f	1g \$	1,608,594.				
<u>2 g</u>	h	Total. Add lines 1a-1f			103,080,235.			
				Business Code				
9	2 a	Local Chapter Conference Fe	es	611430	493,050.	493,050.		
Ξ̈́	b							
S a	С							
e a	d							
Program Service Revenue	е							
Pr		All other program service revenue						
		Total. Add lines 2a-2f			493,050.			
	3	Investment income (including divider	nds, intere	st, and				
		, ,			5,890,673.			5,890,673.
	4	Income from investment of tax-exem			, ,			· · ·
	5	Royalties						
	•) Real	(ii) Personal				
	6 -	 '	7 1 1001	(ii) i oroonai				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)		(") OH				
	7 a		ecurities	(ii) Other				
		assets other than inventory 7a 80,1	50,129.					
	b	Less: cost or other basis						
<u>a</u>		and sales expenses	78,533.					
ĕ	С	Gain or (loss) 7c -2,4	28,404.					
her Revenue	d	Net gain or (loss)	<u></u>		-2,428,404.			-2,428,404.
Je	8 a	Gross income from fundraising events (n	ot					
₽		including \$ 4,209,084.	of					
		contributions reported on line 1c). Se	e					
		Part IV, line 18	<u>8a</u>	124,520.				
	b	Less: direct expenses	8b	819,989.				
	С	Net income or (loss) from fundraising	events_		-695,469.			-695,469.
	9 a	Gross income from gaming activities	. See					
		Part IV, line 19	9a					
	b	Less: direct expenses						
		Net income or (loss) from gaming act						
1		Gross sales of inventory, less returns						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales of inv	-	·				
			,	Business Code				
S 1	11 a							
Miscellaneous Revenue	b	-						
ella	c	-						
Be								
	A	All other revenue						
Σ		All other revenue						

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) Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 50,226,079 50,226,079 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 8,364,777. 8,364,777. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): Management 813,929 468,795. 201,252, 143,882. Legal 862,675, 803,192, 59,483, Accounting Lobbying 521,794, 521,794. Professional fundraising services. See Part IV, line 17 395,392. 125,332. 270,060. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 8,605,010 5,779,143. 1,619,813 1,206,054. column (A), amount, list line 11g expenses on Sch O.) 5,836,759 295,543. 5,106,907 434,309. Advertising and promotion 12 60,343. 12,213. 6,841 41,289. Office expenses 13 2,965,840 1,487,202, 404,163 1,074,475. Information technology 14 Royalties 15 16 Occupancy 1,819,491, 55,876. 1,605,762. 157,853. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 118,177. 2,812,110. 2,682,413. 11,520. 19 Conferences, conventions, and meetings 20 Payments to affiliates _____ 21 163,356 1,756. 161,600. 22 Depreciation, depletion, and amortization 369,916. 75,250. 294,666. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Donation box expense 4,979,209. 3,734,407. 1,244,802. Credit card / bank fees 271,260 3,395. 267,865. Subscriptions 132,551 103,985. 23,026, 5,540. 45,000. 13,891. 25,241 Acknowledgement 5,868. d 20,858 2,500. 17,672, All other expenses 8,297,199 Total functional expenses. Add lines 1 through 24e 89,266,349 75,793,590. 5,175,560. 25 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Part	Λ	Balance Sneet					
		Check if Schedule O contains a response or no	ote to an	/ line in this Part X	(A)		(B)
- 1					Beginning of year		End of year
	1			·····	22 F0F 640	1	40 001 005
	2	Savings and temporary cash investments			22,595,649.	2	40,891,885
	3	Pledges and grants receivable, net			12,980,901.	3	16,813,736
	4	Accounts receivable, net			11,972.	4	162,161
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub		_			
	_	controlled entity or family member of any of the	•			5	
	6	Loans and other receivables from other disqua	•	`			
	_	under section 4958(f)(1)), and persons describe			100 000	6	(
ets	7	Notes and loans receivable, net			100,000.	7	
Assets	8	Inventories for sale or use			95,189.	8	87,821
-	9				2,941,044.	9	2,893,664
	10a	Land, buildings, and equipment: cost or other		1 542 005			
		basis. Complete Part VI of Schedule D		1,542,095.	162 255		
		Less: accumulated depreciation		1,542,095.	163,355.	10c	172 222 500
	11	Investments - publicly traded securities			156,367,038.	11	173,322,509
	12	Investments - other securities. See Part IV, line			15,919,942.	12	18,617,054
	13	Investments - program-related. See Part IV, line		·····		13	
	14	Intangible assets			1 160 220	14	1 276 06
	15	Other assets. See Part IV, line 11			1,162,338.	15	1,376,263
	16	Total assets. Add lines 1 through 15 (must eq			212,337,428.	16	254,165,093
- 1	17	Accounts payable and accrued expenses			4,617,143.	17	4,812,302
- 1	18	Grants payable	6,251,448.	18	11,227,237		
- 1	19	Deferred revenue				19	
	20					20	
- 1	21	Escrow or custodial account liability. Complete				21	
Se 2	22	Loans and other payables to any current or for					
┋ │		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
1	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24 25	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X	17,332.		10,768
	~~	of Schedule D			10,885,923.	25	16,050,307
+	26	Total liabilities. Add lines 17 through 25		X	10,005,925.	26	10,030,30
ဖွ		Organizations that follow FASB ASC 958, ch	ieck ner				
蹩ㅣ.	07	and complete lines 27, 28, 32, and 33.		-	197,048,117.	27	234,017,765
<u>ala</u>	27 00		·····	4,403,388.	28	4,097,019	
8 °	28	Net assets with donor restrictions			4,400,500.	28	4,007,013
들		Organizations that do not follow FASB ASC	958, Che	ck nere			
ے م	20	and complete lines 29 through 33.		-		29	
윭 []	29 20	Capital stock or trust principal, or current fund				30	
) SS	30 31	Paid-in or capital surplus, or land, building, or e					
-	31 20	Retained earnings, endowment, accumulated i			201,451,505.	31	238,114,784
	32	Total net assets or fund balances			212,337,428.	32	254,165,091
	33	Total liabilities and net assets/fund balances			212,331,420.	33	Eorm 990 (202

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		106,	340,	085.			
2	Total expenses (must equal Part IX, column (A), line 25)								
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		201,	451,	505.			
5	Net unrealized gains (losses) on investments	5		19,	329,	229.			
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			260,	314.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10		238,	114,	784.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>					
			_	ļ	Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edu l e C).						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
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 on Schedule O and describe any steps taken to undergo such audits			3b					

SCHEDULE A

(Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Ronald McDonald House Charities Inc

Employer identification number

		Ronald	McDonald House	Charities, Inc.				3	36-2934689
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omp l ete th	nis part.) S	ee instructions.		
he (organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck on l y	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedu l e E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii).	Enter t	he hospita l 's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit d	escribe	d 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	X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental ı	unit or from the ge	eneral p	ublic described in
		section 170(b)(1)(A)(vi). (C	omp l ete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land	l-grant c	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city,	and state of the	college	or
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fe	es, and	gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its sup	pport fro	om gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organiz	ation af	ter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry o	ut the p	ourposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section 509 (a)(3). C	heck the box on
		_lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and 12g	١.	
а			anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typica	ally by g	jiving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of	f the su	pporting
	_	organization. You must o	omplete Part IV, Se	ections A and B.					
b			anization supervised	or controlled in connect	ion with its	s supporte	d organization(s),	by havi	ng
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntro l or manage th	ne supp	orted
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connect	ion with, a	and functionally in	tegrated	d with,
		its supported organization	n(s) (see instructions). You must complete F	Part IV , Se	ctions A,	D, and E.		
d			-					-	* *
		that is not functionally int	-		-			attentive	eness
		requirement (see instructi	•	-					
е							Type I, Type II, Ty	/pe III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			
f		er the number of supported o	•						
9		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization l isted	(v) Amount of mor	netary	(vi) Amount of other
	•	organization	, ,	(described on lines 1-10	in your governi Yes	ng document?	support (see instruc	ctions)	support (see instructions)
				above (see instructions))	163	140			

