PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- ☐ Address change
- ☑ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: RONALD MCDONALD HOUSE GLOBAL

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 110 N. CARPENTER ST.

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: CHICAGO, IL 60607-4106

D Employer identification number: 36-2934689

E Telephone number: (855) 720-2571

G Gross receipts $: 181,363,911

F Name and address of principal officer: KATIE FITZGERALD
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.RONALDMCDONALDHOUSE.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1977

M State of legal domicile: IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
AT RONALD MCDONALD HOUSE GLOBAL, WE PROVIDE ESSENTIAL SERVICES THAT REMOVE BARRIERS, STRENGTHEN FAMILIES AND PROMOTE HEALING WHEN CHILDREN NEED HEALTHCARE.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	143,480,833	124,846,495
9	Program service revenue (Part VIII, line 2g)	308,576	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,947,608	10,790,010
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(2,769,318)	(1,100,523)
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	143,967,699	134,535,982

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	78,277,792	96,046,063
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	718,223	377,220
b	Total fundraising expenses (Part IX, column (D), line 25) 8,357,928		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	37,330,944	41,514,978
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	116,326,959	137,938,261
19	Revenue less expenses. Subtract line 18 from line 12	27,640,740	(3,402,279)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	303,246,729	328,947,036
21	Total liabilities (Part X, line 26)	15,387,792	20,694,184
22	Net assets or fund balances. Subtract line 21 from line 20	287,858,937	308,252,852

Part II Signature Block

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

Sign Here

Stacey Bifero
Signature of officer

5/12/26
Date

STACEY BIFERO, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Preparer's name: BEN JACKSON	Preparer's signature	Date: 5/12/26	Check ☐ if self-employed	PTIN: P02513827
Firm's name: ERNST & YOUNG US LLP			Firm's EIN: 34-6565596	
Firm's address: 4365 EXECUTIVE DRIVE, SAN DIEGO, CA 92121			Phone no.: (858) 535-7200	

May the IRS discuss this return with the preparer shown above? See instructions ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2025) Created 4/30/25

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

AT RONALD MCDONALD HOUSE GLOBAL, 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 $ 119,689,453 including grants of $ 96,046,063) (Revenue $ 0)

SUPPORT OF RONALD MCDONALD HOUSE LOCAL CHAPTERS WORLDWIDE: RONALD MCDONALD HOUSE IS A SYSTEM OF INDEPENDENT, SEPARATELY REGISTERED PUBLIC BENEFIT ORGANIZATIONS, REFERRED TO AS "CHAPTERS" BY RONALD MCDONALD HOUSE GLOBAL. RONALD MCDONALD HOUSE GLOBAL ENSURES DELIVERY OF THE MISSION ACROSS THE GLOBE BY BUILDING AND SUSTAINING A ROBUST INFRASTRUCTURE OF SUPPORT FOR CHAPTERS. THIS INCLUDES OPERATIONS, LICENSING AND COMPLIANCE, FINANCE, RISK MANAGEMENT, COMMUNICATIONS, MARKETING AND DEVELOPMENT.

FOLLOWING ARE THE ACTIVITIES CONDUCTED BY RONALD MCDONALD HOUSE GLOBAL TO SUPPORT THE CHAPTERS:
(1) RONALD MCDONALD HOUSE: RONALD MCDONALD HOUSE GLOBAL PROVIDED GRANTS TOTALING $5,816,000 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 119,689,453

Part IV Checklist of Required Schedules

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

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? *If "Yes," complete Schedule I, Parts I and III*	22		✔
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? *If "Yes," complete Schedule J*	23		✔
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✔
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✔
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? *If "Yes," complete Schedule L, Part I*	25b		✔
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? *If "Yes," complete Schedule L, Part II*	26		✔
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? *If "Yes," complete Schedule L, Part III*	27		✔
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? *If "Yes," complete Schedule L, Part IV*	28a	✔	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	✔	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✔
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? *If "Yes," complete Schedule R, Part I*	33		✔
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✔	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✔	
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	✔	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✔
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✔
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	38	✔	

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	1a	57		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	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? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		✔
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? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? 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	23		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✔	
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? .	3		✔	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✔	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6			✔
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			✔
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
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*	9			✔

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed 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) ALEX DIMITRIEF	1.0									
TRUSTEE, CHAIRMAN	0.0	✔		✔				0	0	0
(2) EDUARDO SANCHEZ	1.0									
TRUSTEE, VICE CHAIR	0.0	✔		✔				0	0	0
(3) JEFFREY DAVIS	1.0									
TRUSTEE, TREASURER	0.0	✔		✔				0	0	0
(4) BARBARA RYAN	1.0									
TRUSTEE (BEGAN 02/25)	0.0	✔						0	0	0
(5) CHRIS KEMPCZINSKI	1.0									
TRUSTEE	0.0	✔						0	0	0
(6) DAVID C. HERMAN, MD	1.0									
TRUSTEE	0.0	✔						0	0	0
(7) GINGER HARDAGE	1.0									
TRUSTEE (UNTIL 08/25)	0.0	✔						0	0	0
(8) GRACE FUNG OEI	1.0									
TRUSTEE	0.0	✔						0	0	0
(9) J. CHRISTOPHER REYES	1.0									
TRUSTEE	0.0	✔						0	0	0
(10) JAMES D. WATKINS	1.0									
TRUSTEE	0.0	✔						0	0	0
(11) JANELL MASON	1.0									
TRUSTEE (BEGAN 02/25)	0.0	✔						0	0	0
(12) JENNIFER MANN	1.0									
TRUSTEE	0.0	✔						0	0	0
(13) JON BANNER	1.0									
TRUSTEE	0.0	✔						0	0	0
(14) LAURA SCHUMACHER	1.0									
TRUSTEE	0.0	✔						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	1.0									
TRUSTEE	0.0	✔						0	0	0
(16) MICHAEL THOMPSON	1.0									
TRUSTEE	0.0	✔						0	0	0
(17) MICHELLE STEPHENSON	1.0									
TRUSTEE	0.0	✔						0	0	0
(18) NICOLE HARPER RAWLINS	1.0									
TRUSTEE	0.0	✔						0	0	0
(19) RUSS SMYTH	1.0									
TRUSTEE (BEGAN 01/25)	0.0	✔						0	0	0
(20) STUART E. SIEGEL, MD	1.0									
TRUSTEE	0.0	✔						0	0	0
(21) THEODORE PERLMAN	1.0									
TRUSTEE	0.0	✔						0	0	0
(22) WALTER A. ORENSTEIN, M.D	1.0									
TRUSTEE	0.0	✔						0	0	0
(23) WENDY DAVIDSON	1.0									
TRUSTEE	0.0	✔						0	0	0
(24) WOODS STATON	1.0									
TRUSTEE (BEGAN 01/25)	0.0	✔						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
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? *If "Yes," complete Schedule J for such individual* **3**		✔
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? *If "Yes," complete Schedule J for such individual* **4**		✔
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		✔

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
DDB CHICAGO INC., 225 N MICHIGAN AVE, CHICAGO, IL 60601	BRAND MODERNIZATION SERVICES	7,574,093
MCDONALD'S CORPORATION, 110 N CARPENTER ST, CHICAGO, IL 60607	PROFESSIONAL SERVICES	6,105,046
INTEGRIGO, LLC, 11 COURT STREET, SUITE 280, EXETER, NH 03833	DONATION BOX MANAGEMENT AND COLLECTION	3,026,701
ACCENTURE INTERNATIONAL LIMITED, 500 W MADISON ST, CHICAGO, IL 60661	STRATEGIC GROWTH SERVICES	1,605,000
CAPGEMINI AMERICA, INC, 400 BROADACRES DRIVE, SUITE 410, BLOOMFIELD, NJ 07003	PROFESSIONAL SERVICES (WEBSITE & TECHNOLOGY CO	1,512,405

