

Return of Organization Exempt From Income Tax

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

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Header section A-M containing organization details: Ronald McDonald House Charities, Inc., 110 N. Carpenter St., Chicago, IL 60607-4106. Includes tax-exempt status (501(c)(3)), website (www.rmhc.org), and formation year (1977).

Part I Summary

Summary table with 22 rows. Categories include: 1. Mission statement; 2-7a. Governance and membership; 8-12. Revenue; 13-19. Expenses; 20-22. Net Assets or Fund Balances. Includes prior and current year comparisons.

Part II Signature Block

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

Signature of Stacy Bifero, Chief Financial Officer, dated 5/12/2025. Includes preparer's name and title.

Paid Preparer Use Only section. Includes preparer name (Lindsey Pigg), firm name (Ernst & Young US LLP), and address (200 Clarendon Street, Boston, MA).

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

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 No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 100,019,150 including grants of \$ 78,277,792) (Revenue \$ 308,576)

SUPPORT OF RMHC LOCAL CHAPTERS WORLDWIDE: RONALD MCDONALD HOUSE 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.

FOLLOWING ARE THE ACTIVITIES CONDUCTED BY RMHC TO SUPPORT THE CHAPTERS:

(1) RONALD MCDONALD HOUSE: RMHC PROVIDED GRANTS TOTALING \$3,850,000 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.

(CONTINUED ON SCHEDULE O)

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 100,019,150

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
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			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 22		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 22		
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?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<input checked="" type="checkbox"/>	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed [AK, AL, AR, CA, \(CONTINUED ON SCHEDULE O\)](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
STACEY BIFERO, 110 N. CARPENTER ST., CHICAGO, IL 60607-2101, (847) 363-8451

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDUARDO SANCHEZ TRUSTEE, TREASURER	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(2) GINGER HARDAGE TRUSTEE, CHAIRMAN	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(3) ALEX DIMITRIEF TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(4) CHRIS KEMPCZINSKI TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(5) DAVID C. HERMAN, MD TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(6) ENRIQUE HERNANDEZ, JR. TRUSTEE (UNTIL 3/24)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(7) GRACE FUNG OEI TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(8) J. CHRISTOPHER REYES TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(9) JAMES D. WATKINS TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(10) JAN FIELDS TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(11) JEFFREY DAVIS TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(12) JENNIFER MANN TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(13) JON BANNER TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(14) LAURA SCHUMACHER TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MATS LEDERHAUSEN ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) MICHAEL THOMPSON ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) MICHELLE STEPHENSON ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) NICOLE HARPER RAWLINS ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) STUART E. SIEGEL, MD ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) THEODORE PERLMAN ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) WALTER A. ORENSTEIN, M.D ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) WAYNE STINGLEY ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) WENDY DAVIDSON ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) ANGELA STEELE ----- SECRETARY	4.0 0.0			<input checked="" type="checkbox"/>				0	0	0
(25) (SEE STATEMENT) -----										
1b Subtotal								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MCDONALD'S CORPORATION, 110 N CARPENTER ST, CHICAGO, IL 60607	PROFESSIONAL SERVICES	5,164,096
INTEGRIGO, LLC, 11 COURT STREET, SUITE 280, EXETER, NH 03833	DONATION BOX MANAGEMENT AND COLLECTION	3,442,989
THE NARRATIVE GROUP, LLC, 19 WEST 21ST STREET, SUITE 601, NEW YORK, NY 10010	ADVERTISING AND PROMOTIONAL SERVICES	2,180,392
SLALOM, INC., 821 2ND AVE, SUITE 1900, SEATTLE, WA 98104	TECHNOLOGY ASSESSMENT SERVICES	1,398,351
ACCENTURE INTERNATIONAL LIMITED, 500 W MADISON ST, CHICAGO, IL 60661	STRATEGIC GROWTH CONSULTING	1,393,000
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	45	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 179,265				
	b	Membership dues	1b				
	c	Fundraising events	1c 6,265,653				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 3,070,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 133,965,915				
	g	Noncash contributions included in lines 1a-1f	1g \$ 1,351,061				
	h	Total. Add lines 1a-1f		143,480,833			
	Program Service Revenue	2a	LOCAL CHAPTER CONFERENCE FEES	611430	308,576	308,576	
b		-----					
c		-----					
d		-----					
e		-----					
f		All other program service revenue . .		0	0	0	
g		Total. Add lines 2a-2f		308,576			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,964,771		6,964,771	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c 0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				76,305,671			
	b	Less: cost or other basis and sales expenses	7b 80,322,834				
	c	Gain or (loss)	7c (4,017,163)	0			
d	Net gain or (loss)		(4,017,163)		(4,017,163)		
8a	Gross income from fundraising events (not including \$ 6,265,653 of contributions reported on line 1c). See Part IV, line 18	8a 556,791					
b	Less: direct expenses	8b 3,326,109					
c	Net income or (loss) from fundraising events		(2,769,318)		(2,769,318)		
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	-----					
	b	-----					
	c	-----					
	d	All other revenue		0	0	0	
	e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions		143,967,699	308,576	0	178,290	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	67,459,709	67,459,709		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	10,818,083	10,818,083		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	976,646	694,545	227,531	54,570
c	Accounting	674,026	580,095	93,931	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	718,223			718,223
f	Investment management fees	515,963	108,732	407,231	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	15,485,144	11,016,538	2,941,205	1,527,401
12	Advertising and promotion	3,819,649	162,335	2,322,547	1,334,767
13	Office expenses	76,797	23,680	11,139	41,978
14	Information technology	5,795,337	1,591,701	1,063,015	3,140,621
15	Royalties				
16	Occupancy				
17	Travel	1,561,512	1,180,542	273,647	107,323
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,392,230	3,262,786	95,985	33,459
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	366,406	80,019	286,387	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<u>DONATION BOX EXPENSE</u>	3,872,655	2,904,491		968,164
b	<u>CREDIT CARD / BANK FEES</u>	429,911		20,119	409,792
c	<u>SUBSCRIPTIONS</u>	177,262	97,026	69,144	11,092
d	<u>ACKNOWLEDGEMENT</u>	103,841	38,640	46,025	19,176
e	All other expenses	83,565	228	83,237	100
25	Total functional expenses. Add lines 1 through 24e	116,326,959	100,019,150	7,941,143	8,366,666
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	40,891,885	2	51,138,544
	3 Pledges and grants receivable, net	16,813,736	3	32,874,703
	4 Accounts receivable, net	162,161	4	174,283
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	
	8 Inventories for sale or use	87,821	8	77,675
	9 Prepaid expenses and deferred charges	2,893,664	9	1,650,864
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,540,101		
	b Less: accumulated depreciation	10b 1,540,101	10c	0
	11 Investments—publicly traded securities	173,322,509	11	196,884,651
	12 Investments—other securities. See Part IV, line 11	18,617,054	12	19,551,228
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,376,261	15	894,781
16 Total assets. Add lines 1 through 15 (must equal line 33)	254,165,091	16	303,246,729	
Liabilities	17 Accounts payable and accrued expenses	4,812,302	17	3,708,574
	18 Grants payable	11,227,237	18	11,508,165
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	10,768	25	171,053
	26 Total liabilities. Add lines 17 through 25	16,050,307	26	15,387,792
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	234,017,765	27	268,230,027
	28 Net assets with donor restrictions	4,097,019	28	19,628,910
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	238,114,784	32	287,858,937
33 Total liabilities and net assets/fund balances	254,165,091	33	303,246,729	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	143,967,699
2	Total expenses (must equal Part IX, column (A), line 25)	2	116,326,959
3	Revenue less expenses. Subtract line 2 from line 1	3	27,640,740
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	238,114,784
5	Net unrealized gains (losses) on investments	5	21,489,240
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	614,173
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	287,858,937

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? 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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
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.		