332021 12-21-23

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	53,774,549.	70,209,825.	77,176,213.	75,286,529.	103,118,271.	379,565,387.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its beha l f						
3	The value of services or facilities						
Ĭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	53,774,549.	70,209,825.	77,176,213.	75,286,529.	103,118,271.	379,565,387.
	The portion of total contributions	, , , ,	, , ,	, , ,	, , , -	, , , .	, , -
Ŭ	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)						81,965,278.
_	** ************************************						297,600,109.
	Public support. Subtract line 5 from line 4.						257,000,105.
	• •	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 4	53,774,549.	70,209,825.	77,176,213.	75,286,529.	103,118,271.	379,565,387.
	Gross income from interest.	33,771,313.	70,203,023.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	73,200,323.	100,110,271.	373,303,307.
0	<i>'</i>						
	dividends, payments received on						
	securities loans, rents, royalties,	3,478,928.	3,260,976.	5,407,124.	4,394,692.	5,890,673.	22 432 303
_	and income from similar sources	3,470,320.	3,200,370.	3,407,124.	4,394,092.	3,030,073.	22,432,393.
9							
	activities, whether or not the	17					17
	business is regularly carried on	17.					17.
10	Other income. Do not include gain						
	or loss from the sale of capital	640.075	F2 400			104 500	006 505
	assets (Explain in Part VI.)	648,975.	53,100.			124,520.	826,595.
	Total support. Add lines 7 through 10						402,824,392.
	Gross receipts from related activities,	•	,			12	519,450.
13	First 5 years. If the Form 990 is for th	=	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
<u>C-</u>	organization, check this box and stop						
	ction C. Computation of Publi						72.00
	Public support percentage for 2023 (li		•	,,,		14	73.88 %
	Public support percentage from 2022					15	75.41 %
16a	33 1/3% support test - 2023. If the o	_					
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o	•		•		*	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	and l ine 14 is 10% o	or more,
	and if the organization meets the facts			-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qua l ifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	•					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	<u>, 16b, 17a, or 17b,</u>	check this box a	nd see instructions	·
						Schedule A	(Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	Τ			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	<u> </u>					
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
<u> </u>	check this box and stop here	- 0 + D					
	ction C. Computation of Publi						
	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	<u>%</u>
				10 (6)		147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			on line 14, and line		18 22 1/29/ and line 1	7 is not
198	33 1/3% support tests - 2023. If the						/ IS NOT
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization			·		•	

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

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Schedule A (Form 990) 2023

Page 5

Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
<u>Sec</u>	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	il dollon	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh-		
9	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		2-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		
	DUBS SUDDINIED DUBSINGSDOS / It "Voo." docombo in Part VI the vole played by the executation in this year			1

Ronald McDonald House Charities, Inc.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	u			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must		•				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optiona l)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
_3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - Minimum Asset Amount (A) Prior Year							
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting organ	nization (see			
	instructions).	. 3	J. 11 3 - 3	,			

Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3					
4	Amounts paid to acquire exempt-use assets			4					
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.		7						
8	Distributions to attentive supported organizations to which the								
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2023 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
		(i)	(ii)		(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023		Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
a	From 2018								
<u>b</u>	From 2019								
<u> </u>	From 2020								
d	From 2021								
<u>e</u>	From 2022								
<u>f</u>	Total of lines 3a through 3e								
<u>g</u>	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2023 distributable amount								
<u>_i</u>	Carryover from 2018 not applied (see instructions)								
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$								
<u>a</u>	Applied to underdistributions of prior years								
	Applied to 2023 distributable amount								
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
	Excess from 2022								
<u>e</u>	Excess from 2023								

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					
Schedule A, Part II, Line 10, Explanation for Other Income:					
Gross income from special fundraising events and gaming					
2019 Amount: \$ 648,975.					
2020 Amount: \$ 53,100.					
2023 Amount: \$ 124,520.					

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

36-2934689 Ronald McDonald House Charities, Inc. Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

Ronald McDonald House Charities, Inc.

36-2934689

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 Х Person **Payroll** 21,796,569. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

Ronald McDonald House Charities, Inc.

36-2934689

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

Employer identification number

Name of organization

36-2934689 Ronald McDonald House Charities, Inc. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Ronald McDonald House Charities, Inc.

Employer identification number

36-2934689

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or <i>i</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose conf	ferring
			Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a hi	istorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а			. 2a
b			
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	anization during the tax
	year	tip legated	
4	Number of states where property subject to conservation eas	<u> </u>	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
U	otali and volunteer riburs devoted to monitoring, inspecting,	Transming of violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation.	easements during the year
•	, undant of expenses meaned in memoring, inepeding, mane	and of violations, and officioning content value.	outernative during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(E	B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for public.	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of pub l ic service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	_	n, provide
	the following amounts required to be reported under FASB A	<u> </u>	
	Revenue included on Form 990, Part VIII, line 1		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

organization by:				No
i)	Unrelated organizations?	3a(i)		
ii)	Related organizations?	3a(ii)		
f "እ	es" on line 3a(ii). are the related organizations listed as required on Schedule R?	3b		

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

Part VI | Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumu l ated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,542,095.	1,542,095.	0.
Total, Add lines 1a through 1e. (Column (d) must equa	0.			

Schedule D (Form 990) 2023

b

Schedule D (Form 990) 2023 Ronald McDonald	House Charities, Inc.		36-2934689 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(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	212 622		
(2) Closely held equity interests	212,623.	End-of-Year Market Value	
(A) McDonald's Corporation	10 404 421	End of Your Monket Welve	
	18,404,431.	End-of-Year Market Value	
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	18,617,054.		
Part VIII Investments - Program Related.	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	_		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d, See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, cc Part X Other Liabilities	ol. (B))		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1:	1e or 11f See Form 990 Part Y line	25
(-) Department of liability	Offi Offi 990, Fait IV, Inter	Te di Tii. Gee i diii 930, i ait X, liile	(b) Book value
(1) Federal income taxes			(b) Book value
(2) Intermediary third party liability (s	ee Part XIII)		10,768.
(3)	,		25,700.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Calumn /h) must asked Form 000. Part V line 25 as			10 768.

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

Schedule D (Form 990) 2023

36-2934689

Par	Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Revenue per Re	turn	
1	T. I			1	162,896,497.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	_{2a}	19,329,229.		
b	Donated services and use of facilities		36,542,273.		
	Recoveries of prior year grants		29,982.		
c d	Other (Describe in Part XIII.)		230,332.		
			•	2e	56,131,816.
e	-			3	106,764,681.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
-	• • • • • • • • • • • • • • • • • • • •	امدا	395,393.		
	Investment expenses not included on Form 990, Part VIII, line 7b		-819.989.		
b	Other (Describe in Part XIII.)				-424,596.
	Add lines 4a and 4b			4c	106,340,085.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statement	ents With	Expenses per F		100,340,003.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	126,233,218.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	36,542,273.		
b	Prior year adjustments		, ,		
c	Other losses				
d	Other (Describe in Part XIII.)		819,989.		
e	Add lines 2a through 2d		, , , , , , , , , , , , , , , , , , ,	2e	37,362,262.
3	Subtract line 2e from line 1			3	88,870,956.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				, , ,
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	395,393.		
	Other (Describe in Part XIII.)				
	A LLP			4c	395,393.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	89,266,349.
	t XIII Supplemental Information			3	05,200,315.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			; Part X,	line 2; Part XI,
Part	X, Line 2:				
RMHC	is exempt from federal income tax under Section 501(c)(3) of	the			
Inte	rnal Revenue Code. However, income, if any, from certain activ	vities			
not	directly related to the tax-exempt purpose of RMHC is subject	to			
taxa	tion as unrelated business income. In addition, RMHC qualifies	s for the			
char	itable contribution deduction under Section $170(b)(1)(A)$ and h	nas been			
clas	sified as an organization other than a private foundation unde	er			
Sect	ion 509(a)(1). RMHC believes that it has appropriate support f	for any			
	positions taken, and as such, does not have any uncertain tax				
posi	tions that are material to the financial statements. There wer	re no			
inco	me taxes for unrelated business income for the years ended Dec	cember			
31,	2023 and 2022.				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Open to Public Inspection

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Ronald McDonald House					36-2934689	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the orgar	nization answered "Y	es" on
Form 990, Part I	V, line 14b.					
1 For grantmakers. Does	s the organizatior	n maintain record	ds to substantiate the amount of its gra	nts and other		
the grantees' eligibility f	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance? X	Yes No
~	cribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	her assistance outsi	de the
United States.						
3 Activities per Region. (T			n be duplicated if additional space is n		vity listed in (d)	(f) Total
(a) Region	(b) Number of offices	employees.	(by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and
		contractors	recipients located in the region)		(s) in the region	investments in the region
		in the region				in the region
Central America and						
the Caribbean	0	0	 Grantmaking			283,621.
						200,022.
East Asia and the						
Pacific	0	0	 Grantmaking			1,192,039.
Europe	0	0	Grantmaking			2,221,368.
Middle East and						
North Africa	0	0	Grantmaking			11,784.
			h			401 064
North America	0	0	Grantmaking 			421,964.
Russia and the						
Neighboring States	0	0	 Grantmaking			2,461,187.
	1	Ĭ				2,101,107.
South America	0	0	 Grantmaking			1,768,424.
Sub-Saharan Africa	0	0	Grantmaking			4,390.
3 a Subtotal	0	0				8,364,777.
b Total from continuation						
sheets to Part I	0	0				1,157,080.
c Totals (add lines 3a						
						0 501 057