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 30

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	75,034				
	b	Membership dues	1b					
	c	Fundraising events	1c	5,463,805				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	119,307,656				
	g	Noncash contributions included in lines 1a–1f	1g	$ 2,733,827				
	h	**Total.** Add lines 1a–1f			124,846,495			
Program Service Revenue				Business Code				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			7,739,524			7,739,524
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real / (ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0 / 0				
	d	Net rental income or (loss)						
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	48,668,762				
	b	Less: cost or other basis and sales expenses	7b	45,618,276				
	c	Gain or (loss)	7c	3,050,486 / 0				
	d	Net gain or (loss)			3,050,486			3,050,486
	8a	Gross income from fundraising events (not including $ 5,463,805 of contributions reported on line 1c). See Part IV, line 18	8a	109,130				
	b	Less: direct expenses	8b	1,209,653				
	c	Net income or (loss) from fundraising events			(1,100,523)			(1,100,523)
	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	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
	11a							
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			0			
	12	**Total revenue.** See instructions			134,535,982	0	0	9,689,487

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	85,510,473	85,510,473		
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	10,535,590	10,535,590		
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	387,237	158,895	188,171	40,171
c Accounting	352,557	233,946	118,611	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	377,220			377,220
f Investment management fees	580,474	109,894	470,580	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	20,326,229	15,763,672	2,424,445	2,138,112
12 Advertising and promotion	9,090,838	1,125,607	5,457,319	2,507,912
13 Office expenses	142,792	6,339	28,160	108,293
14 Information technology	4,720,290	2,370,974	533,283	1,816,033
15 Royalties				
16 Occupancy				
17 Travel	1,286,613	1,115,324	119,732	51,557
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	298,334	150,337	81,557	66,440
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	345,357	66,992	278,365	0
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 11g expenses on Schedule O.)				
a DONATION BOX EXPENSE	3,351,700	2,513,775		837,925
b CREDIT CARD / BANK FEES	418,379	0	18,409	399,970
c SUBSCRIPTIONS	84,991	11,512	68,366	5,113
d ACKNOWLEDGEMENT	120,451	15,985	95,320	9,146
e All other expenses	8,736	138	8,562	36
25 **Total functional expenses.** Add lines 1 through 24e	137,938,261	119,689,453	9,890,880	8,357,928
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 ☐ 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		51,138,544	2	26,174,384
	3	Pledges and grants receivable, net		32,874,703	3	37,503,208
	4	Accounts receivable, net		174,283	4	21,019
	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			7	
	8	Inventories for sale or use		77,675	8	0
	9	Prepaid expenses and deferred charges		1,650,864	9	1,785,717
	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	0	10c	0
	11	Investments—publicly traded securities		196,884,651	11	239,624,333
	12	Investments—other securities. See Part IV, line 11		19,551,228	12	22,925,232
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		894,781	15	913,143
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		303,246,729	16	328,947,036
Liabilities	17	Accounts payable and accrued expenses		3,708,574	17	5,651,507
	18	Grants payable		11,508,165	18	13,876,563
	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		171,053	25	1,166,114
	26	**Total liabilities.** Add lines 17 through 25		15,387,792	26	20,694,184
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		268,230,027	27	288,458,081
	28	Net assets with donor restrictions		19,628,910	28	19,794,771
		Organizations that do not follow FASB ASC 958, check here ☐ 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		287,858,937	32	308,252,852
	33	Total liabilities and net assets/fund balances		303,246,729	33	328,947,036

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	134,535,982
2	Total expenses (must equal Part IX, column (A), line 25)	2	137,938,261
3	Revenue less expenses. Subtract line 2 from line 1	3	(3,402,279)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	287,858,937
5	Net unrealized gains (losses) on investments	5	23,783,879
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	12,315
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	308,252,852

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: ☐ Cash ☑ Accrual ☐ 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?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	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.			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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?	3a		✔
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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) ANGELA STEELE SECRETARY	4.0 0.0			✓				0	0	0
(26) JARROD BELL CHIEF INFORMATION OFFICER	40.0 0.0			✓				0	0	0
(27) JOANNA SABATO CHIEF MARKETING AND COMMUNICATIONS OFFICER	40.0 0.0			✓				0	0	0
(28) KATIE FITZGERALD PRESIDENT & CEO	40.0 0.0			✓				0	0	0
(29) RODNEY JORDAN CHIEF OPERATING OFFICER	40.0 0.0			✓				0	0	0
(30) SHANNON DUVAL CHIEF DEVELOPMENT OFFICER (UNTIL 06/25)	40.0 0.0			✓				0	0	0
(31) STACEY BIFERO CHIEF FINANCIAL OFFICER	40.0 0.0			✓				0	0	0

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
RONALD MCDONALD HOUSE GLOBAL	36-2934689

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	77,176,213	75,286,529	103,118,271	143,480,833	124,846,495	523,908,341
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4 **Total.** Add lines 1 through 3	77,176,213	75,286,529	103,118,271	143,480,833	124,846,495	523,908,341
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)						78,554,367
6 **Public support.** Subtract line 5 from line 4						445,353,974

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	77,176,213	75,286,529	103,118,271	143,480,833	124,846,495	523,908,341
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,407,124	4,394,692	5,890,673	6,964,771	7,739,524	30,396,784
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	124,520	556,791	109,130	790,441
11 **Total support.** Add lines 7 through 10						555,095,566

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** 80.23 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** 74.49 %

16a **33 1/3% support test—2025.** 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 ☑

b **33 1/3% support test—2024.** 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 ☐

17a **10%-facts-and-circumstances test—2025.** 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 ☐

b **10%-facts-and-circumstances test—2024.** 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 ☐

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 ☐

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2025.** 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—2024.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI****.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI****.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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?	11a		
b	A family member of a person described on line 11a above?	11b		
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****.*	11c		

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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

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).*	1		

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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
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.*	2a		
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.*	2b		
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****.*	3a		
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.*	3b		
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****.*	3c		

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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	**5**	
6	**Total annual distributions.** Add lines 1 through 5.	**6**	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**7**	
8	Distributable amount for 2025 from Section C, line 6	**8**	
9	Line 7 amount divided by line 8 amount	**9**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021 . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
(1) GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS AND GAMING			124,520	556,791	109,130	790,441
Total	0	0	124,520	556,791	109,130	790,441

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 GLOBAL

Employer identification number
36-2934689

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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000; or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ _____

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

Name of organization: RONALD MCDONALD HOUSE GLOBAL

Employer identification number: 36-2934689

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		$ 4,670,458	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
2		$ 2,500,096	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: RONALD MCDONALD HOUSE GLOBAL

Employer identification number: 36-2934689

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: RONALD MCDONALD HOUSE GLOBAL

Employer identification number: 36-2934689

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 GLOBAL

Employer identification number
36-2934689

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

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:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) 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	3,028,820	END OF YEAR MARKET VALUE
(3) Other		
(A) MCDONALD'S CORPORATION	19,896,412	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))*	22,925,232	

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)	1,166,114
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,166,114

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	187,836,606
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	23,783,879		
b	Donated services and use of facilities	2b	28,875,251		
c	Recoveries of prior year grants	2c	42,227		
d	Other (Describe in Part XIII.)	2d	1,179,741		
e	Add lines **2a** through **2d**			2e	53,881,098
3	Subtract line **2e** from line **1**			3	133,955,508
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	580,474		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	580,474
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	134,535,982

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	167,442,691
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	28,875,251		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,209,653		
e	Add lines **2a** through **2d**			2e	30,084,904
3	Subtract line **2e** from line **1**			3	137,357,787
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	580,474		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	580,474
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	137,938,261

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.