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) JOANNA SABATO ----- CHIEF MARKETING OFFICER	40.0 ----- 0.0			✓				0	0	0
(26) KATIE FITZGERALD ----- PRESIDENT & CEO	40.0 ----- 0.0			✓				0	0	0
(27) RODNEY JORDAN ----- CHIEF OPERATING OFFICER	40.0 ----- 0.0			✓				0	0	0
(28) SHANNON DUVAL ----- CHIEF DEVELOPMENT OFFICER	40.0 ----- 0.0			✓				0	0	0
(29) STACEY BIFERO ----- CHIEF FINANCIAL OFFICER	40.0 ----- 0.0			✓				0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization RONALD MCDONALD HOUSE CHARITIES, INC	Employer identification number 36-2934689
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70,209,825	77,176,213	75,286,529	103,118,271	143,480,833	469,271,671
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	70,209,825	77,176,213	75,286,529	103,118,271	143,480,833	469,271,671
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						99,853,926
6 Public support. Subtract line 5 from line 4						369,417,745

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	70,209,825	77,176,213	75,286,529	103,118,271	143,480,833	469,271,671
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,260,976	5,407,124	4,394,692	5,890,673	6,964,771	25,918,236
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	53,100	0	0	124,520	556,791	734,411
11 Total support. Add lines 7 through 10						495,924,318
12 Gross receipts from related activities, etc. (see instructions)					12	801,626
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	74.49 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	73.88 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

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

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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	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?		
5c	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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c 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 .		

Section 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.		
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.		

Section 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).		

Section 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?		
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).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	
Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS AND GAMING	53,100			124,520	556,791	734,411
	Total	53,100	0	0	124,520	556,791	734,411

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

Name of the organization RONALD MCDONALD HOUSE CHARITIES, INC	Employer identification number 36-2934689
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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).

Name of organization RONALD MCDONALD HOUSE CHARITIES, INC	Employer identification number 36-2934689
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 21,500,110	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 4,447,514	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 4,434,630	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 3,070,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 3,000,094	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 4,823,108	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RONALD MCDONALD HOUSE CHARITIES, INC	Employer identification number
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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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization RONALD MCDONALD HOUSE CHARITIES, INC	Employer identification number 36-2934689
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Part III *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 information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

(Rev. January 2025)

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

Open to Public Inspection

Name of the organization: RONALD MCDONALD HOUSE CHARITIES, INC; Employer identification number: 36-2934689

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions about conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form with rows for questions about art and historical treasures, including revenue and asset amounts.

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

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:

- (i)** Unrelated organizations? Yes No
- (ii)** Related organizations? Yes No

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,540,101	1,540,101	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests	1,117,515	END OF YEAR MARKET VALUE
(3) Other		
(A) MCDONALD'S CORPORATION	18,433,713	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	19,551,228	

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERMEDIARY THIRD PARTY LIABILITY (SEE PART XIII)	171,053
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	171,053

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

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	SPECIAL EVENT DIRECT EXPENSES	3,326,109
	GAIN/LOSS - CASH SURRENDER VALUE OF INVESTMENTS	- 29,967
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	SPECIAL EVENT DIRECT EXPENSES	3,326,109
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	ROUNDING ADJUSTMENT	1

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	RMHC IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME, IF ANY, FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE TAX-EXEMPT PURPOSE OF RMHC IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, RMHC QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). RMHC BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THERE WERE NO INCOME TAXES FOR UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023.
SCHEDULE D, PART XI - RECONCILIATION OF REVENUE AND EXPENSES:	RMHC RECEIVES CONTRIBUTIONS FROM DONORS WHO INTENDED THE FUNDS TO BE USED BY ONE OF ITS CHAPTERS. IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, RMHC REPORTS FUNDS HELD AT THE END OF THE YEAR THAT HAVE NOT YET BEEN DISTRIBUTED TO THE CHAPTERS AS INTERMEDIARY THIRD PARTY LIABILITIES. RMHC HAS NO DISCRETIONARY SPENDING AUTHORITY OVER THE USE OF THESE FUNDS, BUT IS MERELY ACTING IN AN AGENCY CAPACITY ON BEHALF OF THE CHAPTERS UNTIL THE FUNDS ARE DISBURSED. THESE FUNDS ARE NOT PART OF AN ESCROW ACCOUNT.
SCHEDULE D, PART XII - RECONCILIATION OF REVENUE AND EXPENSES:	THERE ARE ROUNDING DIFFERENCES WHEN RECONCILING THE NUMBERS PER THE AUDITED FINANCIAL STATEMENTS, WHICH ARE ROUNDED TO THE NEAREST WHOLE THOUSAND (\$1,000) DOLLAR INCREMENT, BACK TO THE NUMBERS PER FORM 990, WHICH ARE ROUNDED TO THE NEAREST WHOLE DOLLAR (\$1) INCREMENT.

**SCHEDULE F
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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.

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

36-2934689

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		23,670
(2) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		1,065,695
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		2,305,732
(4) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		24,782
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		972,710
(6) RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		4,886,040
(7) SOUTH AMERICA	0	0	GRANTMAKING		1,477,455
(8) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		62,000
(9) EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		13,716
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FUNDRAISING		9,148
(11) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PUBLIC RELATIONS		10,611
(12) SUB-SAHARAN AFRICA	0	0	PUBLIC RELATIONS		115
(13) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	6,023
(14) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	112,845
(15) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	226,881
(16) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	30,908
(17) (SEE STATEMENT)					
3a Subtotal	0	0			11,228,331
b Total from continuation sheets to Part I	0	0			309,475
c Totals (add lines 3a and 3b)	0	0			11,537,806

Part II **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)
(1)			EAST ASIA AND THE PACIFIC	SEE PART V - D	28,777	BANK DRAFT	0		
(2)			NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - B D	152,000	BANK DRAFT	0		
(3)			NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - D	52,000	BANK DRAFT	0		
(4)			EAST ASIA AND THE PACIFIC	SEE PART V - A D	310,000	BANK DRAFT	0		
(5)			NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - B D	152,000	BANK DRAFT	0		
(6)			EAST ASIA AND THE PACIFIC	SEE PART V - D	35,000	BANK DRAFT	0		
(7)			NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - D	13,250	BANK DRAFT	0		
(8)			EAST ASIA AND THE PACIFIC	SEE PART V - D	5,141	BANK DRAFT	0		
(9)			EAST ASIA AND THE PACIFIC	SEE PART V - D	39,500	BANK DRAFT	0		
(10)			EAST ASIA AND THE PACIFIC	SEE PART V - D	26,000	BANK DRAFT	0		
(11)			NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - B D	213,000	BANK DRAFT	0		
(12)			SOUTH AMERICA	SEE PART V - D	97,080	BANK DRAFT	0		
(13)			EAST ASIA AND THE PACIFIC	SEE PART V - D	167,363	BANK DRAFT	0		
(14)			SOUTH AMERICA	SEE PART V - B D	442,435	BANK DRAFT	0		
(15)			NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - D	18,135	BANK DRAFT	0		
(16)			(SEE STATEMENT)						