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

Schedule F (Form 990) 2023

Schedule F (Form 990) Ronald McDonald House Charities, Inc. 36-2934689 Page Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)						
Part I Continuatio	n of Activitie	s per Region	l- (Schedule F (Form 990), Part I, line 3	3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
Europe	0	0	Fundraising		55,	
East Asia and the						
Pacific Pacific	0	0	Public relations		800.	
Europe	0	0	Public relations		1,080.	
Middle East and						
North Africa	0	0	Public relations		255.	
North America	0	0	Public relations		2,584.	
Central America and						
the Caribbean	0	0	Program services	Chapter support	2,461.	
East Asia and the Pacific	0	0	Program services	Chapter support	304,287.	
Europe	0	0	Program services	Chapter support	315,927.	
Middle East and						
North Africa	0	0	Program services	Chapter support	22,595.	
North America	0	0	Program services	Chapter support	9,665.	
Totals						

			narities , Inc. • (Schedule F (Form 990), Part I, line 3	36-293	4689 Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program services	Chapter support	128,068.
Sub-Saharan Africa	0	0	Program services	Chapter support	13,994.
East Asia and the Pacific	0	0	Program services	Chapter capacity building	494.
Europe	0	0	Program services	Chapter capacity building	9,705.
South America	0	0	Program services	Chapter capacity building	4,166.
Central America and the Caribbean	0	0	Program services	Chapter education	4,202.
East Asia and the Pacific	0	0	Program services	Chapter education	113,295.
Europe	0	0	Program services	Chapter education	136,611.
Middle East and					
North Africa	0	0	Program services	Chapter education	4,068.
North America	0	0	Program services	Chapter education	15,575.
Totals					

Schedule F (Form 990)	Ronald McDon	ald House Ch	narities, Inc.	36-2934689	Page 1
Part Continuatio	n of Activitie	s per Regior	(Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
					40.504
South America	0	0	Program services	Chapter education	48,694.
South Asia	0	0	Program services	Chapter education	9,968.
Sub-Saharan Africa	0	0	Program services	Chapter education	8,531.
Totals					1,157,080.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		Central America						
		and the Caribbean	See part V - a, d	262,000.	Bank Draft	0.		
		Central America						
		and the Caribbean	See part V - d	13,500.	Bank Draft	0.		
		Central America						
		and the Caribbean	See part V - d	8,121.	Bank Draft	0.		
		East Asia and the						
			See part V - a, d	273,390.	Bank Draft	0.		
		East Asia and the						
			See part V - a, d	254,195.	Bank Draft	0.		
		East Asia and the						
			See part V - d	234,628.	Bank Draft	0.		
				,				
		East Asia and the						
			See part V - b, d	187,230.	Bank Draft	0.		
			- ,	, ,				
		East Asia and the						
		Pacific	See part V - d	74,780.	Bank Draft	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

53

3 Enter total number of other organizations or entities

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, l ine 1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the						
			See part V - d	60,462.	Bank Draft	0.		
		East Asia and the						
		Pacific	See part V - d	40,195.	Bank Draft	0.		
		East Asia and the						
		Pacific	See part V - d	20,390.	Bank Draft	0.		
		East Asia and the						
			See part V - d	10,390.	Bank Draft	0.		
		East Asia and the						
		Pacific	See part V - d	7,695.	Bank Draft	0.		
		East Asia and the						
		Pacific	See part V - d	7,000.	Bank Draft	0.		
		East Asia and the						
		Pacific	See part V - d	6,695.	Bank Draft	0.		
		East Asia and the						
		Pacific	See part V - d	5,218.	Bank Draft	0.		
		Europe	See part V - d	450,044.	Bank Draft	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	Jnited States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	See part V - a, d	318,557.	Bank Draft	0.		
		Europe	See part V - a, d	279,477.	Bank Draft	0.		
		Europe	See part V - a, d	276,557.	Bank Draft	0.		
		Europe	See part V - a, d	252,284.	Bank Draft	0.		
		Europe	See part V - b, d	200,000.	Bank Draft	0.		
		Europe	See part V - d	75,136.	Bank Draft	0.		<u> </u>
		Europe	See part V - d	58,119.	Bank Draft	0.		
		Europe	See part V - d	55,420.	Bank Draft	0.		
		Europe	See part V - d	54,273.	Bank Draft	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line 1)	1 ago 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	See part V - d	54,125.	Bank Draft	0.		
		Europe	See part V - d	34,261.	Bank Draft	0.		
		Europe	See part V - d	20,984.	Bank Draft	0.		
		Europe	See part V - d	20,258.	Bank Draft	0.		
		Europe	See part V - d	14,800.	Bank Draft	0.		
		Europe	See part V - d	13,705.	Bank Draft	0.		
		Europe	See part V - d	12,468.	Bank Draft	0.		
		Europe	See part V - d	10,500.	Bank Draft	0.		
		Middle East and		11 50.				
		North Africa	See part V - d	11,784.	Bank Draft	0.		

Ronald McDonald House Charities, Inc.

			tes. Complete i	f the organization answered "Yes" o	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part I	V I F	oreid	ın Fo	rms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 Ronald McDonald House Charities, Inc.	36-2934689	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting		
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)		
(estimated number of recipients), as applicable. Also complete this part to provide any additional information	tion. See instructions.	
Part I, Line 2:		
All grants outside the U.S. were made to Non-U.S. Chapters. RMHC monitors		
the use of the funds in the following manner:		
-RMHC Field Operations team members work with a specific Chapter and are		
responsible for subsequent follow-up to determine that funds granted by		
RMHC to each respective Chapter have been used for their stated purposes.		
On an annual basis, each Chapter must submit their audited financial		
statements.		
Part I, line 3:		
Grants and expenditures are reported on the accrual basis of accounting.		
Part II, Column (d), Purpose of Grant:		
(a) New and expanding Ronald McDonald House programs and ongoing		
operating support		
(b) New Ronald McDonald Family Room programs		
(c) Build and support Ronald McDonald Care Mobile programs		
(d) New Chapter seed grants, general Chapter operating support, and		
capacity building grants to Chapters		
		_

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 36-2934689 Ronald McDonald House Charities, Inc. Part I Fundraising Activities. Complete if the organization answered "Yes" on 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. X Mail solicitations X Solicitation of non-government grants е X Internet and email solicitations Solicitation of government grants b X Phone solicitations X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) Concord Direct - 92 Old Provide e-mail and direct Yes No Х Turnpike Rd, Concord, NH mail marketing services 619,988 248,177. 371,812. GoodUnited, Inc. - 804 Find and engage with Meeting St, Suite 101, supporters on social media Х 122,429 19,367 103.062. Campbell & Company - 1 East Provide consulting Wacker Dr, Suite 2100 services for fundraising Х 0. 254,250 -254,250. 220,624. 742 417. 521 794 Total 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. AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, LA, MD, MA, MI, MN, MS, MO, NH, NJ, NM NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, WA, WV, WI

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

Schedule G (Form 990) 2023

See Part IV for continuations

Pa	rt	- '				
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2 RMHC Global Giving	(c) Other events None	(d) Total events (add col. (a) through
			Marathon	Collective		col. (c)
Ф			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	2,538,604.	1,795,000.		4,333,604.
	2	Less: Contributions	2,538,604.	1,670,480.		4,209,084.
	3	Gross income (line 1 minus line 2)		124,520.		124,520.
	4	Cash prizes				
Se	5	Noncash prizes				
bense	6	Rent/facility costs	25,339.	3,865.		29,204.
Direct Expenses	7	Food and beverages	135,323.	45,507.		180,830.
	8	Entertainment		32,025.		32,025.
	9	Other direct expenses	550,659.			577,930.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			819,989.
_	11					-695,469.
Pa	rt		answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	I	(In) Dull tobo/instant		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ä	1	Gross revenue				
98	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	s	ster the state(s) in which the organization conduct the organization licensed to conduct gaming ac 'No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re				Yes No
0000		0.12.23			ادران	edule G (Form 990) 2023

Sch	edule G (Form 990) 2023 Rohard McDohard House Charities, Inc.	-293466	9	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		<u>%</u>
b	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	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			
	- Traine			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I 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 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
Sch	edule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:			
/ . . \	Name of Bundaniana, Consord Direct			
(1)	Name of Fundraiser: Concord Direct			
(i)	Address of Fundraiser: 92 Old Turnpike Rd, Concord, NH 03301			
·-/				
(i)	Name of Fundraiser: GoodUnited, Inc.			
(i)	Address of Fundraiser: 804 Meeting St, Suite 101, Charleston, SC 29403			
,				
(ii) Activity: Find and engage with supporters on social media to generate			

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" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047 **2023**

Open to Public Inspection

Name of the organization Ronald McDona:	ld House Chari	ities, Inc.					Employer identification number 36-2934689
Part I General Information on Grants a	nd Assistance	,					
 Does the organization maintain records to criteria used to award the grants or assisted. Describe in Part IV the organization's process. 	stance?				_		on X Yes No
Part II Grants and Other Assistance to recipient that received more than S					ganization answered "`	Yes" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Atlanta RMHC, Inc.							
795 Gatewood Road NE						Airline	
Atlanta, GA 30329	58-1295754	501(c)(3)	1,241,189.	2,000.	FMV	Tickets	See part V - a, d
Central New York RMHC, Inc. 1100 East Genesee St.	22 2271102	E01(-)(2)	020 017	1 200		Airline	
Syracuse, NY 13210	22-2371193	501(6)(3)	938,017.	1,200.	FMV	Tickets	See part V - a, d
RMH of Chapel Hill, Inc. 101 Old Mason Farm Rd. Chapel Hill, NC 27517	56-1413188	501(c)(3)	30,104.	1,600.	FMV	Airline Tickets	See part V – đ
RMH of Dallas, Inc. 4707 Bengal Street Dallas, TX 75235	75-1609401	501(c)(3)	15,332.	2,000.	FMV	Airline Tickets	See part V – d
RMH of Danville, Inc. 24 Trembulak Way Danville, PA 17821	23-2155803	501(c)(3)	22,918.	0.			See part V - d
RMH of Ft. Worth, Inc. 1001 8th Ave. Fort Worth, TX 76104	75-1754490	501(c)(3)	29,000.	2,000.	FMV	Airline Tickets	See part V - d
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table				129.
3 Enter total number of other organizations	s listed in the line	1 table					0.