SEE STATEMENT

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	1,209,653
GAIN/LOSS- CASH SURRENDER VALUE OF INVESTMENTS	- 30,163
OTHER REVENUE	250
ROUNDING ADJUSTMENT	1

Return Reference - Identifier	Explanation
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	1,209,653

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	RONALD MCDONALD HOUSE GLOBAL 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 RONALD MCDONALD HOUSE GLOBAL IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, RONALD MCDONALD HOUSE GLOBAL 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). RONALD MCDONALD HOUSE GLOBAL 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, 2025 AND 2024.
SCHEDULE D, PART XI - RECONCILIATION OF REVENUE AND EXPENSES:	RONALD MCDONALD HOUSE GLOBAL RECEIVES CONTRIBUTIONS FROM DONORS WHO INTENDED THE FUNDS TO BE USED BY ONE OF ITS CHAPTERS. IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, RONALD MCDONALD HOUSE GLOBAL REPORTS FUNDS HELD AT THE END OF THE YEAR THAT HAVE NOT YET BEEN DISTRIBUTED TO THE CHAPTERS AS INTERMEDIARY THIRD PARTY LIABILITIES. RONALD MCDONALD HOUSE GLOBAL 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 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 GLOBAL

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		201,872
(2)	EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		2,442,585
(3)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		3,128,909
(4)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		10,310
(5)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		1,949,090
(6)	RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		350,563
(7)	SOUTH AMERICA	0	0	GRANTMAKING		2,023,721
(8)	SOUTH ASIA	0	0	GRANTMAKING		25,700
(9)	SUB-SAHARAN AFRICA	0	0	GRANTMAKING		402,840
(10)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FUNDRAISING		1,105
(11)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	FUNDRAISING		15
(12)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PUBLIC RELATIONS		4,002
(13)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PUBLIC RELATIONS		21
(14)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	1,812
(15)	EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	150,102
(16)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	380,411
(17)	SEE PART I SUPPLEMENTAL INFORMATION					
3a	Subtotal	0	0			11,073,058
b	Total from continuation sheets to Part I	0	0			252,502
c	**Totals** (add lines 3a and 3b)	0	0			11,325,560

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)			CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V - C	45,472	BANK DRAFT	0		
(2)			CENTRAL AMERICA AND THE CARIBBEAN	SEE PART V - BC	153,500	BANK DRAFT	0		
(3)			EAST ASIA AND THE PACIFIC	SEE PART V - A	250,000	BANK DRAFT	0		
(4)			EAST ASIA AND THE PACIFIC	SEE PART V - C	10,000	BANK DRAFT	0		
(5)			EAST ASIA AND THE PACIFIC	SEE PART V - ABC	827,745	BANK DRAFT	0		
(6)			EAST ASIA AND THE PACIFIC	SEE PART V - C	25,000	BANK DRAFT	0		
(7)			EAST ASIA AND THE PACIFIC	SEE PART V - ABC	584,000	BANK DRAFT	0		
(8)			EAST ASIA AND THE PACIFIC	SEE PART V - C	80,268	BANK DRAFT	0		
(9)			EAST ASIA AND THE PACIFIC	SEE PART V - C	100,000	BANK DRAFT	0		
(10)			EAST ASIA AND THE PACIFIC	SEE PART V - C	96,562	BANK DRAFT	0		
(11)			EAST ASIA AND THE PACIFIC	SEE PART V - C	79,709	BANK DRAFT	0		
(12)			EAST ASIA AND THE PACIFIC	SEE PART V - C	34,950	BANK DRAFT	0		
(13)			EAST ASIA AND THE PACIFIC	SEE PART V - C	13,000	BANK DRAFT	0		
(14)			EAST ASIA AND THE PACIFIC	SEE PART V - C	83,900	BANK DRAFT	0		
(15)			EAST ASIA AND THE PACIFIC	SEE PART V - A C	254,450	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 55

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 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. RONALD MCDONALD HOUSE GLOBAL MONITORS THE USE OF THE FUNDS IN THE FOLLOWING MANNER: -RONALD MCDONALD HOUSE GLOBAL MISSION SUPPORT TEAM MEMBERS WORK WITH A SPECIFIC CHAPTER AND ARE RESPONSIBLE FOR SUBSEQUENT FOLLOW-UP TO DETERMINE THAT FUNDS GRANTED BY RONALD MCDONALD HOUSE GLOBAL 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 - CHAPTER SUPPORT, CHAPTER CAPACITY BUILDING, CHAPTER EDUCATION EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL - CHAPTER SUPPORT, CHAPTER CAPACITY BUILDING, CHAPTER EDUCATION 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 SOUTH ASIA - ACCRUAL SUB-SAHARAN AFRICA - ACCRUAL
SCHEDULE F, PART V - SCHEDULE F, PART II, LINE 1D - - PURPOSE OF GRANT	(A) NEW AND EXPANDING RONALD MCDONALD HOUSE PROGRAMS AND ONGOING OPERATING SUPPORT (B) NEW RONALD MCDONALD FAMILY ROOM PROGRAMS (C) GENERAL CHAPTER OPERATING SUPPORT AND CAPACITY BUILDING GRANTS TO CHAPTERS

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) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	12,448
(18) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	45,901
(19) SOUTH AMERICA	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	135,506
(20) SOUTH ASIA	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	31,190
(21) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CHAPTER SUPPORT	4,685
(22) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CHAPTER CAPACITY BUILDING	4,189
(23) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	CHAPTER CAPACITY BUILDING	1,473
(24) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CHAPTER EDUCATION	8,360
(25) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	CHAPTER EDUCATION	7,334
(26) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	CHAPTER EDUCATION	1,416

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, apraisal, other)
(16)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - A C	211,550	BANK DRAFT	0		
(17)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - C	70,405	BANK DRAFT	0		
(18)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - A C	202,481	BANK DRAFT	0		
(19)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - C	42,810	BANK DRAFT	0		
(20)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - C	6,860	BANK DRAFT	0		
(21)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - C	234,499	BANK DRAFT	0		
(22)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - C	73,634	BANK DRAFT	0		
(23)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - C	177,328	BANK DRAFT	0		
(24)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - BC	406,051	BANK DRAFT	0		
(25)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - C	47,171	BANK DRAFT	0		
(26)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - BC	185,114	BANK DRAFT	0		
(27)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - C	21,930	BANK DRAFT	0		
(28)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - BC	223,046	BANK DRAFT	0		
(29)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - C	496,550	BANK DRAFT	0		
(30)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - C	101,860	BANK DRAFT	0		
(31)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - C	100,000	BANK DRAFT	0		
(32)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - C	140,451	BANK DRAFT	0		
(33)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SEE PART V - C	373,581	BANK DRAFT	0		
(34)		MIDDLE EAST AND NORTH AFRICA	SEE PART V - C	10,310	BANK DRAFT	0		
(35)		NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - C	49,844	BANK DRAFT	0		
(36)		NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - C	5,600	BANK DRAFT	0		
(37)		NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - A C	503,000	BANK DRAFT	0		
(38)		NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - C	50,425	BANK DRAFT	0		
(39)		NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - C	44,325	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, apraisal, other)
(40)		NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - C	5,525	BANK DRAFT	0		
(41)		NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - C	36,750	BANK DRAFT	0		
(42)		NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - C	803,671	BANK DRAFT	0		
(43)		NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - A C	360,400	BANK DRAFT	0		
(44)		NORTH AMERICA (CANADA & MEXICO ONLY)	SEE PART V - C	78,550	BANK DRAFT	0		
(45)		RUSSIA AND NEIGHBORING STATES	SEE PART V - BC	350,563	BANK DRAFT	0		
(46)		SOUTH AMERICA	SEE PART V - C	157,661	BANK DRAFT	0		
(47)		SOUTH AMERICA	SEE PART V - A C	1,273,840	BANK DRAFT	0		
(48)		SOUTH AMERICA	SEE PART V - C	78,200	BANK DRAFT	0		
(49)		SOUTH AMERICA	SEE PART V - C	24,490	BANK DRAFT	0		
(50)		SOUTH AMERICA	SEE PART V - C	98,900	BANK DRAFT	0		
(51)		SOUTH AMERICA	SEE PART V - BC	263,359	BANK DRAFT	0		
(52)		SOUTH AMERICA	SEE PART V - C	46,081	BANK DRAFT	0		
(53)		SOUTH AMERICA	SEE PART V - C	81,190	BANK DRAFT	0		
(54)		SOUTH ASIA	SEE PART V - C	25,700	BANK DRAFT	0		
(55)		SUB-SAHARAN AFRICA	SEE PART V - A C	402,840	BANK DRAFT	0		

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 GLOBAL

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? Yes	(iii) No	(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
1	ASHWORTH NONPROFIT GROUP, 2221 IOWA ST, NORMAN, OK 73069	(SEE STATEMENT)		✔	0	93,500	(93,500)
2	CAMPBELL & COMPANY, 1 EAST WACKER DR., SUITE 2100, CHICAGO, IL 60601	(SEE STATEMENT)		✔	0	31,715	(31,715)
3	CONCORD DIRECT, 92 OLD TURNPIKE RD, CONCORD, NH 03301	(SEE STATEMENT)		✔	636,069	205,000	431,069
4	GOODUNITED, INC., 804 MEETING ST, SUITE 101, CHARLESTON, SC 29403	(SEE STATEMENT)		✔	282,165	47,005	235,160
5							
6							
7							
8							
9							
10							
Total					918,234	377,220	541,014

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 MARATHON (event type)	(b) Event #2 RMHC GLOBAL GIVING COLLECTIVE (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	3,376,392	2,196,543	0	5,572,935
	2 Less: Contributions	3,376,392	2,087,413	0	5,463,805
	3 Gross income (line 1 minus line 2)	0	109,130	0	109,130
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	20,291	0	0	20,291
	7 Food and beverages	100,824	146,993	0	247,817
	8 Entertainment	0	5,829	0	5,829
	9 Other direct expenses	829,336	106,380	0	935,716
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,209,653
	11 Net income summary. Subtract line 10 from line 3, column (d)				(1,100,523)

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	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ 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: _____

_____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . . . $

Part IV Supplemental Information.