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 57

3 Enter total number of other organizations or entities 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 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 Instructions for Form 926)* **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 Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **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 Instructions for Form 5471)* **Yes** **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 Instructions for Form 8621)* **Yes** **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 Instructions for Form 8865)* **Yes** **No**

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part I**Activities per Region** (continued)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
(17) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	18,002
(18) SOUTH AMERICA	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	102,358
(19) SOUTH ASIA	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	51,693
(20) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	42,866
(21) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CHAPTER CAPACITY BUILDING	21,720
(22) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	CHAPTER CAPACITY BUILDING	26,625
(23) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CHAPTER EDUCATION	66
(24) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	CHAPTER EDUCATION	28,615
(25) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	CHAPTER EDUCATION	3,507
(26) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	CHAPTER EDUCATION	14,023

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States (continued)

(a) Name of Organization	(b) IRS code section and EIN	(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)
(16)		SOUTH AMERICA	SEE PART V - D	8,350	BANK DRAFT	0		
(17)		EAST ASIA AND THE PACIFIC	SEE PART V - D	8,000	BANK DRAFT	0		
(18)		SOUTH AMERICA	SEE PART V - B D	177,290	BANK DRAFT	0		
(19)		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V - D	7,950	BANK DRAFT	0		
(20)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - D	29,400	BANK DRAFT	0		
(21)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - D	22,000	BANK DRAFT	0		
(22)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - D	49,782	BANK DRAFT	0		
(23)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - D	6,982	BANK DRAFT	0		
(24)		SOUTH AMERICA	SEE PART V - B D	208,330	BANK DRAFT	0		
(25)		EAST ASIA AND THE PACIFIC	SEE PART V - D	5,100	BANK DRAFT	0		
(26)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - D	152,380	BANK DRAFT	0		
(27)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - D	56,169	BANK DRAFT	0		
(28)		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V - D	8,120	BANK DRAFT	0		
(29)		EAST ASIA AND THE PACIFIC	SEE PART V - D	32,400	BANK DRAFT	0		
(30)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - D	9,845	BANK DRAFT	0		
(31)		EAST ASIA AND THE PACIFIC	SEE PART V - D	55,275	BANK DRAFT	0		
(32)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - D	127,282	BANK DRAFT	0		
(33)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - A D	368,113	BANK DRAFT	0		
(34)		EAST ASIA AND THE PACIFIC	SEE PART V - D	13,484	BANK DRAFT	0		
(35)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - CD	77,282	BANK DRAFT	0		
(36)		EAST ASIA AND THE PACIFIC	SEE PART V - D	8,500	BANK DRAFT	0		
(37)		MIDDLE EAST AND NORTH AFRICA	SEE PART V - D	24,782	BANK DRAFT	0		
(38)		NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - AB D	358,325	BANK DRAFT	0		
(39)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - B D	368,369	BANK DRAFT	0		
(40)		EAST ASIA AND THE PACIFIC	SEE PART V - D	37,504	BANK DRAFT	0		
(41)		CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V - D	7,600	BANK DRAFT	0		
(42)		SOUTH AMERICA	SEE PART V - A D	502,170	BANK DRAFT	0		
(43)		EAST ASIA AND THE PACIFIC	SEE PART V - B D	202,300	BANK DRAFT	0		
(44)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - A D	300,254	BANK DRAFT	0		
(45)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - D	41,127	BANK DRAFT	0		

(a) Name of Organization	(b) IRS code section and EIN	(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)
		GREENLAND)						
(46)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - D	12,845	BANK DRAFT	0		
(47)		EAST ASIA AND THE PACIFIC	SEE PART V - D	49,000	BANK DRAFT	0		
(48)		SUB-SAHARAN AFRICA	SEE PART V - D	62,000	BANK DRAFT	0		
(49)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - B D	250,191	BANK DRAFT	0		
(50)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - D	156,608	BANK DRAFT	0		
(51)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - D	163,690	BANK DRAFT	0		
(52)		EAST ASIA AND THE PACIFIC	SEE PART V - D	27,000	BANK DRAFT	0		
(53)		EAST ASIA AND THE PACIFIC	SEE PART V - D	7,700	BANK DRAFT	0		
(54)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - D	90,696	BANK DRAFT	0		
(55)		RUSSIA AND NEIGHBORING STATES	SEE PART V - A D	4,886,040	BANK DRAFT	0		
(56)		SOUTH AMERICA	SEE PART V - D	15,650	BANK DRAFT	0		
(57)		SOUTH AMERICA	SEE PART V - D	26,150	BANK DRAFT	0		

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

**SCHEDULE G
(Form 990)**

(Rev. January 2025)
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

Open to Public Inspection

Name of the organization

RONALD MCDONALD HOUSE CHARITIES, INC

Employer identification number

36-2934689

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.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of nongovernment grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ASHWORTH NONPROFIT GROUP, 2221 IOWA ST, NORMAN, OK 73069	(SEE STATEMENT)		✓	0	34,000	(34,000)
2 CAMPBELL & COMPANY, 1 EAST WACKER DR., SUITE 2100, CHICAGO, IL 60601	(SEE STATEMENT)		✓	8,858,043	402,575	8,455,468
3 CONCORD DIRECT, 92 OLD TURNPIKE RD, CONCORD, NH 03301	(SEE STATEMENT)		✓	707,914	243,393	464,521
4 GOODUNITED, INC., 804 MEETING ST, SUITE 101, CHARLESTON, SC 29403	(SEE STATEMENT)		✓	93,603	38,255	55,348
5						
6						
7						
8						
9						
10						
Total				9,659,560	718,223	8,941,337

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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, WA, WV, WI

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

		(a) Event #1 <u>MARATHON</u> (event type)	(b) Event #2 <u>RMHC GLOBAL GIVING COLLECTIVE</u> (event type)	(c) Other events <u>1</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	2,855,117	2,440,000	1,527,327	6,822,444
	2 Less: Contributions	2,855,117	2,048,060	1,362,476	6,265,653
	3 Gross income (line 1 minus line 2)	0	391,940	164,851	556,791
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	50,596		438,952	489,548
	7 Food and beverages	134,797		282,125	416,922
	8 Entertainment			786,500	786,500
	9 Other direct expenses	487,923	3,099	1,142,117	1,633,139
	10 Direct expense summary. Add lines 4 through 9 in column (d)				3,326,109
11 Net income summary. Subtract line 10 from line 3, column (d)				(2,769,318)	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 1	PROVIDE CONSULTING SERVICES FOR GRANT APPLICATIONS
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 2	PROVIDE CONSULTING SERVICES FOR FUNDRAISING ACTIVITIES
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 3	PROVIDE E-MAIL AND DIRECT MAIL MARKETING SERVICES
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 4	FIND AND ENGAGE WITH SUPPORTERS ON SOCIAL MEDIA TO GENERATE REVENUE