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

Schedule I (Form 990) 2023

Rochester, MN 55902 41-1344744 501(c)(3) 713,604. 2,000.FMV Tickets See part V - RMH of Scranton, Inc. 332 Wheeler Avenue Scranton, PA 18510 23-2400153 501(c)(3) 21,918. 0. See part V - RMHC Bay Area, Inc. 520 Sand Hill Rd. Palo Alto, CA 94304-2001 94-2538615 501(c)(3) 560,414. 202,000.FMV Mobile See part V - RMHC Dayton 555 Valley St. Dayton, OH 45404 31-0964793 501(c)(3) 326,705. 800.FMV Tickets See part V - RMHC Greater Houston 1907 Holcombe Blvd. Houston, TX 77030 74-1984499 501(c)(3) 615,137. 2,000.FMV Tickets See part V - RMHC In Omaha, Inc. 620 S. 38th Ave. Omaha, NE 68105 47-0755104 501(c)(3) 237,354. 1,600.FMV Tickets See part V - RMHC New York Metro, Inc.	ose of grant ssistance
121 S. Holmes Street Lensing, MI 48512 38-3279325 501(c)(3) 451,443. 800. MW prick inc. 405 Bast 73rd St. New York, Inc. 405 Bast 73rd St. New York, NY 10021 13-2933654 501(c)(3) 333,527. 2,000. MW rickets See part V - RMH of Rochester, Minnesota, Inc. 850 2nd Street SW Rochester, Minnesota, Inc. 850 2nd Street SW Rochester, Minnesota, Inc. 332 Wheeler Avenue 8cranton, Inc. 332 Wheeler Avenue 8cranton, PA 18510 23-2400153 501(c)(3) 21,918. 0. 8ce part V - RMHC Bay Area, Inc. 520 Sand Hill Rd. 520 Sand Hill Rd. 71ckets Palo Alto, CA 94304-2001 94-2538615 501(c)(3) 560,414. 202,000. MW Mobile See part V - RMHC Dayton Should Street Houston 1907 Holcombe Blvd. Houston, TX 77030 74-1984499 501(c)(3) 74-0755104 501(c)(3) 237,354. 1,600. MW Fickets See part V - RMHC New York Metro, Inc.	
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Omaha, NE 68105 47-0755104 501(c)(3) 237,354. 1,600.FMV Tickets See part V-	
RMHC New York Metro, Inc.	- a, d
ANT NET EXECUTE TO THE TOTAL PARTITION OF THE PARTITION O	
New Hyde Park, NY 11040	đ

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	- Pai
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Alabama, Inc.							
1700 4th Avenue South						Airline	
Birmingham, AL 35233-1810	63-0753358	501(c)(3)	1,129,272.	2,000.	FMV	Tickets	See part V - d
RMHC of Amarillo, Inc.							
1501 Streit Drive						Airline	
Amarillo, TX 79106	75-1790186	501(c)(3)	51,342.	800.	FMV	Tickets	See part V - d
RMHC of Ann Arbor, Inc.							
1600 Washington Heights						Airline	
Ann Arbor, MI 48104	38-2473817	501(c)(3)	207,849.	1,600.	FMV	Tickets	See part V - d
RMHC of Arkansas, Inc.							
1501 West 10th Street						Airline	
Little Rock, AR 72202	71-0525252	501(c)(3)	2,651,508.	1,600.	FMV	Tickets	 See part V - a, d
				·			,
RMHC of Arkoma, Inc.							
1333 Arapaho Ave Ste C						Airline	
Springdale, AR 72764	73-1563945	501(c)(3)	116,405.	1,200.	FMV	Tickets	See part V - d
RMHC of Augusta, Inc.							
1442 Harper Street							
Augusta, GA 30901	58-1509465	501(c)(3)	51,360.	0.			See part V - d
DMIG of Bigmongh Inc							
RMHC of Bismarck, Inc. P.O. Box 7323							
Bismarck, ND 58507	36-3705683	501(a)(3)	24,171.	0.			See part V - d
Dibmorek, ND 30307	30 3703003	301(0)(3)	24,171.				pec pare v a
RMHC of Burlington, Vermont, Inc.							
16 S. Winooski Ave.							
Burlington, VT 05401	03-0287584	501(c)(3)	99,318.	0.			See part V - d
RMHC of Central and Northern							
Arizona, Inc 501 E. Roanoke						Airline	
Ave Phoenix, AZ 85004	86-0483792	501(c)(3)	398,851.	2,000.	EMA	Tickets	See part V - d

Part II Continuation of Grants and Othe							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Central Florida, Inc.							
1030 N. Orange Avenue, Ste 105						Airline	
Orlando, FL 32801	59-3211250	501(c)(3)	633,261.	2,000.	FMV	Tickets	See part V - d
RMHC of Central Georgia, Inc.							
1160 Forsyth St.						Airline	
Macon, GA 31201	58-2473799	501(c)(3)	92,707.	1,600.	FMV	Tickets	See part V - d
RMHC of Central Illinois, Inc.							
610 N. 7th Street						Airline	
Springfield, IL 62702-5329	37-1145155	501(c)(3)	197,846.	1,600.	FMV	Tickets	See part V - d
RMHC of Central Indiana, Inc.							
435 Limestone St.						Airline	
Indianapolis, IN 46202-2819	35-1497202	501(c)(3)	705,675.	1,600.	FMV	Tickets	See part V - đ
RMHC of Central Iowa, Inc.							
1441 Pleasant St.						Airline	
Des Moines, IA 50314-1794	42-1117423	501(c)(3)	94,909.	1,600.	FMV	Tickets	See part V - d
RMHC of Central Ohio, Inc.							
711 E Livingston Avenue						Airline	
Columbus, OH 43205	31-0890152	501(c)(3)	880,036.	2,000.	FMV	Tickets	See part V - d
RMHC of Central PA, Inc.							
745 W. Governor Rd.						Airline	
Hershey, PA 17033-2304	23-2204761	501(c)(3)	121,282.	1,600.	FMV	Tickets	See part V - d
RMHC of Central Texas, Inc.							
1315 Barbara Jordan Blvd						Airline	
Austin, TX 78723	74-2277664	501(c)(3)	362,391.	1,600.	FMV		See part V - b, d
RMHC of Charleston, SC, Inc.							
81 Gadsden St.						Airline	
Charleston, SC 29401	57-0724845	501(c)(3)	109,936.	1,200.	FMV	Tickets	 See part V - d

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Charlottesville, VA, Inc.							
300 9th St. S.W.						Airline	
Charlottesville, VA 22903	54-1160157	501(c)(3)	128,541.	1,200.	FMV	Tickets	See part V - d
RMHC of Chicagoland & Northwest	31 1100137	301(0)(0)	120,511.	1,200.		110/1005	peo pare v
Indiana, Inc Tripp Avenue at							
Airmail Road PO Box 7002 - Hines.						Airline	
IL 60141	36-3532553	501(c)(3)	1,723,797.	2,000.	FMV	Tickets	See part V - d
11 00111	30 3332333	301(3)(3)	1,720,757,	2,000.	111	110/1005	pec pare v a
RMHC of Columbia, SC, Inc.							
2901 Colonial Drive						Airline	
Columbia, SC 29203	57-0725736	501(c)(3)	95,198.	1,200.	FMV	Tickets	See part V - d
RMHC of Connecticut and Western	37 0723730	301(3)(3)	33,130.	1,200.		110/1005	pec pare v a
Massachusetts, Inc 860 Howard							
Avenue Suite A - New Haven, CT						Airline	
06519	04-2971480	501(c)(3)	215,645.	1,600.	FMV	Tickets	See part V - d
00025	01 23 12100		220,010.			11011002	para . a
RMHC of Denver, Inc.							
1300 East 21st Avenue						Airline	
Denver, CO 80205	84-0728926	501(c)(3)	273,630.	2,000.	FMV	Tickets	See part V - d
benver, ee cozes	01 0720320	301(3)(3)	270,000.	2,000.		110/1005	pec pare v a
RMHC of Eastern Iowa and Western							
Illinois, Inc 730 Hawkins Dr						Airline	
Iowa City, IA 52246-2509	42-1189783	501(c)(3)	225,941.	1,600.	FMV	Tickets	See part V - d
20.12 02210 2005	12 1107700		220,712.	2,000.		11011002	para . a
RMHC of Eastern Montana, Inc.							
1144 N. 30th St.							
Billings, MT 59101-0124	81-0400667	501(c)(3)	91,916.	0.			See part V - d
211111192, 111 33101 0121	01 0100007	301(3)(3)	31,310.	•			pec para v a
RMHC of Eastern North Carolina,							
Inc 529 Moye Boulevard -						Airline	
Greenville, NC 27834	56-1420505	501(a)(3)	161,379.	1,600.	EWA	Tickets	See part V - d
510011VIIIE, NC 2/034	20 1420303	501(0)(3)	101,379.	1,000.	T 11 V	TICKECE	pec pare v - u
RMHC of Eastern Wisconsin, Inc.							
8948 Watertown Plank Rd.						Airline	
	20 1422109	E01/a)/3\	200 212	2 222	TEMSZ		Coo namt V d
Milwaukee, WI 53226	39-1433107	bnt(c)(2)	388,313.	2,000.	h.w∧	Tickets	See part V - d