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.

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, RONALD MCDONALD HOUSE GLOBAL WILL PAY FOR EXPENSES ASSOCIATED WITH FUNDRAISING CAMPAIGNS. THE TOTAL OF THESE EXPENSES IN 2025 WAS $85,486 WHICH INCLUDES THE COST OF POSTAGE AND PRINTING.

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 GLOBAL

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 RONALD MCDONALD HOUSE 2580 BRIARCLIFF ROAD, ATLANTA, GA 30329	58-1295754	501(C)(3)	1,751,594	774,174	FMV	(SEE STATEMENT)	SEE PART IV C
(2) CENTRAL NEW YORK RMHC, INC. 1100 EAST GENESEE ST., SYRACUSE, NY 13210	22-2371193	501(C)(3)	932,293	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(3) (SEE STATEMENT)	66-0468226	501(C)(3)	80,600	800	FMV	AIRLINE TICKETS	SEE PART IV C
(4) LIONS CLUB INTERNATIONAL FOUNDATION 300 WEST 22ND STREET, OAK BROOK, IL 60523	23-7030455	501(C)(3)	250,000	0			SEE PART IV A
(5) (SEE STATEMENT)	63-0753358	501(C)(3)	1,522,683	2,400	FMV	AIRLINE TICKETS	SEE PART IV C
(6) (SEE STATEMENT)	71-0525252	501(C)(3)	1,160,352	174,858	FMV	(SEE STATEMENT)	SEE PART IV A C
(7) (SEE STATEMENT)	35-2181050	501(C)(3)	53,502	800	FMV	AIRLINE TICKETS	SEE PART IV C
(8) (SEE STATEMENT)	86-0483792	501(C)(3)	1,002,651	2,400	FMV	AIRLINE TICKETS	SEE PART IV BC
(9) (SEE STATEMENT)	36-3532553	501(C)(3)	3,656,135	112,632	FMV	(SEE STATEMENT)	SEE PART IV C
(10) RONALD MCDONALD HOUSE NEW MEXICO 1011 YALE BLVD NE, ALBUQUERQUE, NM 87106	85-0283204	501(C)(3)	244,035	5,794	FMV	(SEE STATEMENT)	SEE PART IV C
(11) RONALD MCDONALD HOUSE OF DALLAS 4707 BENGAL STREET, DALLAS, TX 75235	75-1609401	501(C)(3)	653,394	2,400	FMV	AIRLINE TICKETS	SEE PART IV C
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 125

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

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

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

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

(SEE STATEMENT)

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) RONALD MCDONALD HOUSE OF DANVILLE 24 TREMBULAK WAY, DANVILLE, PA 17821	23-2155803	501(C)(3)	145,537	0			SEE PART IV C
(13) RONALD MCDONALD HOUSE OF FORT WORTH 1001 8TH AVE., FORT WORTH, TX 76104	75-1754490	501(C)(3)	551,844	6,793	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(14) RONALD MCDONALD HOUSE OF MID-MICHIGAN 121 S. HOLMES STREET, LANSING, MI 48912	38-3279325	501(C)(3)	467,259	800	FMV	AIRLINE TICKETS	SEE PART IV C
(15) RONALD MCDONALD HOUSE OF NEW YORK 405 EAST 73RD ST., NEW YORK, NY 10021	13-2933654	501(C)(3)	445,665	2,800	FMV	AIRLINE TICKETS	SEE PART IV C
(16) RONALD MCDONALD HOUSE SOUTHEASTERN MN & WESTERN WI 850 2ND STREET SW, ROCHESTER, MN 55902	41-1344744	501(C)(3)	1,303,650	4,000	FMV	AIRLINE TICKETS	SEE PART IV BC
(17) RONALD MCDONALD HOUSE OF SCRANTON, INC 332 WHEELER AVENUE, SCRANTON, PA 18510	23-2400153	501(C)(3)	475,179	0			SEE PART IV BC
(18) RONALD MCDONALD HOUSE OF SOUTHERN NEW JERSEY 550 MICKLE BLVD., CAMDEN, NJ 08103	22-2430393	501(C)(3)	16,575	1,600	FMV	AIRLINE TICKETS	SEE PART IV A C
(19) RONALD MCDONALD HOUSE OREGON 2620 N. COMMERCIAL AVENUE, PORTLAND, OR 97227	93-0806912	501(C)(3)	1,152,671	2,400	FMV	AIRLINE TICKETS	SEE PART IV C
(20) RONALD MCDONALD HOUSE TAMPA BAY 35 DAVIS BLVD, TAMPA, FL 33606	59-1835985	501(C)(3)	1,700,258	9,432	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(21) RMHC BAY AREA, INC. 520 SAND HILL RD., PALO ALTO, CA 94304-2001	94-2538615	501(C)(3)	875,606	10,285	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV BC
(22) RMHC DAYTON 555 VALLEY ST., DAYTON, OH 45404	31-0964793	501(C)(3)	435,530	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(23) RMHC GREATER HOUSTON 1907 HOLCOMBE BLVD., HOUSTON, TX 77030	74-1984499	501(C)(3)	1,763,299	2,800	FMV	AIRLINE TICKETS	SEE PART IV C
(24) RMHC IN OMAHA, INC. 620 S. 38TH AVE., OMAHA, NE 68105	47-0755104	501(C)(3)	337,556	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(25) RMHC NEW YORK METRO, INC. 267-07 76TH AVENUE, NEW HYDE PARK, NY 11040	11-2764747	501(C)(3)	1,987,823	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(26) RMHC OF AMARILLO, INC. 1501 STREIT DRIVE, AMARILLO, TX 79106	75-1790186	501(C)(3)	96,469	800	FMV	AIRLINE TICKETS	SEE PART IV C
(27) RMHC OF ANN ARBOR, INC. 1600 WASHINGTON HEIGHTS, ANN ARBOR, MI 48104	38-2473817	501(C)(3)	373,719	1,600	FMV	AIRLINE TICKETS	SEE PART IV C