Return Reference	Identifier	Explanation	
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name	Description
		CONCORD DIRECT	AS PART OF THE AGREEMENT WITH CONCORD DIRECT, RMHC WILL PAY FOR EXPENSES ASSOCIATED WITH FUNDRAISING CAMPAIGNS. THE TOTAL OF THESE EXPENSES IN 2024 WAS \$24,208 WHICH INCLUDES THE COST OF POSTAGE AND PRINTING.
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name	Description
		GOODUNITED, INC.	AS PART OF THE AGREEMENT WITH GOODUNITED, INC., RMHC WILL PAY FOR EXPENSES ASSOCIATED WITH FUNDRAISING CAMPAIGNS. THE TOTAL OF THESE EXPENSES IN 2024 WAS \$101,335 WHICH INCLUDES THE COST OF SOFTWARE PLATFORM FEES.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 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

36-2934689

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ATLANTA RMHC, INC. 795 GATEWOOD ROAD NE, ATLANTA, GA 30329	58-1295754	501(C)(3)	1,821,529	2,400	FMV	AIRLINE TICKETS	SEE PART IV A D
(2) CENTRAL NEW YORK RMHC, INC. 1100 EAST GENESEE ST., SYRACUSE, NY 13210	22-2371193	501(C)(3)	853,811	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(3) (SEE STATEMENT)	66-0468226	501(C)(3)	11,756	0			SEE PART IV D
(4) (SEE STATEMENT)	35-2181050	501(C)(3)	29,777	1,200	FMV	AIRLINE TICKETS	SEE PART IV D
(5) RMH OF DALLAS, INC. 4707 BENGAL STREET, DALLAS, TX 75235	75-1609401	501(C)(3)	114,500	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(6) RMH OF DANVILLE, INC. 24 TREMBULAK WAY, DANVILLE, PA 17821	23-2155803	501(C)(3)	132,526	0			SEE PART IV D
(7) RMH OF GALVESTON, INC. 301 14TH STREET, GALVESTON, TX 77550	76-0114962	501(C)(3)	7,000	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(8) RMH OF MID MICHIGAN, INC. 121 S. HOLMES STREET, LANSING, MI 48912	38-3279325	501(C)(3)	395,570	1,200	FMV	AIRLINE TICKETS	SEE PART IV D
(9) RMH OF NEW YORK, INC. 405 EAST 73RD ST., NEW YORK, NY 10021	13-2933654	501(C)(3)	142,833	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(10) RMH OF ROCHESTER, MINNESOTA, INC. 850 2ND STREET SW, ROCHESTER, MN 55902	41-1344744	501(C)(3)	910,124	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(11) RMH OF SCRANTON, INC. 332 WHEELER AVENUE, SCRANTON, PA 18510	23-2400153	501(C)(3)	128,561	0			SEE PART IV D
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 129

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) RMH OF SOUTHERN NEW JERSEY, INC. 550 MICKLE BLVD., CAMDEN, NJ 08103	22-2430393	501(C)(3)	152,000	2,000	FMV	AIRLINE TICKETS	SEE PART IV B D
(13) RMHC BAY AREA, INC. 520 SAND HILL RD., PALO ALTO, CA 94304-2001	94-2538615	501(C)(3)	485,152	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(14) RMHC DAYTON 555 VALLEY ST., DAYTON, OH 45404	31-0964793	501(C)(3)	449,875	1,200	FMV	AIRLINE TICKETS	SEE PART IV D
(15) RMHC GREATER HOUSTON 1907 HOLCOMBE BLVD., HOUSTON, TX 77030	74-1984499	501(C)(3)	2,071,431	2,400	FMV	AIRLINE TICKETS	SEE PART IV A D
(16) RMHC IN OMAHA, INC. 620 S. 38TH AVE., OMAHA, NE 68105	47-0755104	501(C)(3)	215,487	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(17) RMHC NEW YORK METRO, INC. 267-07 76TH AVENUE, NEW HYDE PARK, NY 11040	11-2764747	501(C)(3)	1,592,085	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(18) RMHC OF ALABAMA, INC. 1700 4TH AVENUE SOUTH, BIRMINGHAM, AL 35233-1810	63-0753358	501(C)(3)	1,432,756	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(19) RMHC OF AMARILLO, INC. 1501 STREIT DRIVE, AMARILLO, TX 79106	75-1790186	501(C)(3)	87,425	1,200	FMV	AIRLINE TICKETS	SEE PART IV D
(20) RMHC OF ANN ARBOR, INC. 1600 WASHINGTON HEIGHTS, ANN ARBOR, MI 48104	38-2473817	501(C)(3)	299,404	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(21) RMHC OF ARKANSAS & NORTH LOUISIANA 1501 WEST 10TH STREET, LITTLE ROCK, AR 72202	71-0525252	501(C)(3)	488,075	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(22) RMHC OF ARKOMA, INC. PO BOX 8790, FAYETTEVILLE, AR 72703-0013	73-1563945	501(C)(3)	216,651	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(23) RMHC OF AUGUSTA, INC. 1442 HARPER STREET, AUGUSTA, GA 30901	58-1509465	501(C)(3)	112,340	0			SEE PART IV D
(24) RMHC OF BISMARCK, INC. P.O. BOX 7323, BISMARCK, ND 58507	36-3705683	501(C)(3)	66,411	0			SEE PART IV D
(25) RMHC OF BURLINGTON, VERMONT, INC. 16 S. WINOOSKI AVE., BURLINGTON, VT 05401	03-0287584	501(C)(3)	152,766	0			SEE PART IV D
(26) RMHC OF CENTRAL AND NORTHERN ARIZONA, INC. 501 E. ROANOKE AVE., PHOENIX, AZ 85004	86-0483792	501(C)(3)	633,714	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(27) RMHC OF CENTRAL FLORIDA, INC. 1030 N. ORANGE AVENUE, STE 105, ORLANDO, FL 32801	59-3211250	501(C)(3)	1,118,902	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(28) RMHC OF CENTRAL GEORGIA, INC. 1160 FORSYTH ST., MACON, GA 31201	58-2473799	501(C)(3)	127,434	2,000	FMV	AIRLINE TICKETS	SEE PART IV D