Part II Continuation of Grants and Other A	Assistance to Do		and Domestic Go	vernments (Sch	edu l e I (Form 990), Pa		50-2954009 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of El Paso, Inc.							
300 E. California Ave.						Airline	
El Paso, TX 79902	74-2257357	501(c)(3)	478,483.	800.	FMV	Tickets	See part V - d
RMHC of Erie, Inc. PO Box 9248 Erie, PA 16505	25-1529707	501(c)(3)	32,164.	0.			See part V – d
RMHC of Greater Charlotte, Inc. 1613 E Morehead Street						Airline	
Charlotte, NC 28207	20-4671570	501(c)(3)	228,197.	1,200.	FMV	Tickets	See part V - d
RMHC of Greater Chattanooga, Inc. 200 Central Ave. Chattanooga, TN 37403-1506	62-1327855	501(c)(3)	332,382.	0.			See part V – d
RMHC of Greater Cincinnati, Inc. 341 Erkenbrecher Avenue						Airline	
Cincinnati, OH 45229	31-0965333	501(c)(3)	360,804.	2,000.	FMV	Tickets	See part V - d
RMHC of Greater Delaware, Inc. 1901 Rockland Road Wilmington, DE 19803	51-0295320	501(c)(3)	216,498.	1,600.	FMV	Airline Tickets	See part V – d
RMHC of Greater Houston/Galveston, Inc 6300 W Loop South - Bellaire, TX 77401	76-0315037	501(c)(3)	628,353.	0.			See part V - d
RMHC of Greater Las Vegas, Inc. 2323 Potosi St.	94-3108570	501/a)/3)	101 622	100,800.	D-M17	Airline Tickets, Care Mobile	Coo part W a A
RMHC of Greater North Texas, Inc. 3625 N. Hall Street, Suite 1100 Dallas, TX 75219	75-2238261		181,623. 565,920.	0.	T- 17 V	MODITE	See part V - c, d See part V - d

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MHC of Greater Washington D.C.							
Inc 3727 14th Street, NE -						Airline	
Washington, DC 20017-3004	52-1132262	501(c)(3)	515,082.	2,000.	FMV	Tickets	See part V - d
RMHC of Hawaii, Inc.							
1970 Judd Hillside Rd.		L				Airline	_
Honolulu, HI 96822-2004	99-0222124	501(c)(3)	85,968.	1,200.	FMV	Tickets	See part V - d
RMHC of Huntington, Inc.							
1500 17th St.							
Huntington, WV 25701	55-0643445	501(c)(3)	156,248.	0.			See part V - d
RMHC of Idaho, Inc.							
139 E Warm Springs Ave.						Airline	
Boise, ID 83712	94-3030996	501(c)(3)	520,724.	1,600.	FMV	Tickets	See part V - d
RMHC of Indiana-Michiana, Inc.							
610 N. Michigan St. Suite 310						Airline	
South Bend, IN 46601	35-1831691	501(c)(3)	256,152.	1,200.	FMV	Tickets	See part V - d
,		. , , ,	, , ,	, ,			-
RMHC of Jacksonville, Inc.							
824 Children's Way						Airline	
Jacksonville, FL 32207	59-2625008	501(c)(3)	108,369.	1,600.	FMV	Tickets	See part V - d
DWIG of Konner Giber Too							
RMHC of Kansas City, Inc. 2502 Cherry Street						Airline	
Kansas City, MO 64108-2751	43-1190760	501/a)/3)	301,382.	2,000.	EM17	Tickets	See part V - d
Ransas City, MO 04100-2/51	43-1190/00	501(6)(3)	301,362.	2,000.	FMV	lickets	see part v - u
RMHC of Kentuckiana, Inc.							
550 S. First St.						Airline	
Louisville, KY 40202	31-1053467	501(c)(3)	520,587.	2,000.	FMV	Tickets	See part V - d
RMHC of Knoxville, Tennessee, Inc.							
1705 W. Clinch Ave.				_			
Knoxville, TN 37916	58-1510276	pu1(c)(3)	149,203.	0.			See part V - d

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Madison, Inc.							
2716 Marshall Court							
Madison, WI 53705-2256	39-1655790	501(c)(3)	224,428.	0.			See part V - d
RMHC of Maine, Inc.							
250 Brackett Street						Airline	
Portland, ME 04102	22-2912513	501(c)(3)	305,555.	1,600.	FMV	Tickets	See part V - d
RMHC of Marshfield, Inc.							
803 W. North St.							
Marshfield, WI 54449-1819	93-0833012	501(c)(3)	144,996.	0.			See part V - d
RMHC of Maryland, Inc.							
1 Aisquith Street						Airline	
Baltimore, MD 21202	52-1184957	501(c)(3)	283,747.	1,600.	FMV	Tickets	See part V - d
RMHC of Memphis, Inc.							
535 Alabama Avenue						Airline	
Memphis, TN 38105	62-1220396	501(c)(3)	1,108,183.	1,600.	FMV	Tickets	 See part V - a, d
RMHC of Mid-Missouri, Inc.				·			·
1000 W Nifong Blvd							
Bldg 5, Ste 110 - Columbia, MO						Airline	
65203	43-1225829	501(c)(3)	656,819.	1,200.	FMV	Tickets	See part V - a, b, d
RMHC of Mid-Penn Region, Inc.							
P.O. Box 672							
Altoona, PA 16603	25-1665067	501(c)(3)	56,384.	0.			See part V - d
RMHC of Mississippi, Inc.							
2524 N. State Street						Airline	
Jackson, MS 39216-4500	63-0906927	501(c)(3)	139,487.	1,200.	FMV	Tickets	See part V - d
RMHC of Mobile, Inc.							
1626 Springhill Ave.						Airline	
Mobile, AL 36604-1415	63-1181258	501(c)(3)	238,655.	1,600.	FMV	Tickets	See part V - d

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	лт II.) Т	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Nashville, Inc.							
2144 Fairfax Ave						Airline	
Nashville, TN 37212	62-1310717	501(c)(3)	676,311.	1,600.	FMV	Tickets	See part V - d
RMHC of New England, Inc.							
45 Gay Street, #318						Airline	
Providence, RI 02905	22-2760752	501(c)(3)	700,660.	1,600.	FMV	Tickets	See part V - d
RMHC of New Mexico, Inc.							
1011 Yale Blvd NE						Airline	
Albuquerque, NM 87106	85-0283204	501(c)(3)	76,301.	1,600.	FMV	Tickets	See part V - d
DMIC of Norfalk Inc							
RMHC of Norfolk, Inc. 404 Colley Ave						Airline	
Norfolk, VA 23507	54-1139497	501(c)(3)	197,270.	1,200.	FMV	Tickets	See part V - d
MOTTOTA, VII 20001	31 1133137	501(0)(0)	237,270.	1,200.		TTOROGE	poo paro v
RMHC of North Central Florida,							
Inc 2121 SW 16th Street -						Airline	
Gainesville, FL 32608	59-1887896	501(c)(3)	358,369.	1,600.	FMV	Tickets	See part V - a, d
RMHC of Northeast Indiana, Inc.							
11109 Parkview Plaza Drive							
Fort Wayne, IN 46845	35-1950376	501(c)(3)	154,926.	0.			See part V - d
			,				-
RMHC of Northeast Kansas, Inc.							
825 SW Buchanan St.						Airline	
Topeka, KS 66606-1427	48-1022967	501(c)(3)	39,871.	800.	FMV	Tickets	See part V - d
RMHC of Northeast Ohio, Inc.							
10415 Euclid Ave.						Airline	
Cleveland, OH 44106-4709	34-1269123	501(c)(3)	877,987.	2,000.	FMV	Tickets	See part V - a, d
DWIG of North-orthography David							
RMHC of Northeastern Pennsylvania,							
Inc 104 South State St Clarks Summit, PA 18411	25-1719864	501(c)(3)	155,644.	0.			See part V - d
CIGIND DOMMITC' IN 10411	20 1/19004	Po+(C)(3)	1 +33,044.	υ.	L	1	bee bare a - a