(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
(28) RMHC OF AUGUSTA, INC. 1442 HARPER STREET, AUGUSTA, GA 30901	58-1509465	501(C)(3)	231,376	0			SEE PART IV C
(29) RMHC OF BISMARCK, INC. 609 NORTH 7TH STREET, BISMARCK, ND 58501	36-3705683	501(C)(3)	74,650	5,864	FMV	HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(30) RMHC OF BURLINGTON, VERMONT, INC. 16 S. WINOOSKI AVE., BURLINGTON, VT 05401	03-0287584	501(C)(3)	208,625	0			SEE PART IV C
(31) RMHC OF CENTRAL FLORIDA, INC. 1030 N. ORANGE AVENUE, STE 105, ORLANDO, FL 32801	59-3211250	501(C)(3)	1,405,130	2,400	FMV	AIRLINE TICKETS	SEE PART IV C
(32) RMHC OF CENTRAL GEORGIA, INC. 1160 FORSYTH ST., MACON, GA 31201	58-2473799	501(C)(3)	157,832	8,473	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(33) RMHC OF CENTRAL ILLINOIS, INC. 610 N. 7TH STREET, SPRINGFIELD, IL 62702-5329	37-1145155	501(C)(3)	577,007	5,794	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV BC
(34) RMHC OF CENTRAL INDIANA, INC. 435 LIMESTONE ST., INDIANAPOLIS, IN 46202-2819	35-1497202	501(C)(3)	1,216,997	139,214	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(35) RMHC OF CENTRAL IOWA, INC. 1441 PLEASANT ST., DES MOINES, IA 50314-1794	42-1117423	501(C)(3)	180,281	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(36) RMHC OF CENTRAL OHIO, INC. 711 E LIVINGSTON AVENUE, COLUMBUS, OH 43205	31-0890152	501(C)(3)	924,245	2,800	FMV	AIRLINE TICKETS	SEE PART IV C
(37) RMHC OF CENTRAL PA, INC. 745 W. GOVERNOR RD., HERSHEY, PA 17033-2304	23-2204761	501(C)(3)	393,457	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(38) RMHC OF CENTRAL TEXAS, INC. 1315 BARBARA JORDAN BLVD, AUSTIN, TX 78723	74-2277664	501(C)(3)	763,634	1,600	FMV	AIRLINE TICKETS	SEE PART IV ABC
(39) RMHC OF CHARLESTON, SC, INC. 81 GADSDEN ST., CHARLESTON, SC 29401	57-0724845	501(C)(3)	769,437	5,794	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV A C
(40) RMHC OF CHARLOTTESVILLE, VA, INC. 300 9TH ST. S.W., CHARLOTTESVILLE, VA 22903	54-1160157	501(C)(3)	271,716	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(41) RMHC OF COLUMBIA, SC, INC. 2901 COLONIAL DRIVE, COLUMBIA, SC 29203	57-0725736	501(C)(3)	234,771	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(42) RMHC OF CONNECTICUT AND WESTERN MASSACHUSETTS, INC. 860 HOWARD AVENUE SUITE A, NEW HAVEN, CT 06519	04-2971480	501(C)(3)	814,194	82,274	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV A C
(43) RMHC OF DENVER, INC. 1300 EAST 21ST AVENUE, DENVER, CO 80205	84-0728926	501(C)(3)	821,901	39,088	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(44) RMHC OF EASTERN IOWA AND WESTERN ILLINOIS, INC. 730 HAWKINS DR., IOWA CITY, IA 52246-2509	42-1189783	501(C)(3)	290,485	1,600	FMV	AIRLINE TICKETS	SEE PART IV C

(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
(45) RMHC OF EASTERN MONTANA, INC. 1144 N. 30TH ST., BILLINGS, MT 59101-0124	81-0400667	501(C)(3)	155,865	0			SEE PART IV C
(46) RMHC OF EASTERN NORTH CAROLINA, INC. 529 MOYE BOULEVARD, GREENVILLE, NC 27834	56-1420505	501(C)(3)	307,073	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(47) RMHC OF EASTERN WISCONSIN, INC. 8948 WATERTOWN PLANK RD., MILWAUKEE, WI 53226	39-1433107	501(C)(3)	706,762	2,400	FMV	AIRLINE TICKETS	SEE PART IV C
(48) RMHC OF EL PASO, INC. 300 E. CALIFORNIA AVE., EL PASO, TX 79902	74-2257357	501(C)(3)	618,538	58,824	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(49) RMHC OF GREATER CHARLOTTE, INC. 1613 E MOREHEAD STREET, CHARLOTTE, NC 28207	20-4671570	501(C)(3)	970,526	14,657	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV A C
(50) RMHC OF GREATER CHATTANOOGA, INC. 200 CENTRAL AVE., CHATTANOOGA, TN 37403-1506	62-1327855	501(C)(3)	686,830	164,968	FMV	HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(51) RMHC OF GREATER CINCINNATI, INC. 341 ERKENBRECHER AVENUE, CINCINNATI, OH 45229	31-0965333	501(C)(3)	779,354	2,800	FMV	AIRLINE TICKETS	SEE PART IV C
(52) RMHC OF GREATER DELAWARE, INC. 1901 ROCKLAND ROAD, WILMINGTON, DE 19803	51-0295320	501(C)(3)	275,585	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(53) RMHC OF GREATER LAS VEGAS, INC. 2323 POTOSI ST., LAS VEGAS, NV 89146	94-3108570	501(C)(3)	414,617	800	FMV	AIRLINE TICKETS	SEE PART IV C
(54) RMHC OF GREATER WASHINGTON D.C. INC. 3727 14TH STREET, NE, WASHINGTON, DC 20017-3004	52-1132262	501(C)(3)	1,054,021	2,400	FMV	AIRLINE TICKETS	SEE PART IV C
(55) RMHC OF HAWAII, INC. 1970 JUDD HILLSIDE RD., HONOLULU, HI 96822-2004	99-0222124	501(C)(3)	270,869	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(56) RMHC OF HUNTINGTON, INC. 1500 17TH ST., HUNTINGTON, WV 25701	55-0643445	501(C)(3)	173,205	0			SEE PART IV C
(57) RMHC OF IDAHO, INC. 139 E WARM SPRINGS AVE., BOISE, ID 83712	94-3030996	501(C)(3)	950,721	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(58) RMHC OF INDIANA-MICHIANA, INC. 610 N. MICHIGAN ST. SUITE 310, SOUTH BEND, IN 46601	35-1831691	501(C)(3)	420,811	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(59) RMHC OF JACKSONVILLE, INC. 824 CHILDREN'S WAY, JACKSONVILLE, FL 32207	59-2625008	501(C)(3)	583,307	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(60) RONALD MCDONALD HOUSE KANSAS CITY 2502 CHERRY STREET, KANSAS CITY, MO 64108-2751	43-1190760	501(C)(3)	731,390	56,790	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(61) RMHC OF KENTUCKIANA, INC. 550 S. FIRST ST., LOUISVILLE, KY 40202	31-1053467	501(C)(3)	838,751	2,400	FMV	AIRLINE TICKETS	SEE PART IV C

(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
(62) RMHC OF KNOXVILLE, TENNESSEE, INC. 1705 W. CLINCH AVE., KNOXVILLE, TN 37916	58-1510276	501(C)(3)	306,301	0			SEE PART IV C
(63) RMHC OF MADISON, INC. 2716 MARSHALL COURT, MADISON, WI 53705-2256	39-1655790	501(C)(3)	341,942	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(64) RMHC OF MAINE, INC. 250 BRACKETT STREET, PORTLAND, ME 04102	22-2912513	501(C)(3)	729,333	4,356	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(65) RMHC OF MARSHFIELD, INC. 803 W. NORTH ST., MARSHFIELD, WI 54449-1819	93-0833012	501(C)(3)	415,963	0			SEE PART IV C
(66) RMHC OF MARYLAND, INC. 1 AISQUITH STREET, BALTIMORE, MD 21202	52-1184957	501(C)(3)	583,615	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(67) RMHC OF MEMPHIS, INC. 535 ALABAMA AVENUE, MEMPHIS, TN 38105	62-1220396	501(C)(3)	803,828	2,400	FMV	AIRLINE TICKETS	SEE PART IV C
(68) RMHC OF MID-MISSOURI, INC. 1110 S COLLEGE AVE, COLUMBIA, MO 65201-4757	43-1225829	501(C)(3)	329,128	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(69) RMHC OF MISSISSIPPI, INC. 2524 N. STATE STREET, JACKSON, MS 39216-4500	63-0906927	501(C)(3)	175,121	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(70) RMHC OF MOBILE, INC. 1626 SPRINGHILL AVE., MOBILE, AL 36604-1415	63-1181258	501(C)(3)	259,360	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(71) RMHC OF NASHVILLE, INC. 2144 FAIRFAX AVE, NASHVILLE, TN 37212	62-1310717	501(C)(3)	998,108	4,595	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(72) RMHC OF NEW ENGLAND, INC. 45 GAY STREET, #318, PROVIDENCE, RI 02905	22-2760752	501(C)(3)	1,436,252	20,690	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(73) RMHC OF NORFOLK, INC. 404 COLLEY AVE, NORFOLK, VA 23507	54-1139497	501(C)(3)	233,123	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(74) RMHC OF NORTH CENTRAL FLORIDA, INC. 2121 SW 16TH STREET, GAINESVILLE, FL 32608	59-1887896	501(C)(3)	139,384	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(75) RMHC OF NORTHEAST INDIANA, INC. 11109 PARKVIEW PLAZA DRIVE, FORT WAYNE, IN 46845	35-1950376	501(C)(3)	280,721	0			SEE PART IV C
(76) RMHC OF NORTHEAST KANSAS, INC. 825 SW BUCHANAN ST., TOPEKA, KS 66606-1427	48-1022967	501(C)(3)	68,551	800	FMV	AIRLINE TICKETS	SEE PART IV C
(77) RMHC OF NORTHEAST OHIO, INC. 10415 EUCLID AVE., CLEVELAND, OH 44106-4709	34-1269123	501(C)(3)	1,534,291	585,865	FMV	AIRLINE TICKETS, CARE MOBILE	SEE PART IV C
(78) RMHC OF NORTHERN CALIFORNIA, INC. 2555 49TH STREET, SACRAMENTO, CA 95817	68-0147193	501(C)(3)	431,029	8,155	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C