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(29) RMHC OF CENTRAL ILLINOIS, INC. 610 N. 7TH STREET, SPRINGFIELD, IL 62702-5329	37-1145155	501(C)(3)	263,725	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(30) RMHC OF CENTRAL INDIANA, INC. 435 LIMESTONE ST., INDIANAPOLIS, IN 46202-2819	35-1497202	501(C)(3)	1,054,486	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(31) RMHC OF CENTRAL IOWA, INC. 1441 PLEASANT ST., DES MOINES, IA 50314-1794	42-1117423	501(C)(3)	122,426	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(32) RMHC OF CENTRAL OHIO, INC. 711 E LIVINGSTON AVENUE, COLUMBUS, OH 43205	31-0890152	501(C)(3)	906,093	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(33) RMHC OF CENTRAL PA, INC. 745 W. GOVERNOR RD., HERSHEY, PA 17033-2304	23-2204761	501(C)(3)	179,655	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(34) RMHC OF CENTRAL TEXAS, INC. 1315 BARBARA JORDAN BLVD, AUSTIN, TX 78723	74-2277664	501(C)(3)	311,931	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(35) RMHC OF CHARLESTON, SC, INC. 81 GADSDEN ST., CHARLESTON, SC 29401	57-0724845	501(C)(3)	504,976	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(36) RMHC OF CHARLOTTESVILLE, VA, INC. 300 9TH ST. S.W., CHARLOTTESVILLE, VA 22903	54-1160157	501(C)(3)	192,096	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(37) RMHC OF CHICAGOLAND & NORTHWEST INDIANA, INC. TRIPP AVENUE AT AIRMAIL ROAD PO BOX, HINES, IL 60141	36-3532553	501(C)(3)	3,073,279	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(38) RMHC OF COLUMBIA, SC, INC. 2901 COLONIAL DRIVE, COLUMBIA, SC 29203	57-0725736	501(C)(3)	212,560	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(39) RMHC OF CONNECTICUT AND WESTERN MASSACHUSETTS, INC. 860 HOWARD AVENUE SUITE A, NEW HAVEN, CT 06519	04-2971480	501(C)(3)	479,321	2,000	FMV	AIRLINE TICKETS	SEE PART IV B D
(40) RMHC OF DENVER, INC. 1300 EAST 21ST AVENUE, DENVER, CO 80205	84-0728926	501(C)(3)	666,258	2,400	FMV	AIRLINE TICKETS	SEE PART IV A D
(41) RMHC OF EASTERN IOWA AND WESTERN ILLINOIS, INC. 730 HAWKINS DR., IOWA CITY, IA 52246- 2509	42-1189783	501(C)(3)	230,083	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(42) RMHC OF EASTERN MONTANA, INC. 1144 N. 30TH ST., BILLINGS, MT 59101-0124	81-0400667	501(C)(3)	123,910	0			SEE PART IV D
(43) RMHC OF EASTERN NORTH CAROLINA, INC. 529 MOYE BOULEVARD, GREENVILLE, NC 27834	56-1420505	501(C)(3)	267,878	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(44) RMHC OF EASTERN WISCONSIN, INC. 8948 WATERTOWN PLANK RD., MILWAUKEE, WI 53226	39-1433107	501(C)(3)	480,068	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(45) RMHC OF EL PASO, INC. 300 E. CALIFORNIA AVÉ., EL PASO, TX 79902	74-2257357	501(C)(3)	611,888	1,200	FMV	AIRLINE TICKETS	SEE PART IV D

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(46) RMHC OF ERIE, INC. PO BOX 9248, ERIE, PA 16505	25-1529707	501(C)(3)	34,472	0			SEE PART IV D
(47) RMHC OF GREATER CHARLOTTE, INC. 1613 E MOREHEAD STREET, CHARLOTTE, NC 28207	20-4671570	501(C)(3)	567,598	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(48) RMHC OF GREATER CHATTANOOGA, INC. 200 CENTRAL AVE., CHATTANOOGA, TN 37403-1506	62-1327855	501(C)(3)	671,828	0			SEE PART IV D
(49) RMHC OF GREATER CINCINNATI, INC. 341 ERKENBRECHER AVENUE, CINCINNATI, OH 45229	31-0965333	501(C)(3)	550,641	249,400	FMV	AIRLINE TICKETS	SEE PART IV D
(50) RMHC OF GREATER DELAWARE, INC. 1901 ROCKLAND ROAD, WILMINGTON, DE 19803	51-0295320	501(C)(3)	440,592	2,000	FMV	AIRLINE TICKETS	SEE PART IV A D
(51) RMHC OF GREATER LAS VEGAS, INC. 2323 POTOSI ST., LAS VEGAS, NV 89146	94-3108570	501(C)(3)	377,469	1,200	FMV	AIRLINE TICKETS	SEE PART IV D
(52) RMHC OF GREATER NORTH TEXAS, INC. 147 MANUFACTURING ST, DALLAS, TX 75207-6401	75-2238261	501(C)(3)	731,751	0			SEE PART IV D
(53) RMHC OF GREATER WASHINGTON D.C. INC. 3727 14TH STREET, NE, WASHINGTON, DC 20017-3004	52-1132262	501(C)(3)	842,735	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(54) RMHC OF HAWAII, INC. 1970 JUDD HILLSIDE RD., HONOLULU, HI 96822-2004	99-0222124	501(C)(3)	185,257	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(55) RMHC OF HUNTINGTON, INC. 1500 17TH ST., HUNTINGTON, WV 25701	55-0643445	501(C)(3)	249,153	0			SEE PART IV D
(56) RMHC OF IDAHO, INC. 139 E WARM SPRINGS AVE., BOISE, ID 83712	94-3030996	501(C)(3)	747,783	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(57) RMHC OF INDIANA-MICHIANA, INC. 610 N. MICHIGAN ST. SUITE 310, SOUTH BEND, IN 46601	35-1831691	501(C)(3)	385,826	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(58) RMHC OF JACKSONVILLE, INC. 824 CHILDREN'S WAY, JACKSONVILLE, FL 32207	59-2625008	501(C)(3)	300,135	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(59) RMHC OF KANSAS CITY, INC. 2502 CHERRY STREET, KANSAS CITY, MO 64108-2751	43-1190760	501(C)(3)	885,479	2,400	FMV	AIRLINE TICKETS	SEE PART IV A D
(60) RMHC OF KENTUCKIANA, INC. 550 S. FIRST ST., LOUISVILLE, KY 40202	31-1053467	501(C)(3)	670,157	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(61) RMHC OF KNOXVILLE, TENNESSEE, INC. 1705 W. CLINCH AVE., KNOXVILLE, TN 37916	58-1510276	501(C)(3)	234,613	0			SEE PART IV D
(62) RMHC OF MADISON, INC. 2716 MARSHALL COURT, MADISON, WI 53705-2256	39-1655790	501(C)(3)	282,183	0			SEE PART IV D