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(8) = 11 1	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
RMHC of Northern California, Inc.							
2555 49th Street						Airline	
Sacramento, CA 95817	68-0147193	501(c)(3)	210,175.	1,600.	FMV	Tickets	 See part V - d
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RMHC of Northwest Florida, Inc.							
5200 Bayou Blvd.						Airline	
Pensacola, FL 32503	59-2172279	501(c)(3)	279,561.	1,200.	FMV	Tickets	See part V - d
RMHC of Northwest Ohio, Inc.						Airline	
3883 Monroe St.						Tickets, Care	
Toledo, OH 43606	34-1349742	501(c)(3)	207,982.	540,778.	FMV	Mobile	See part V - c, d
RMHC of Oklahoma City, Inc.							
PO Box 7979		L				Airline	_
Edmond, OK 73083	73-1103242	501(c)(3)	156,186.	1,600.	FMV	Tickets	See part V - d
RMHC of Oregon and Southwest							
Washington, Inc 2620 N.							
Commercial Avenue - Portland, OR	00.000000	501 () ())	000 044	0.000	L	Airline	
97227	93-0806912	501(c)(3)	290,341.	2,000.	FMV	Tickets	See part V - d
RMHC of Pittsburgh and Morgantown,							
Inc 451 44th St Pittsburgh,						Airline	
PA 15201	25-1320272	501(c)(3)	474,314.	2,000.	EWA		See part V - d
13201	23 1320272	301(0)(3)	171,011.	2,000.	111	TTCKCCB	pec pare v a
RMHC of Richmond, Virginia, Inc.							
2330 Monument Ave.						Airline	
Richmond, VA 23220	52-1359486	501(c)(3)	390,696.	1,200.	FMV	Tickets	 See part V - a, d
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RMHC of Rochester, NY, Inc.							
333 Westmoreland Dr.						Airline	
Rochester, NY 14620	16-1271311	501(c)(3)	121,738.	1,600.	FMV	Tickets	See part V - d
RMHC of San Antonio, Texas, Inc.							
4847 Charles Katz						Airline	
San Antonio, TX 78229	74-2140528	501(c)(3)	568,618.	2,000.	FMV	Tickets	See part V - a, d

Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of San Diego, Inc.							
2929 Children's Way						Airline	
San Diego, CA 92123	95-3251490	501(c)(3)	338,654.	2,000.	FMV	Tickets	See part V - d
RMHC of Siouxland, Inc.							
2500 Nebraska St.						Airline	
Sioux City, IA 51104	42-1369988	501(c)(3)	33,122.	800.	FMV	Tickets	See part V - d
RMHC of South Dakota, Inc.							
825 S. Lake Avenue							
Sioux Falls, SD 57104	46-0371152	501(c)(3)	64,185.	0.			See part V - d
RMHC of South Florida, Inc.							
1145 NW 14 Terrace						Airline	
Miami, FL 33136	59-1899866	501(c)(3)	452,021.	1,600.	FMV	Tickets	 See part V - d
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RMHC of South Louisiana, Inc.							
210 State Street						Airline	
New Orleans, LA 70118	72-0882569	501(c)(3)	764,804.	1,200.	FMV	Tickets	See part V - d
RMHC of Southeastern Michigan,							
Inc 4707 St. Antoine Street Ste						Airline	
200 - Detroit, MI 48201	38-2182406	501(c)(3)	388,441.	1,200.	FMV	Tickets	See part V - d
RMHC of Southern Arizona, Inc.						Airline	
2155 E. Allen Road						Tickets, Care	
Tucson, AZ 85719-1501	95-3526934	501(c)(3)	360,843.	540,972.	FMV	Mobile	See part V - c, d
1002011, 112 00725 2002	30 0020301		333,523.	010,572.			, a
RMHC of Southern California, Inc.							
4560 Fountain Avenue						Airline	
Los Angeles, CA 90029	95-3167869	501(c)(3)	1,592,688.	2,000.	FMV	Tickets	See part V - d
RMHC of Southern Colorado, Inc.							
4223 Royal Pine Dr						Airline	
Colorado Springs, CO 80920	84-1013843	501(c)(3)	70,388.	1,200.	FMV		See part V - d

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	70-2934009 Рас
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Southern West Virginia, Inc 910 Pennsylvania Ave							
Charleston, WV 25302	55-0631080	501(c)(3)	175,586.	0.			See part V - d
RMHC of Southwest Florida, Inc. 16100 Roserush Court Fort Myers, FL 33908	11-3704163	501(c)(3)	106,367.	800.	FMV	Airline Tickets	See part V – d
RMHC of Southwest Virginia, Inc. 2224 S. Jefferson St.	11 3/04103	301(0)(3)	100,307.			TORCOS	pec pare v
Roanoke, VA 24014	54-1244769	501(c)(3)	114,764.	0.			See part V - d
RMHC of St. Louis, Inc. 3450 Park Avenue						Airline	
St. Louis, MO 63104	43-1160478	501(c)(3)	2,897,746.	2,000.	FMV	Tickets	See part V - d
RMHC of Tallahassee, Inc. 712 East 7th Avenue							
Tallahassee, FL 32303	59-2794505	501(c)(3)	30,039.	0.			See part V - d
RMHC of Tampa Bay, Inc. 35 Davis Blvd Tampa, FL 33606	59-1835985	501(c)(3)	792,339.	2,000.	FMV	Airline Tickets	See part V – d
RMHC of Temple, Texas, Inc. 2415 South 47th St.						Airline	
Temple, TX 76504	74-2345274	501(c)(3)	78,744.	1,200.	FMV	Tickets	See part V - d
RMHC of the Bluegrass, Inc. PO Box 22414						Airline	
Lexington, KY 40522-2414	61-0986164	501(c)(3)	384,505.	1,200.	FMV	Tickets	See part V - d
RMHC of the Capital Region, Inc. 139 S. Lake Avenue						Airline	
Albany, NY 12208-3256	22-2356004	501(c)(3)	190,066.	1,200.	FMV	Tickets	See part V - d

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NMHC of the Carolinas, Inc.							
706 Grove Rd						Airline	
Greenville, SC 29605	57-0844123	501(c)(3)	180,134.	1,200.	FMV	Tickets	 See part V - d
,							
RMHC of the Central Valley, Inc.							
9161 Randall Way						Airline	
Madera, CA 93638	94-2864490	501(c)(3)	116,606.	1,200.	FMV	Tickets	See part V - d
RMHC of the Coastal Empire, Inc.							
4710 Waters Ave.	F0 1630107	E01 (-) (2)	70.146	200		Airline	
Savannah, GA 31404	58-1630107	D01(G)(3)	72,146.	800.	FMV	Tickets	See part V - d
RMHC of the Four States, Inc.							
3402 South Jackson						Airline	
Joplin, MO 64804	43-1758397	501(c)(3)	115,995.	800.	FMV	Tickets	See part V - d
- /		, , , ,	, ,				-
RMHC of the Inland Northwest							
1028 West 5th Avenue						Airline	
Spokane, WA 99204	91-1176115	501(c)(3)	196,938.	2,000.	FMV	Tickets	See part V - d
RMHC of the Intermountain Area,							
Inc 935 East South Temple -						Airline	
Salt Lake City, UT 84102-1411	74-2386043	501(c)(3)	720,439.	2,000.	FMV	Tickets	See part V - d
owns of the older will a re-							
RMHC of the Ohio Valley, Inc.							
3540 Washington Avenue	25 1740460	E01/-\/2\	F.CO. 201	0			G
Evansville, IN 47714	35-1748468	DUI(C)(3)	560,291.	0.			See part V - d
RMHC of the Ozarks, Inc.							
949 E. Primrose St.							
Springfield, MO 65807-5257	43-1371143	501(c)(3)	667,351.	0.			 See part V - c, d
·	10 10 ,111		337,331.	•			, , ,
RMHC of the Philadelphia Region							
3925 Chestnut St						Airline	
Philadelphia, PA 19104	23-7377505	501(c)(3)	1,087,578.	2,000.	FMV	Tickets	See part V - d

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of the Piedmont Triad, Inc.							
419 S. Hawthorne Rd.						Airline	
Winston-Salem, NC 27103	58-1454715	501(c)(3)	328,097.	1,600.	FMV	Tickets	 See part V - b, d
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RMHC of the Red River Valley, Inc.							
4757 Agassiz Xing S							
Fargo, ND 58104	45-0365598	501(c)(3)	74,237.	0.			See part V - d
RMHC of the Southwest, Inc.							
3413 - 10th Street						Airline	
Lubbock, TX 79415	75-1915179	501(c)(3)	147,773.	1,200.	FMV	Tickets	See part V - d
,			, ,	,			-
RMHC of the Triangle, Inc.							
506 Alexander Ave.						Airline	
Durham, NC 27705	56-1220376	501(c)(3)	330,294.	2,000.	FMV	Tickets	See part V - d
DMIC of MaiChata Tag							
RMHC of TriState, Inc. 240 Berger Road							
Paducah, KY 42001	61-1224406	501(c)(3)	362,459.	0.			See part V - d
	71 111110	552(5)(5)	332,133.	3.			per pare : a
RMHC of Tulsa, Inc.							
6102 S. Hudson Ave.						Airline	
Tulsa, OK 74136-2020	73-1313892	501(c)(3)	113,199.	1,200.	FMV	Tickets	See part V - d
RMHC of Western Montana							
3003 Fort Missoula Rd.	47-2261447	E01/a)/3)	70 227	0.			Coo namt II d
Missoula, MT 59804	4/-220144/	501(0)(3)	70,227.	0.			See part V - d
RMHC of Western New York, Inc.							
780 W. Ferry St.						Airline	
Buffalo, NY 14222	22-2438932	501(c)(3)	144,112.	800.	FMV	Tickets	See part V - d
RMHC of Western Washington &							
Alaska, Inc 5130 40th Avenue NE						Airline	
- Seattle, WA 98105-3055	91-1061043	501(c)(3)	225,975.	2,000.	FMV	Tickets	See part V - d