(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
(79) RMHC OF NORTHWEST FLORIDA, INC. 5200 BAYOU BLVD., PENSACOLA, FL 32503	59-2172279	501(C)(3)	475,572	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(80) RMHC OF NORTHWEST OHIO, INC. 3883 MONROE ST., TOLEDO, OH 43606	34-1349742	501(C)(3)	359,943	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(81) RMHC OF OKLAHOMA CITY, INC. 13439 BROADWAY EXTENSION, SUITE 130, EDMOND, OK 73114	73-1103242	501(C)(3)	896,546	1,600	FMV	AIRLINE TICKETS	SEE PART IV A C
(82) RMHC OF PITTSBURGH AND MORGANTOWN, INC. 451 44TH ST., PITTSBURGH, PA 15201	25-1320272	501(C)(3)	965,194	2,400	FMV	AIRLINE TICKETS	SEE PART IV C
(83) RMHC OF RICHMOND, VIRGINIA, INC. 2330 MONUMENT AVE., RICHMOND, VA 23220	52-1359486	501(C)(3)	620,963	1,200	FMV	AIRLINE TICKETS	SEE PART IV A C
(84) RMHC OF ROCHESTER, NY, INC. 333 WESTMORELAND DR., ROCHESTER, NY 14620	16-1271311	501(C)(3)	463,516	6,992	FMV	HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(85) RMHC OF SAN ANTONIO, TEXAS, INC. 4847 CHARLES KATZ, SAN ANTONIO, TX 78229	74-2140528	501(C)(3)	475,105	8,040	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(86) RMHC OF SAN DIEGO, INC. 2929 CHILDREN'S WAY, SAN DIEGO, CA 92123	95-3251490	501(C)(3)	550,680	2,400	FMV	AIRLINE TICKETS	SEE PART IV C
(87) RMHC OF SIOUXLAND, INC. 2500 NEBRASKA ST., SIOUX CITY, IA 51104	42-1369988	501(C)(3)	82,616	800	FMV	AIRLINE TICKETS	SEE PART IV C
(88) RMHC OF SOUTH DAKOTA, INC. 825 S. LAKE AVENUE, SIOUX FALLS, SD 57104	46-0371152	501(C)(3)	472,904	53,359	FMV	HOUSE FURNITURE & EQUIPMENT	SEE PART IV A C
(89) RMHC OF SOUTH FLORIDA, INC. 1145 NW 14 TERRACE, MIAMI, FL 33136	59-1899866	501(C)(3)	1,195,474	1,600	FMV	AIRLINE TICKETS	SEE PART IV A C
(90) RMHC OF SOUTH LOUISIANA, INC. 210 STATE STREET, NEW ORLEANS, LA 70118	72-0882569	501(C)(3)	1,007,365	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(91) RMHC OF SOUTHEASTERN MICHIGAN, INC. 4707 ST. ANTOINE STREET STE 200, DETROIT, MI 48201	38-2182406	501(C)(3)	736,047	1,200	FMV	AIRLINE TICKETS	SEE PART IV BC
(92) RMHC OF SOUTHERN ARIZONA, INC. 2155 E. ALLEN ROAD, TUCSON, AZ 85719-1501	95-3526934	501(C)(3)	479,551	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(93) RMHC OF SOUTHERN CALIFORNIA, INC. 4560 FOUNTAIN AVENUE, LOS ANGELES, CA 90029	95-3167869	501(C)(3)	3,260,046	14,530	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(94) RMHC OF SOUTHERN COLORADO, INC. 4223 ROYAL PINE DR, COLORADO SPRINGS, CO 80920	84-1013843	501(C)(3)	240,128	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(95) RMHC OF SOUTHERN WEST VIRGINIA, INC. 910 PENNSYLVANIA AVE., CHARLESTON, WV 25302	55-0631080	501(C)(3)	224,519	5,691	FMV	HOUSE FURNITURE & EQUIPMENT	SEE PART IV C

(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
(96) RMHC OF SOUTHWEST FLORIDA, INC. 16100 ROSERUSH COURT, FORT MYERS, FL 33908	11-3704163	501(C)(3)	179,290	800	FMV	AIRLINE TICKETS	SEE PART IV C
(97) RMHC OF SOUTHWEST VIRGINIA, INC. 2224 S. JEFFERSON ST., ROANOKE, VA 24014	54-1244769	501(C)(3)	361,468	5,465	FMV	HOUSE FURNITURE & EQUIPMENT	SEE PART IV BC
(98) RMHC OF ST. LOUIS, INC. 4321 CHOUTEAU AVE, ST. LOUIS, MO 63110-1605	43-1160478	501(C)(3)	3,168,615	2,000	FMV	AIRLINE TICKETS	SEE PART IV C
(99) RMHC OF TALLAHASSEE, INC. 712 EAST 7TH AVENUE, TALLAHASSEE, FL 32303	59-2794505	501(C)(3)	66,849	0			SEE PART IV C
(100) RMHC OF TEMPLE, TEXAS, INC. 2415 SOUTH 47TH ST., TEMPLE, TX 76504	74-2345274	501(C)(3)	141,953	5,544	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(101) RMHC OF THE BLUEGRASS, INC. 1300 SPORTS CENTER DR, LEXINGTON, KY 40502	61-0986164	501(C)(3)	853,124	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(102) RMHC OF THE CAPITAL REGION, INC. 139 S. LAKE AVENUE, ALBANY, NY 12208-3256	22-2356004	501(C)(3)	642,381	1,200	FMV	AIRLINE TICKETS	SEE PART IV BC
(103) RMHC OF THE CAROLINAS, INC. 706 GROVE RD, GREENVILLE, SC 29605	57-0844123	501(C)(3)	545,239	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(104) RMHC OF THE CENTRAL VALLEY, INC. 9161 RANDALL WAY, MADERA, CA 93638	94-2864490	501(C)(3)	326,296	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(105) RMHC OF THE COASTAL EMPIRE, INC. 4710 WATERS AVE., SAVANNAH, GA 31404	58-1630107	501(C)(3)	319,304	800	FMV	AIRLINE TICKETS	SEE PART IV C
(106) RMHC OF THE FOUR STATES, INC. 3402 SOUTH JACKSON, JOPLIN, MO 64804	43-1758397	501(C)(3)	110,707	3,795	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(107) RMHC OF THE INLAND NORTHWEST 1028 WEST 5TH AVENUE, SPOKANE, WA 99204	91-1176115	501(C)(3)	443,460	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(108) RMHC OF THE INTERMOUNTAIN AREA, INC. 935 EAST SOUTH TEMPLE, SALT LAKE CITY, UT 84102-1411	74-2386043	501(C)(3)	1,272,094	2,800	FMV	AIRLINE TICKETS	SEE PART IV C
(109) RMHC OF THE OHIO VALLEY, INC. 3540 WASHINGTON AVENUE, EVANSVILLE, IN 47714	35-1748468	501(C)(3)	1,237,843	550,000	FMV	CARE MOBILE	SEE PART IV C
(110) RMHC OF THE OZARKS, INC. 949 E. PRIMROSE ST., SPRINGFIELD, MO 65807-5257	43-1371143	501(C)(3)	608,086	8,312	FMV	HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(111) RMHC OF THE PHILADELPHIA REGION 3925 CHESTNUT ST, PHILADELPHIA, PA 19104	23-7377505	501(C)(3)	1,639,011	2,800	FMV	AIRLINE TICKETS	SEE PART IV C
(112) RMHC OF THE PIEDMONT TRIAD, INC. 419 S. HAWTHORNE RD., WINSTON-SALEM, NC 27103	58-1454715	501(C)(3)	436,057	1,600	FMV	AIRLINE TICKETS	SEE PART IV C
(113) RMHC OF THE RED RIVER VALLEY, INC. 4757 AGASSIZ XING S, FARGO, ND 58104	45-0365598	501(C)(3)	146,581	4,670	FMV	HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(114) RMHC OF THE SOUTHWEST, INC. 3413 - 10TH STREET, LUBBOCK, TX 79415	75-1915179	501(C)(3)	277,955	1,200	FMV	AIRLINE TICKETS	SEE PART IV C