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(63) RMHC OF MAINE, INC. 250 BRACKETT STREET, PORTLAND, ME 04102	22-2912513	501(C)(3)	327,018	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(64) RMHC OF MARSHFIELD, INC. 803 W. NORTH ST., MARSHFIELD, WI 54449-1819	93-0833012	501(C)(3)	171,161	0			SEE PART IV D
(65) RMHC OF MARYLAND, INC. 1 AISQUITH STREET, BALTIMORE, MD 21202	52-1184957	501(C)(3)	401,919	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(66) RMHC OF MEMPHIS, INC. 535 ALABAMA AVENUE, MEMPHIS, TN 38105	62-1220396	501(C)(3)	787,581	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(67) RMHC OF MID-MISSOURI, INC. 1110 S COLLEGE AVE , COLUMBIA, MO 65201-4757	43-1225829	501(C)(3)	310,851	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(68) RMHC OF MID-PENN REGION, INC. P.O. BOX 672, ALTOONA, PA 16603	25-1665067	501(C)(3)	58,015	0			SEE PART IV D
(69) RMHC OF MISSISSIPPI, INC. 2524 N. STATE STREET, JACKSON, MS 39216-4500	63-0906927	501(C)(3)	150,908	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(70) RMHC OF MOBILE, INC. 1626 SPRINGHILL AVE., MOBILE, AL 36604-1415	63-1181258	501(C)(3)	308,934	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(71) RMHC OF NASHVILLE, INC. 2144 FAIRFAX AVE, NASHVILLE, TN 37212	62-1310717	501(C)(3)	747,148	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(72) RMHC OF NEW ENGLAND, INC. 45 GAY STREET, #318, PROVIDENCE, RI 02905	22-2760752	501(C)(3)	954,388	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(73) RMHC OF NEW MEXICO, INC. 1011 YALE BLVD NE, ALBUQUERQUE, NM 87106	85-0283204	501(C)(3)	131,306	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(74) RMHC OF NORFOLK, INC. 404 COLLEY AVE, NORFOLK, VA 23507	54-1139497	501(C)(3)	249,028	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(75) RMHC OF NORTH CENTRAL FLORIDA, INC. 2121 SW 16TH STREET, GAINESVILLE, FL 32608	59-1887896	501(C)(3)	172,850	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(76) RMHC OF NORTHEAST INDIANA, INC. 11109 PARKVIEW PLAZA DRIVE, FORT WAYNE, IN 46845	35-1950376	501(C)(3)	284,242	0			SEE PART IV D
(77) RMHC OF NORTHEAST KANSAS, INC. 825 SW BUCHANAN ST., TOPEKA, KS 66606-1427	48-1022967	501(C)(3)	53,840	1,200	FMV	AIRLINE TICKETS	SEE PART IV D
(78) RMHC OF NORTHEAST OHIO, INC. 10415 EUCLID AVE., CLEVELAND, OH 44106-4709	34-1269123	501(C)(3)	1,311,873	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(79) RMHC OF NORTHERN CALIFORNIA, INC. 2555 49TH STREET, SACRAMENTO, CA 95817	68-0147193	501(C)(3)	300,836	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(80) RMHC OF NORTHWEST FLORIDA, INC. 5200 BAYOU BLVD., PENSACOLA, FL 32503	59-2172279	501(C)(3)	443,702	1,600	FMV	AIRLINE TICKETS	SEE PART IV D

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(81) RMHC OF NORTHWEST OHIO, INC. 3883 MONROE ST., TOLEDO, OH 43606	34-1349742	501(C)(3)	300,030	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(82) RMHC OF OKLAHOMA CITY, INC. PO BOX 7979, EDMOND, OK 73083	73-1103242	501(C)(3)	250,691	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(83) RMHC OF OREGON AND SOUTHWEST WASHINGTON, INC. 2620 N. COMMERCIAL AVENUE, PORTLAND, OR 97227	93-0806912	501(C)(3)	730,089	2,400	FMV	AIRLINE TICKETS	SEE PART IV A D
(84) RMHC OF PITTSBURGH AND MORGANTOWN, INC. 451 44TH ST., PITTSBURGH, PA 15201	25-1320272	501(C)(3)	642,550	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(85) RMHC OF RICHMOND, VIRGINIA, INC. 2330 MONUMENT AVE., RICHMOND, VA 23220	52-1359486	501(C)(3)	423,496	1,600	FMV	AIRLINE TICKETS	SEE PART IV B D
(86) RMHC OF ROCHESTER, NY, INC. 333 WESTMORELAND DR., ROCHESTER, NY 14620	16-1271311	501(C)(3)	294,296	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(87) RMHC OF SAN ANTONIO, TEXAS, INC. 4847 CHARLES KATZ, SAN ANTONIO, TX 78229	74-2140528	501(C)(3)	620,748	2,400	FMV	AIRLINE TICKETS	SEE PART IV A D
(88) RMHC OF SAN DIEGO, INC. 2929 CHILDREN'S WAY, SAN DIEGO, CA 92123	95-3251490	501(C)(3)	730,391	2,400	FMV	AIRLINE TICKETS	SEE PART IV A D
(89) RMHC OF SIOUXLAND, INC. 2500 NEBRASKA ST., SIOUX CITY, IA 51104	42-1369988	501(C)(3)	82,890	1,200	FMV	AIRLINE TICKETS	SEE PART IV D
(90) RMHC OF SOUTH DAKOTA, INC. 825 S. LAKE AVENUE, SIOUX FALLS, SD 57104	46-0371152	501(C)(3)	120,517	0			SEE PART IV D
(91) RMHC OF SOUTH FLORIDA, INC. 1145 NW 14 TERRACE, MIAMI, FL 33136	59-1899866	501(C)(3)	729,502	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(92) RMHC OF SOUTH LOUISIANA, INC. 210 STATE STREET, NEW ORLEANS, LA 70118	72-0882569	501(C)(3)	988,313	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(93) RMHC OF SOUTHEASTERN MICHIGAN, INC. 4707 ST. ANTOINE STREET STE 200, DETROIT, MI 48201	38-2182406	501(C)(3)	520,476	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(94) RMHC OF SOUTHERN ARIZONA, INC. 2155 E. ALLEN ROAD, TUCSON, AZ 85719-1501	95-3526934	501(C)(3)	426,091	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(95) RMHC OF SOUTHERN CALIFORNIA, INC. 4560 FOUNTAIN AVENUE, LOS ANGELES, CA 90029	95-3167869	501(C)(3)	4,157,667	2,400	FMV	AIRLINE TICKETS	SEE PART IV A D
(96) RMHC OF SOUTHERN COLORADO, INC. 4223 ROYAL PINE DR, COLORADO SPRINGS, CO 80920	84-1013843	501(C)(3)	127,753	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(97) RMHC OF SOUTHERN WEST VIRGINIA, INC. 910 PENNSYLVANIA AVE., CHARLESTON, WV 25302	55-0631080	501(C)(3)	258,202	0			SEE PART IV D