(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					Airline	
48-0918101	501(c)(3)	82,975.	1,200.	FMV	Tickets	See part V - d
					Airline	
74-2378671	501(c)(3)	146,164.	1,200.	FMV	Tickets	See part V - d
38-2781170	501(c)(3)	584,600.	1,200.	FMV	Airline Tickets	See part V - a, d
					Airline	
94-2863819	501(c)(3)	42,846.	800.	FMV	Tickets	See part V - d
					Airline	
41-1313107	501(c)(3)	611,409.	2,000.	FMV	Tickets	See part V - d
62-1578123	501(c)(3)	134,879.	0.			See part V - d
	48-0918101 74-2378671 38-2781170 94-2863819 41-1313107		if applicable cash grant 48-0918101 501(c)(3) 82,975. 74-2378671 501(c)(3) 146,164. 38-2781170 501(c)(3) 584,600. 94-2863819 501(c)(3) 42,846. 41-1313107 501(c)(3) 611,409.	### Cash grant in noncash assistance #### Assistance ###################################	### Cash grant noncash assistance valuation (book, FMV, appraisal, other) ###################################	### displicable Cash grant Noncash assistance Valuation (book, FMV, appraisal, other) Noncash assistance Valuation (book, FMV, appraisal, other) Noncash assistance Airline Tickets ### displicable Cash grant Noncash assistance Noncash assistance Airline Tickets ### displicable Cash grant Noncash assistance Noncash assistance Noncash assistance #### displicable Valuation (book, FMV, appraisal, other) ### displicable Airline Tickets ### displicable Airline Tickets ### displicable Noncash assistance Noncash assistance ### displicable Airline Tickets ### displicable Noncash assistance Noncash assistance ### displicable Airline Tickets ### displicable Noncash assistance Noncash assistance ### displicable Noncash assistan

Schedule I (Form 990) 2023 Ronald McDonald House	Charities, In	nc.			36-2934689	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, l ine 22.		
(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 noncas	sh assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, columr	n (b); and any other ac	dditional information.		
Part I, Line 2:						
RMHC Field Operations team members work with a spe	cific Chapter	and are				
responsible for subsequent follow-up to determine	that funds gr	canted by				
RMHC to each respective Chapter have been used for	their stated	l purposes.				
On an annual basis, each Chapter must submit their	audited fina	ıncial				
statements.						
Part II, Column (h), Purpose of Grant:						
						,
(a) New and expanding Ronald McDonald House progra	ms and ongoin	ıg				

Schedule I (Form 990)

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the	organization
-------------	--------------

Ronald McDonald House Charities Inc

Employer identification number

Ronald Mc	Ronald McDonald House Charities, Inc. 36-2934689					
Part I Excess Benefit Trans	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organi	izations on l y)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.						
1 (b) Relationship between disqualified				(d) Corr	rected?	
(a) Name of disqualified person	person and organization	(c) Description of trans	action	Yes	No	
(1)						
(2)						
(3)						
_(4)						
(5)						
(6)						
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under						
section 4958			\$ <u></u>			
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$						
			· · · · · · · · · · · · · · · · · · ·			

Loans to and/or From Interested Persons Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo fron organi	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) App by boo comm	proved ard or iittee?	(i) W agreer	ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
(1)													<u> </u>
(2)													<u></u>
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						\$							

Grants or Assistance Benefiting Interested Persons Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Schedule L	(Form 990) 2023 Ronald 1	McDonald House Charities, Inc.	Donald House Charities, Inc. 36-2934689			Page 2
Part IV	Business Transactions Invol	ving Interested Persons				
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.			
(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of		aring of
•	,	person and the organization	transaction	transaction		zation's nues?
					Yes	No
(1)McDona	ld's Corporation	See Part V	4.155.093.	See Part V	1.00	Х
(2)	-		, , ,			
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information				1	I.
		ponses to questions on Schedule L. See ir	nstructions			
	1 TOVIGE additional information for 163	porises to questions on deficultie E. Oce II	istractions.			
Sch L, Pa	rt IV, Business Transactions	Involving Interested Persons:				
(a) Name	of Person: McDonald's Corpor	ation				
` '	· · · · · · · · · · · · · · · · · · ·					
(b) Relat	ionship Between interested P	erson and Organization:				
Substanti	al Contributor					
(d) Descr	iption of Transaction: The d	ay-to-day operations of the				
Charity a	re performed by employees of	McDonald's Corporation that ar	е			
dedicated	to RMHC and who work under	the direction of the independen	t			
governing	board of Ronald McDonald Ho	use Charities, Inc. McDonald's				
Corporati	on, as part of its commitmen	t to support RMHC donates certa	in			
staff pos	itions, benefits, and human	resource support without charge	to			
the chari	ty, therefore, McDonald's Co	rporation indirectly supervises				
norgonnol	For other professional ser	vices, RMHC has an agreement wi	+h			
personner	. FOI Other professional ser	vices, Amic has an agreement wi	<u> </u>			
McDonald'	s Corporation to compensate	them for duties performed.				
-						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

Part I Types of Property (a) (b) (c) (d)		
Check if applicable contribution amounts reported on items contributed Form 990, Part VIII, line 1g		ts
1 Art - Works of art		
2 Art - Historical treasures		
3 Art - Fractional interests		
4 Books and publications		
5 Clothing and household goods		
6 Cars and other vehicles		
7 Boats and planes		
8 Intellectual property		
9 Securities - Publicly traded X 9 1,448,594. Market quotations		
10 Securities - Closely held stock		
11 Securities - Partnership, LLC, or		
trust interests		
12 Securities - Miscellaneous		
13 Qualified conservation contribution -		
Historic structures		
14 Qualified conservation contribution - Other		
15 Real estate - Residential		
16 Real estate - Commercial		
17 Real estate - Other		
18 Collectibles		
19 Food inventory		
20 Drugs and medical supplies		
21 Taxidermy		
22 Historical artifacts		
23 Scientific specimens		
24 Archeological artifacts		
25 Other (Airline tickets) X 1 160,000.FMV/Sales Price		
26 Other ()		
27 Other ()		
28 Other ()		
29 Number of Forms 8283 received by the organization during the tax year for contributions		
for which the organization completed Form 8283, Part V, Donee Acknowledgement 29	0	
J	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it		
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for		
exempt purposes for the entire holding period?		Х
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Х	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash		
contributions?		x
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		
describe in Part II.		

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Ronald McDonald House Charities, Inc.

Employer identification number 36-2934689

Part I, Line 1, Description of Organization Mission: healing when children need healthcare. Form 990, Part I, Lines 5 and 6: The day-to-day operations of the Charity are performed by employees of McDonald's Corporation that are dedicated to RMHC and who work under the direction of the independent governing board of Ronald McDonald House Charities, Inc. McDonald's Corporation, as part of its commitment to support RMHC donates certain staff positions, benefits, and human resource support without charge to the charity. In addition, numerous other volunteers assist with various fundraising events and other administrative and program support. The number of volunteers varies at any given time, but RMHC estimates the total number of volunteers to be approximately 125. Form 990, Part III, Line 4a, Program Service Accomplishments: Following are the activities conducted by RMHC to support the Chapters: (1)Ronald McDonald House: RMHC provided grants totaling \$5,612,863 for new and expanding Ronald McDonald House programs. The Ronald McDonald House program provides comfort, support and resources for families with children who are sick. (2)Ronald McDonald Family Room: RMHC provided grants totaling \$1,950,000 for new Ronald McDonald Family Room programs, which offer a quiet place within the walls of the hospital. Ronald McDonald Family

Schedule O (Form 990) 2023 Page **2**

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
Room programs provide families with children in the hospital with a	
place to rest and recharge while remaining near their child's bedside.	
(3)Ronald McDonald Care Mobile: RMHC developed and funded the capital	
build for all new Ronald McDonald Care Mobile programs with support	
totaling \$1,390,957. Ronald McDonald Care Mobile programs bring dental,	
medical and health care resources to underserved communities around the	
world.	
(4)RMHC Local Chapter Support and Grants totaling \$49,637,036. RMHC	
provides expertise in all aspects of the three core program operations,	_
other program development, and nonprofit management for its Chapters	
worldwide. Support also includes general program support grants. RMHC	
is committed to strengthening the global system of Chapters, by	
providing such grants and programmatic support to help each Chapter	
achieve a high level of excellence in management and operations, and to	
help them effectively and efficiently fulfill their mission. Activities	
include, among others: resource development; sharing best practices to	
improve all aspects of RMHC; strategic planning; technology upgrades;	
ongoing training and education of board, staff, and volunteers to	
encourage excellence in delivering programs, fundraising and	
administrative practices; investment in environmental sustainability	
activities such as energy audits, water and waste efficiency projects	
at Ronald McDonald House programs; facilitation of networking	
opportunities; and developing local fundraising capabilities to grow	
resources and meet new and expanding program needs.	
Form 990, Part VI, Section A, line 2:	
Trustee and Officer relationships:	_
-Katherine Fitzgerald, Enrique Hernandez Jr., Angela Steele, and Chris	