(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
(115) RMHC OF THE TRIANGLE, INC. 506 ALEXANDER AVE., DURHAM, NC 27705	56-1220376	501(C)(3)	597,982	10,388	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV BC
(116) RMHC OF TULSA, INC. 6102 S. HUDSON AVE., TULSA, OK 74136-2020	73-1313892	501(C)(3)	178,510	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(117) RMHC OF WESTERN MONTANA 3003 FORT MISSOULA RD., MISSOULA, MT 59804	47-2261447	501(C)(3)	259,380	7,174	FMV	HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(118) RMHC OF WESTERN NEW YORK, INC. 780 W. FERRY ST., BUFFALO, NY 14222	22-2438932	501(C)(3)	391,943	800	FMV	AIRLINE TICKETS	SEE PART IV C
(119) RMHC OF WESTERN WASHINGTON & ALASKA, INC. 5130 40TH AVENUE NE, SEATTLE, WA 98105-3055	91-1061043	501(C)(3)	1,046,337	7,843	FMV	AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT	SEE PART IV C
(120) RMHC OF WICHITA, INC. 551 N HILLSIDE, STE 100, WICHITA, KS 67214	48-0918101	501(C)(3)	218,504	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(121) RMHC SOUTH TEXAS 3402 FORT WORTH ST., CORPUS CHRISTI, TX 78411	74-2378671	501(C)(3)	215,240	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(122) RMHC WEST MICHIGAN, INC. 1323 CEDAR ST NE, GRAND RAPIDS, MI 49503-1326	38-2781170	501(C)(3)	650,699	1,200	FMV	AIRLINE TICKETS	SEE PART IV C
(123) RMHC, NORTHERN NEVADA, INC. 323 MAINE STREET, RENO, NV 89502	94-2863819	501(C)(3)	104,180	800	FMV	AIRLINE TICKETS	SEE PART IV C
(124) RMHC, UPPER MIDWEST, INC. 621 OAK ST SE, MINNEAPOLIS, MN 55414-3125	41-1313107	501(C)(3)	1,238,609	2,400	FMV	AIRLINE TICKETS	SEE PART IV C
(125) SOUTHERN APPALACHIAN RMHC, INC. 418 N. STATE OF FRANKLIN RD., JOHNSON CITY, TN 37604	62-1578123	501(C)(3)	420,495	10,128	FMV	HOUSE FURNITURE & EQUIPMENT	SEE PART IV A C

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 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	RONALD MCDONALD HOUSE GLOBAL MISSION SUPPORT TEAM MEMBERS WORK WITH A SPECIFIC CHAPTER AND ARE RESPONSIBLE FOR SUBSEQUENT FOLLOW UP TO DETERMINE THAT FUNDS GRANTED BY RONALD MCDONALD HOUSE GLOBAL 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
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	RONALD MCDONALD HOUSE ALABAMA 1700 4TH AVENUE SOUTH, BIRMINGHAM, AL 35233-1810
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	RONALD MCDONALD HOUSE ARKANSAS & NORTH LOUISIANA 1501 WEST 10TH STREET, LITTLE ROCK, AR 72202
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	RONALD MCDONALD HOUSE AT MARIA FARERI CHILDREN'S HOSPITAL DBA RMH OF THE GREATER HUDSON VALLE, VALHALLA, NY 10595
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	RONALD MCDONALD HOUSE CENTRAL & NORTHERN ARIZONA 501 E. ROANOKE AVE., PHOENIX, AZ 85004
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	RONALD MCDONALD HOUSE CHICAGOLAND & NORTHWEST INDIANA TRIPP AVENUE AT AIRMAIL ROAD PO BOX, HINES, IL 60141
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	ATLANTA RONALD MCDONALD HOUSE: AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	RONALD MCDONALD HOUSE ARKANSAS & NORTH LOUISIANA: AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	RONALD MCDONALD HOUSE CHICAGOLAND & NORTHWEST INDIANA: AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	RONALD MCDONALD HOUSE NEW MEXICO: AIRLINE TICKETS, HOUSE FURNITURE & EQUIPMENT
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) GENERAL CHAPTER 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 GLOBAL

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	(d) Corrected? 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? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? 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)				

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(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	(e) Sharing of organization's revenues? No
(1)	(SEE STATEMENT)					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information.**
Provide additional information for responses to questions on Schedule L (see instructions).

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	$6,656,545	RONALD MCDONALD HOUSE GLOBAL HAS NO PAID EMPLOYEES. THE DAY-TO-DAY OPERATIONS OF THE CHARITY ARE RUN BY EMPLOYEES OF MCDONALD'S CORPORATION. MCDONALD'S CORPORATION DONATES A PORTION OF THE COST OF THE EMPLOYEE SERVICES TO RONALD MCDONALD HOUSE GLOBAL. FOR THE REMAINING SERVICES, RONALD MCDONALD HOUSE GLOBAL HAS AN AGREEMENT WITH MCDONALD'S CORPORATION WHEREBY IT REIMBURSES THE COMPANY FOR THE SERVICES AT COST.		✓

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization
RONALD MCDONALD HOUSE GLOBAL

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	✔		1,813,435	MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	✔	15	740,392	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	180,000	MARKET VALUE
26	Other ( )				
27	Other ( )				
28	Other ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		✔
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?	31	✔	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✔
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)	RONALD MCDONALD HOUSE GLOBAL 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 Global

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 RONALD MCDONALD HOUSE GLOBAL AND WHO WORK UNDER THE DIRECTION OF THE INDEPENDENT GOVERNING BOARD OF RONALD MCDONALD HOUSE GLOBAL. MCDONALD'S CORPORATION 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, RONALD MCDONALD HOUSE GLOBAL ESTIMATES THE TOTAL NUMBER OF VOLUNTEERS TO BE APPROXIMATELY 125.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	(2) RONALD MCDONALD FAMILY ROOM: RONALD MCDONALD HOUSE GLOBAL PROVIDED GRANTS TOTALING $2,775,000 FOR AND EXPANDING 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 HOUSE GLOBAL LOCAL CHAPTER SUPPORT AND GRANTS TOTALING $87,455,063. RONALD MCDONALD HOUSE GLOBAL IS COMMITTED TO STRENGTHENING THE GLOBAL SYSTEM OF CHAPTERS BY PROVIDING 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 RONALD MCDONALD HOUSE CHAPTERS; 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; 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, 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, NICOLE HARPER RAWLINS, MICHAEL L. THOMPSON, JAROD BELL, RUSS SMYTH, WOODS STATON, 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 RONALD MCDONALD HOUSE GLOBAL AND WHO WORK UNDER THE DIRECTION OF THE INDEPENDENT GOVERNING BOARD OF RONALD MCDONALD HOUSE GLOBAL. MCDONALD'S CORPORATION, AS PART OF ITS COMMITMENT TO SUPPORT RONALD MCDONALD HOUSE GLOBAL 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	DURING THE TAX YEAR, THE ORGANIZATION CHANGED ITS LEGAL NAME FROM RONALD MCDONALD HOUSE CHARITIES, INC. TO RONALD MCDONALD HOUSE GLOBAL. THE ARTICLES OF INCORPORATION WERE FORMALLY AMENDED AND FILED WITH THE APPROPRIATE STATE AUTHORITY TO REFLECT THE NAME CHANGE.
FORM 990, PART VI, LINE 10A -	RONALD MCDONALD HOUSE IS A SYSTEM OF INDEPENDENT, SEPARATELY REGISTERED PUBLIC BENEFIT ORGANIZATIONS, REFERRED TO AS "CHAPTERS" BY RONALD MCDONALD HOUSE GLOBAL. RONALD MCDONALD HOUSE GLOBAL 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 ORGANIZATION'S 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.
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 RONALD MCDONALD HOUSE GLOBAL. 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.