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(98) RMHC OF SOUTHWEST FLORIDA, INC. 16100 ROSERUSH COURT, FORT MYERS, FL 33908	11-3704163	501(C)(3)	176,344	1,200	FMV	AIRLINE TICKETS	SEE PART IV CD
(99) RMHC OF SOUTHWEST VIRGINIA, INC. 2224 S. JEFFERSON ST., ROANOKE, VA 24014	54-1244769	501(C)(3)	208,881	0			SEE PART IV D
(100) RMHC OF ST. LOUIS, INC. 4321 CHOUTEAU AVE , ST. LOUIS, MO 63110-1605	43-1160478	501(C)(3)	2,671,061	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(101) RMHC OF TALLAHASSEE, INC. 712 EAST 7TH AVENUE, TALLAHASSEE, FL 32303	59-2794505	501(C)(3)	58,463	0			SEE PART IV D
(102) RMHC OF TAMPA BAY, INC. 35 DAVIS BLVD, TAMPA, FL 33606	59-1835985	501(C)(3)	1,576,265	2,400	FMV	AIRLINE TICKETS	SEE PART IV A D
(103) RMHC OF TEMPLE, TEXAS, INC. 2415 SOUTH 47TH ST., TEMPLE, TX 76504	74-2345274	501(C)(3)	137,649	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(104) RMHC OF THE BLUEGRASS, INC. PO BOX 22414, LEXINGTON, KY 40522-2414	61-0986164	501(C)(3)	692,253	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(105) RMHC OF THE CAPITAL REGION, INC. 139 S. LAKE AVENUE, ALBANY, NY 12208- 3256	22-2356004	501(C)(3)	319,755	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(106) RMHC OF THE CAROLINAS, INC. 706 GROVE RD, GREENVILLE, SC 29605	57-0844123	501(C)(3)	354,857	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(107) RMHC OF THE CENTRAL VALLEY, INC. 9161 RANDALL WAY, MADERA, CA 93638	94-2864490	501(C)(3)	227,601	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(108) RMHC OF THE COASTAL EMPIRE, INC. 4710 WATERS AVE., SAVANNAH, GA 31404	58-1630107	501(C)(3)	126,525	1,200	FMV	AIRLINE TICKETS	SEE PART IV D
(109) RMHC OF THE FOUR STATES, INC. 3402 SOUTH JACKSON, JOPLIN, MO 64804	43-1758397	501(C)(3)	120,910	1,200	FMV	AIRLINE TICKETS	SEE PART IV D
(110) RMHC OF THE INLAND NORTHWEST 1028 WEST 5TH AVENUE, SPOKANE, WA 99204	91-1176115	501(C)(3)	305,466	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(111) RMHC OF THE INTERMOUNTAIN AREA, INC. 935 EAST SOUTH TEMPLE, SALT LAKE CITY, UT 84102-1411	74-2386043	501(C)(3)	1,222,609	2,400	FMV	AIRLINE TICKETS	SEE PART IV B D
(112) RMHC OF THE OHIO VALLEY, INC. 3540 WASHINGTON AVENUE, EVANSVILLE, IN 47714	35-1748468	501(C)(3)	689,915	0			SEE PART IV D
(113) RMHC OF THE OZARKS, INC. 949 E. PRIMROSE ST., SPRINGFIELD, MO 65807-5257	43-1371143	501(C)(3)	655,690	0			SEE PART IV D
(114) RMHC OF THE PHILADELPHIA REGION 3925 CHESTNUT ST, PHILADELPHIA, PA 19104	23-7377505	501(C)(3)	1,343,898	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(115) RMHC OF THE PIEDMONT TRIAD, INC. 419 S. HAWTHORNE RD., WINSTON-SALEM, NC 27103	58-1454715	501(C)(3)	324,839	2,000	FMV	AIRLINE TICKETS	SEE PART IV D
(116) RMHC OF THE RED RIVER VALLEY, INC. 4757 AGASSIZ XING S, FARGO, ND 58104	45-0365598	501(C)(3)	112,428	0			SEE PART IV D

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(117) RMHC OF THE SOUTHWEST, INC. 3413 - 10TH STREET, LUBBOCK, TX 79415	75-1915179	501(C)(3)	392,011	1,600	FMV	AIRLINE TICKETS	SEE PART IV B D
(118) RMHC OF THE TRIANGLE, INC. 506 ALEXANDER AVE., DURHAM, NC 27705	56-1220376	501(C)(3)	607,778	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(119) RMHC OF TRISTATE, INC. 240 BERGER ROAD, PADUCAH, KY 42001	61-1224406	501(C)(3)	281,521	0			SEE PART IV D
(120) RMHC OF TULSA, INC. 6102 S. HUDSON AVE., TULSA, OK 74136-2020	73-1313892	501(C)(3)	147,220	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(121) RMHC OF WESTERN MONTANA 3003 FORT MISSOULA RD., MISSOULA, MT 59804	47-2261447	501(C)(3)	152,273	0			SEE PART IV D
(122) RMHC OF WESTERN NEW YORK, INC. 780 W. FERRY ST., BUFFALO, NY 14222	22-2438932	501(C)(3)	255,928	1,200	FMV	AIRLINE TICKETS	SEE PART IV D
(123) RMHC OF WESTERN WASHINGTON & ALASKA, INC. 5130 40TH AVENUE NE, SEATTLE, WA 98105-3055	91-1061043	501(C)(3)	701,585	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(124) RMHC OF WICHITA, INC. 551 N HILLSIDE, STE 100, WICHITA, KS 67214	48-0918101	501(C)(3)	121,496	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(125) RMHC SOUTH TEXAS 3402 FORT WORTH ST., CORPUS CHRISTI, TX 78411	74-2378671	501(C)(3)	180,912	554,611	FMV	AIRLINE TICKETS, CARE MOBILE	SEE PART IV CD
(126) RMHC WEST MICHIGAN, INC. 1323 CEDAR ST NE, GRAND RAPIDS, MI 49503-1326	38-2781170	501(C)(3)	504,327	1,600	FMV	AIRLINE TICKETS	SEE PART IV D
(127) RMHC, NORTHERN NEVADA, INC. 323 MAINE STREET, RENO, NV 89502	94-2863819	501(C)(3)	76,158	1,200	FMV	AIRLINE TICKETS	SEE PART IV D
(128) RMHC, UPPER MIDWEST, INC. 621 OAK ST SE, MINNEAPOLIS, MN 55414-3125	41-1313107	501(C)(3)	882,551	2,400	FMV	AIRLINE TICKETS	SEE PART IV D
(129) SOUTHERN APPALACHIAN RMHC, INC. 418 N. STATE OF FRANKLIN RD., JOHNSON CITY, TN 37604	62-1578123	501(C)(3)	169,024	0			SEE PART IV D

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 -	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.
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	FUNDACION INFANTIL RONALD MCDONALD PUERTO RICO, INC. 250 CALLE CONVENTO, SAN JUAN, PR 00912
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	RMH AT MARIA FARERI CHILDREN'S HOSPITAL, INC. DBA RMH OF THE GREATER HUDSON VLY., VALHALLA, NY 10595
SCHEDULE I, PART II, LINE 1(H) - 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 UNITS (D) NEW CHAPTER SEED GRANTS, GENERAL OPERATING SUPPORT, AND CAPACITY BUILDING GRANTS TO CHAPTERS

**SCHEDULE L
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

36-2934689

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				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 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

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) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

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.

Cat. No. 50056A

Schedule L (Form 990) (Rev.1-2025)

Part IV

Business Transactions Involving Interested Persons (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MCDONALD'S CORPORATION	SUBSTANTIAL CONTRIBUTOR	\$5,268,092	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. FOR OTHER PROFESSIONAL SERVICES, RMHC HAS AN AGREEMENT WITH MCDONALD'S CORPORATION TO COMPENSATE THEM FOR DUTIES PERFORMED.		✓

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RONALD MCDONALD HOUSE CHARITIES, INC

Employer identification number

36-2934689

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	17	815,502	MARKET VALUE
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)	✓	1	447,000	MARKET VALUE
26 Other (AUCTION ITEMS)	✓	7	88,559	COMPARABLE VALUE
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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on 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?		✓
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?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
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.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - COLUMN (B)	RMHC IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED FROM DONORS, NOT THE NUMBER OF ITEMS RECEIVED.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 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