<u>Schedule O (Form 990) 2023</u> Page **2**

<u>Schedule O (Form 990) 2023</u>	Page 2
Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
Kempczinski, who are McDonald's Officers and Trustees, have business	
relationships with each other and with the following McDonald's employees,	
licensees, and suppliers: Stacey Bifero, Joanna Sabato, Rodney Jordan,	
Theodore Perlman, J. Christopher Reyes, Eduardo Sanchez, Wayne Stingley,	
Nicole Harper Rawlins, and Michael Thompson.	
-Alex Dimitrief has a business relationship with Mats Lederhausen.	
Form 990, Part VI, Section A, line 3:	
The day-to-day operations of the Charity are performed by employees of	
McDonald's Corporation that are dedicated to RMHC and who work under the	
direction of the independent governing board of Ronald McDonald House	
Charities, Inc. McDonald's Corporation, as part of its commitment to	
support RMHC donates certain staff positions, benefits, and human resource	
support without charge to the charity, therefore, McDonald's Corporation	
indirectly supervises personnel.	
Form 990, Part VI, Section B, line 11b:	
The Board retains the services of an independent CPA firm to review the	
Form 990 before it is filed with the IRS. Once the firm has approved a	
draft of the form, the RMHC Chief Financial Officer presents it to the	
audit committee. After review and approval of the Form 990 by the audit	
committee, copies of the complete Form 990 and all accompanying schedules	
are provided to the remainder of the Board and Officers prior to filing it	
with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
Trustees, Officers, and key volunteers are annually required to complete a	
Conflict of Interest disclosure statement as a precursor to their service	

Schedule O (Form 990) 2023 Page **2**

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
to RMHC. Potential conflicts are logged with and monitored by the Secretary	
of the Board and reviewed by a committee of the Board. Interested parties	
are not allowed to participate in Board discussions or vote on	
corresponding related party matters.	
Form 990, Part VI, Section B, Line 15:	
RMHC does not have any employees and does not compensate any Trustees or	
Officers. As a result, per the Form 990 instructions, questions 15a and	
15b, which relate to the process for determining compensation, are marked	
"No."	
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:	
AK,AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,ND,OR,PA,RI,SC,TN	
UT,WI,WV	
Form 990, Part VI, Section C, Line 18:	
RMHC posts copies of its Form 990 and Form 990-T (if applicable) for the	
three most recent years on its website and provides copies of its Form 1023	
upon request.	
Form 990, Part VI, Section C, Line 19:	
RMHC posts its By-Laws, Conflict of Interest Policy, and Audited Financial	
Statements on its website.	
Form 990, Part VI, Section B, Line 10a:	
Ronald McDonald House Charities is a system of independent, separately	
registered public benefit organizations, referred to as "Chapters" by	
RMHC. RMHC does not have legal control over these Chapters, except the	

Schedule O (Form 990) 2023 Page **2**

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
related tax-exempt organizations disclosed in Schedule R, Part II.	30 2534005
Each Chapter must separately incorporate under the laws of its own	
state or country and obtain "charitable tax exempt" status (or the	
equivalent) under the laws of its own country.	
Form 990, Part VII	
The President and CEO of RMHC holds a non-voting Trustee position on	
the Board of Trustees.	
Form 990, Donated Goods and Services:	
RMHC receives support from McDonald's Corporation (McDonald's) that	
includes certain employee services, benefits, human resource support	
and use of its facilities and equipment without cost to the Charity.	
The donated goods and services provided by McDonald's partially defray	
certain costs that RMHC would otherwise incur. Although the value of	
these goods and services is required to be included in the audited	
financial statements of RMHC, some of it must be excluded from Form	
990. The IRS specifically excludes donations of services and the use of	
facilities and equipment from total revenues in Part VIII and total	
expenses in Part IX of Form 990. In 2023, the total amount that was	
excluded from Form 990 was \$36,542,273 of which \$6,313,323 was donated	
services and use of facilities and equipment provided by McDonald's.	
Form 990, Part IX, Line 11f:	
As a service to its U.S. Chapters, RMHC pays the financial advisory	
services and administrative cost of an investment program that allows	
participating Chapters access to highly diversified investment options	
that might otherwise not be available to them.	

<u>Schedule O (Form 990) 2023</u> Page **2**

Schedule O (Form 990) 2023 Name of the organization		Page 2 Employer identification number
Ronald McDonald House Charities, :	inc.	36-2934689
Form 990, Part IX, Line 24a:		
The RMHC Donation Box program inside McDonald's restau	rants is one of	
the Charity's largest on-going fundraisers. There are 1	RMHC Donation	
Boxes at McDonald's restaurants where customers can dep	posit their	
change for the benefit of RMHC. The collection of RMHC	Donation Box	
funds from McDonald's restaurants throughout the United	l States is	
centralized under one vendor management company, Integ	rigo, LLC. All	
collection revenue is sent to RMHC from Integrigo, and	RMHC pays	
Integrigo all collection fees. RMHC then remits 75% of	the funds	
collected (net of 75% of the collection fees incurred)	directly to each	
U.S. RMHC Chapter.		
Form 990, Part XI, line 9, Changes in Net Assets:		
Gain on cash surrender value of insurance	230,332.	
Recovery of prior year expenses	29,982.	
Total to Form 990, Part XI, Line 9	260,314.	
, ,	, -	

332212 11-14-23 Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Ronald McDonald Hou	Ronald McDonald House Charities, Inc.						
Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Yes	on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea	r assets Direct of	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organion organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Ronald McDonald Gyermeksegely Alapitvany	Operate a Ronald McDonald				Ronald McDonald		
Magyar Tagozat, Soroksari ut 30-34.,	House for families with				House Charities,		
Budapest, HUNGARY 1095	sick children	Hungary	501(c)(3)		Inc.	Х	
Ronald McDonald Lastentalosaatio	Operate a Ronald McDonald				Ronald McDonald		
Oksakoskenpolku 6	House for families with				House Charities,		
Helsinki, FINLAND 00250	sick children	Finland	501(c)(3)		Inc.	Х	

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

Schedule R (Form 990) 2023

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partn	ging o	ercenta wnersh
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
							+			\forall	\dashv	
										\dashv	_	
	-											
	\dashv											

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ti) otion b)(13) rolled tity?
			Ronald					Yes	No
			McDonald House						
Charitable remainder trust	Charitable trust	CA	Charities					Х	<u> </u>
	1								
	1								

36-2934689

Schedu	le R (Form 990) 2023 Ronald McDonald House Charities, Inc.			36-	-2934689	Р	age 3
Part V	Transactions With Related Organizations. Complete if the organization ans	swered "Yes" on Forn	n 990, Part IV, line 34, 35b	, or 36.			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 D	uring the tax year, did the organization engage in any of the following transaction:	s with one or more re	elated organizations listed i	n Parts II-IV?			
a F	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a		Х
b G	ift, grant, or capital contribution to related organization(s)				1b	Х	
c G	ift, grant, or capital contribution from related organization(s)				1c		Х
							Х
e L	pans or loan guarantees by related organization(s)				1e		Х
f D	ividends from related organization(s)				1f		Х
	ale of assets to related organization(s)						Х
h P	urchase of assets from related organization(s)				1h		Х
	xchange of assets with related organization(s)						Х
j L	ease of facilities, equipment, or other assets to related organization(s)				1j		Х
k L	ease of facilities, equipment, or other assets from related organization(s)				1k		Х
I P	erformance of services or membership or fundraising solicitations for related orga	ınization(s)			1l		Х
	erformance of services or membership or fundraising solicitations by related orga						Х
n S	haring of facilities, equipment, mailing lists, or other assets with related organizati	ion(s)			1n		Х
							Х
рF	eimbursement paid to related organization(s) for expenses				1p		Х
	eimbursement paid by related organization(s) for expenses						Х
r C	ther transfer of cash or property to related organization(s)				1r		Х
					1s		Х
2 lf	the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.	•		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nount involved		
(1) Roi	ald McDonald Gyermeksegely Alapitvany Magyar Tagozat	В	12,468.	Cash			
(2) Roi	ald McDonald Lastentalosaatio	В	2,284.	Cash			
(3)							

<u>(4)</u>

<u>(5)</u>

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c orgs Yes	s sec.)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	n) ropor- nate itions?	Gener mana partn Yes	al or Periging ow	(k) rcentage vnership
	-											
	-											
	-											
	-											
	-											
	-											
	1											

Schedule R (Form 990) 2023 8 0

332165 09-28-23