36-2934689

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 5 - 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, BE RMHC ESTIMATES THE TOTAL NUMBER OF VOLUNTEERS TO BE APPROXIMATELY 125.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	(2) RONALD MCDONALD FAMILY ROOM: RMHC PROVIDED GRANTS TOTALING \$2,550,000 FOR NEW RONALD MCDONALD FAMILY ROOM PROGRAMS, WHICH OFFER A QUIET PLACE WITHIN THE WALLS OF THE HOSPITAL. RONALD MCDONALD FAMILY 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 \$645,607. 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 \$71,232,186. 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, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	CHRIS KEMPCZINSKI, KATIE FITZGERALD, ENRIQUE HERNANDEZ, JR., JON BANNER, AND ANGELA STEELE, WHO ARE MCDONALD'S OFFICERS AND TRUSTEES, HAVE BUSINESS RELATIONSHIPS WITH EACH OTHER AND WITH THE FOLLOWING MCDONALD'S EMPLOYEES, LICENSEES, AND SUPPLIERS: RODNEY JORDAN, JOANNA SABATO, SHANNON DUVAL, STACEY BIFERO, J. CHRISTOPHER REYES, EDUARDO SANCHEZ, WAYNE STINGLEY, NICOLE HARPER RAWLINS, MICHAEL L. THOMPSON, AND JENNIFER MANN. - BUSINESS RELATIONSHIP
FORM 990, PART VI, LINE 3 - DELEGATION OF MANAGEMENT DUTIES	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, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	THE BYLAWS WERE UPDATED AS FOLLOWS: (I) UPDATE THE PURPOSE OF RONALD MCDONALD HOUSE CHARITIES, (II) CREATE THREE CLASSES OF TRUSTEES, PERMANENT TRUSTEES, ROTATING TRUSTEES, AND CHAPTER ROTATING TRUSTEES, (III) DEFINE NUMBER, ELECTION, TENURE, AND VOTING RIGHTS OF EACH CLASS OF TRUSTEE (IV) UPDATE THE SCOPE OF THE AUDIT COMMITTEE AND MEMBERSHIP OF THE EXECUTIVE COMMITTEE.
FORM 990, PART VI, 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 RELATED TAX-EXEMPT ORGANIZATIONS DISCLOSED IN SCHEDULE R, PART II. 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 VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE AND 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 AND RISK COMMITTEE. AFTER REVIEW AND APPROVAL OF THE FORM 990 BY THE AUDIT AND RISK 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.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 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

36-2934689

Return Reference - Identifier	Explanation																														
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	TRUSTEES, OFFICERS, AND KEY VOLUNTEERS ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE 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, 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 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, ND, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, WI, WV																														
FORM 990, PART VI, 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, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	RMHC POSTS ITS BY-LAWS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE.																														
FORM 990, PART VII, SECTION A -	THE PRESIDENT AND CEO OF RMHC HOLDS A NON-VOTING TRUSTEE POSITION ON THE BOARD OF TRUSTEES.																														
FORM 990, PART VIII, COLUMN (A) - 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 DEFRAID 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 2024, THE TOTAL AMOUNT THAT WAS EXCLUDED FROM FORM 990 WAS \$37,301,917 OF WHICH \$6,967,971 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.																														
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Total Expenses</th> <th>(c) Program Service Expenses</th> <th>(d) Management and General Expenses</th> <th>(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td>CONSULTING FEES</td> <td>7,184,961</td> <td>5,747,434</td> <td>1,256,016</td> <td>181,511</td> </tr> <tr> <td>PROFESSIONAL FEES (MCDONALD'S)</td> <td>5,268,092</td> <td>2,426,328</td> <td>1,495,874</td> <td>1,345,890</td> </tr> <tr> <td>OTHER FEES</td> <td>1,532,091</td> <td>1,342,776</td> <td>189,315</td> <td>0</td> </tr> <tr> <td>STRATEGIC GROWTH CONSULTING</td> <td>1,500,000</td> <td>1,500,000</td> <td>0</td> <td>0</td> </tr> <tr> <td>Total</td> <td>15,485,144</td> <td>11,016,538</td> <td>2,941,205</td> <td>1,527,401</td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	CONSULTING FEES	7,184,961	5,747,434	1,256,016	181,511	PROFESSIONAL FEES (MCDONALD'S)	5,268,092	2,426,328	1,495,874	1,345,890	OTHER FEES	1,532,091	1,342,776	189,315	0	STRATEGIC GROWTH CONSULTING	1,500,000	1,500,000	0	0	Total	15,485,144	11,016,538	2,941,205	1,527,401
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STRATEGIC GROWTH CONSULTING	1,500,000	1,500,000	0	0																											
Total	15,485,144	11,016,538	2,941,205	1,527,401																											
FORM 990, PART IX, LINE 24A -	THERE ARE RMHC DONATION BOXES AT MCDONALD'S RESTAURANTS WHERE CUSTOMERS CAN DEPOSIT THEIR CHANGE FOR THE BENEFIT OF RMHC. THE COLLECTION OF RMHC DONATION BOX FUNDS FROM MCDONALD'S RESTAURANTS THROUGHOUT THE UNITED STATES IS CENTRALIZED UNDER ONE VENDOR MANAGEMENT COMPANY, INTEGRIGIO, AND RMHC PAYS INTEGRIGIO 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 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>GAIN/LOSS - CASH SURRENDER VALUE OF INVESTMENTS</td> <td>- 29,967</td> </tr> <tr> <td>RECOVERY OF PRIOR YEAR EXPENSES</td> <td>644,138</td> </tr> <tr> <td>ROUNDING</td> <td>2</td> </tr> </tbody> </table>	(a) Description	(b) Amount	GAIN/LOSS - CASH SURRENDER VALUE OF INVESTMENTS	- 29,967	RECOVERY OF PRIOR YEAR EXPENSES	644,138	ROUNDING	2																						
(a) Description	(b) Amount																														
GAIN/LOSS - CASH SURRENDER VALUE OF INVESTMENTS	- 29,967																														
RECOVERY OF PRIOR YEAR EXPENSES	644,138																														
ROUNDING	2																														

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 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

[36-2934689](#)

Return Reference - Identifier	Explanation
SCHEDULE F, PART II, LINE 1(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 R
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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.

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

36-2934689

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) RONALD MCDONALD GYERMEKSEGELY ALAPITVANY MAGYAR TAGOZAT SOROKSARI UT 30-34, BUDAPEST, 1095, HU	OPERATE A RONALD MCDONALD HOUSE FOR FAMILIES WITH SICK CHILDREN	HUNGARY	501(C)(3)		RONALD MCDONALD HOUSE CHARITIES, INC.	✓	
(2) RONALD MCDONALD LASTENTALOSAATIO OKSAKOSKENPOLKU 6, HELSINKI, 00250, FI	OPERATE A RONALD MCDONALD HOUSE FOR FAMILIES WITH SICK CHILDREN	FINLAND	501(C)(3)		RONALD MCDONALD HOUSE CHARITIES, INC.	✓	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)-----												
(2)-----												
(3)-----												
(4)-----												
(5)-----												
(6)-----												
(7)-----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)(SEE STATEMENT)-----									
(2)-----									
(3)-----									
(4)-----									
(5)-----									
(6)-----									
(7)-----									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 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 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)	✓	
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RONALD MCDONALD GYERMEKSEGELY ALAPITVANY MAGYAR TAGOZAT	B	9,485	CASH CONTRIBUTION
(2) RONALD MCDONALD LASTENTALOSAATIO	B	2,982	CASH CONTRIBUTION
(3)			
(4)			
(5)			
(6)			

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)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST 110 N. CARPENTER ST, CHICAGO, IL 60607-4106	CHARITABLE TRUST	CA	RONALD MCDONALD HOUSE CHARITIES					✓	