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 Global

Employer identification number

36-2934689

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15 -	RONALD MCDONALD HOUSE GLOBAL 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 -	RONALD MCDONALD HOUSE GLOBAL 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	RONALD MCDONALD HOUSE GLOBAL 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 RONALD MCDONALD HOUSE GLOBAL HOLDS A NON-VOTING TRUSTEE POSITION ON THE BOARD OF TRUSTEES.
FORM 990, PART VIII, COLUMN (A) - DONATED GOODS AND SERVICES	RONALD MCDONALD HOUSE GLOBAL RECEIVES SUPPORT FROM MCDONALD'S CORPORATION (MCDONALD'S) THAT INCLUDES CERTAIN EMPLOYEE SERVICES, BENEFITS, HUMAN RESOURCE SUPPORT AND USE OF ITS FACILITIES AND EQUIPMENT WITHOUT COST TO THE CHARITY. THE DONATED GOODS AND SERVICES PROVIDED BY MCDONALD'S PARTIALLY DEFRAY CERTAIN COSTS THAT RONALD MCDONALD HOUSE GLOBAL WOULD OTHERWISE INCUR. ALTHOUGH THE VALUE OF THESE GOODS AND SERVICES IS REQUIRED TO BE INCLUDED IN THE AUDITED FINANCIAL STATEMENTS OF RONALD MCDONALD HOUSE GLOBAL, 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 2025, THE TOTAL AMOUNT THAT WAS EXCLUDED FROM FORM 990 WAS $28,875,251 OF WHICH $5,862,794 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, RONALD MCDONALD HOUSE GLOBAL 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	(a) Description / (b) Total Expenses / (c) Program Service Expenses / (d) Management and General Expenses / (e) Fundraising Expenses CONSULTING FEES: 4,137,358 / 2,974,033 / 717,545 / 445,780 PROFESSIONAL FEES (MCDONALD'S): 6,656,545 / 3,264,621 / 1,699,592 / 1,692,332 OTHER FEES: 339,792 / 332,484 / 7,308 / STRATEGIC GROWTH CONSULTING: 1,455,000 / 1,455,000 / / BRAND MODERNIZATION: 7,737,534 / 7,737,534 / / **Total: 20,326,229 / 15,763,672 / 2,424,445 / 2,138,112**
FORM 990, PART IX, LINE 24A -	THERE ARE DONATION BOXES AT MCDONALD'S RESTAURANTS WHERE CUSTOMERS CAN DEPOSIT THEIR CHANGE FOR THE BENEFIT OF RONALD MCDONALD HOUSE. THE COLLECTION OF DONATION BOX FUNDS FROM MCDONALD'S RESTAURANTS THROUGHOUT THE UNITED STATES IS CENTRALIZED UNDER ONE VENDOR MANAGEMENT COMPANY, INTEGRIGIO, AND RONALD MCDONALD HOUSE GLOBAL PAYS INTEGRIGO ALL COLLECTION FEES. RONALD MCDONALD HOUSE GLOBAL THEN REMITS 75% OF THE FUNDS COLLECTED (NET OF 75% OF THE COLLECTION FEES INCURRED) DIRECTLY TO EACH U.S. RONALD MCDONALD HOUSE CHAPTER.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description / (b) Amount GAIN/LOSS - CASH SURRENDER VALUE OF INVESTMENTS: - 30,163 RECOVERY OF PRIOR YEAR EXPENSES: 42,228 OTHER REVENUE: 250 **TOTAL: 12,315**

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 GLOBAL

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	(g) 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 GLOBAL	✔	
(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 GLOBAL	✔	
(3)							
(4)							
(5)							
(6)							
(7)							

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) 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	1a		✔
b	Gift, grant, or capital contribution to related organization(s)	1b	✔	
c	Gift, grant, or capital contribution from related organization(s)	1c		✔
d	Loans or loan guarantees to or for related organization(s)	1d		✔
e	Loans or loan guarantees by related organization(s)	1e		✔
f	Dividends from related organization(s)	1f		✔
g	Sale of assets to related organization(s)	1g		✔
h	Purchase of assets from related organization(s)	1h		✔
i	Exchange of assets with related organization(s)	1i		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✔
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✔
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✔
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✔
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		✔
o	Sharing of paid employees with related organization(s)	1o		✔
p	Reimbursement paid to related organization(s) for expenses	1p		✔
q	Reimbursement paid by related organization(s) for expenses	1q		✔
r	Other transfer of cash or property to related organization(s)	1r		✔
s	Other transfer of cash or property from related organization(s)	1s		✔

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	3,930	CASH CONTRIBUTION
(2)	RONALD MCDONALD LASTENTALOSAATIO	B	310	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 GLOBAL					✓	

OFFICE OF THE SECRETARY OF STATE

ALEXI GIANNOULIAS-Secretary of State

5125-387-6
JULY 30, 2025

COGENCY GLOBAL INC.
600 SOUTH SECOND ST, SUITE 404
SPRINGFIELD, IL 62704-2542

RE RONALD MCDONALD HOUSE GLOBAL

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE ARTICLES OF AMENDMENT FOR THE ABOVE NAMED CORPORATION.

FEES IN THIS CONNECTION HAVE BEEN RECEIVED AND CREDITED.

SINCERELY,

ALEXI GIANNOULIAS
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE 1-800-252-8980

FORM **NFP 110.30** (rev. Dec. 2003)
ARTICLES OF AMENDMENT
General Not For Profit Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-1832
www.cyberdriveillinois.com

Remit payment in the form of a check or money order payable to Secretary of State.

FILED
JUL 3 0 2025
ALEXI GIANNOULIAS
SECRETARY OF STATE

File # 51253876 **Filing Fee: $25** Approved:

———— Submit in duplicate ———— Type or Print clearly in black ink ———— Do not write above this line ————

1. Corporate Name **(See Note 1 on back.)**: Ronald McDonald House Charities, Inc.

2. Manner of Adoption of Amendment:
The following amendment to the Articles of Incorporation was adopted on 7/15/2025 (Month Day, Year) in the manner indicated below (check one only):

☑ By affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with Section 110.15. **(See Note 2 on back.)**

☐ By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45. **(See Note 3 on back.)**

☐ By members at a meeting of members entitled to vote by the affirmative vote of the members having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation or the bylaws, in accordance with Section 110.20. **(See Note 4 on back.)**

☐ By written consent signed by members entitled to vote having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation, or the bylaws, in compliance with Sections 107.10 and 110.20. **(See Note 5 on back.)**

3. Text of Amendment:
(a.) When an amendment affects a name change, insert the new corporate name below. Use 3(b.) below for all other amendments. *Article 1: The Name of the Corporation is:

Article 1: The Name of the Corporation is: Ronald McDonald House Global
(New Name)

(b.) All amendments other than name change.
If the amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety. If there is not sufficient space to add the full text of the amendment, attach additional sheets of this size.

4. The undersigned Corporation has caused these Articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

All signatures must be in BLACK INK.

Dated July 23 (Month Day), 2025 (Year) — Ronald McDonald House Charities, Inc. (Exact Name of Corporation)

Stacey Bifero
Any Authorized Officer's Signature

CFO Stacey Bifero
Name and Title (type or print)

5. If there are no duly authorized officers, the persons designated under Section 101.10(b)(2) must sign below and print name and title.

   The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Dated _____ (Month Day), _____ (Year)

Signature	Name and Title (print)
Signature	Name and Title (print)
Signature	Name and Title (print)
Signature	Name and Title (print)

NOTES

1. State the true and exact corporate name as it appears on the records of the Secretary of State BEFORE any amendment herein is reported.
2. Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110.15.
3. Director approval may be:
   a. by vote at a director's meeting (either annual or special), or
   b. by consent, in writing, without a meeting.
4. All amendments not adopted under Sec. 110.15 require that:
   a. the board of directors adopt a resolution setting forth the proposed amendment, and
   b. the members approve the amendment.

   Member approval may be:
   a. by vote at a members meeting (either annual or special), or
   b. by consent, in writing, without a meeting.

   To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least two-thirds of the outstanding members entitled to vote on the amendment (but if class voting applies, also at least a two-thirds vote within each class is required).

   The Articles of Incorporation may supersede the two-thirds vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote, and not less than a majority within each class when class voting applies. (Sec. 110.20)
5. When member approval is by written consent, all members must be given notice of the proposed amendment at least five days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20)

Form **8453-TE**

Tax-Exempt Entity Declaration and Signature for E-file

OMB No. 1545-0047

2025

Department of the Treasury
Internal Revenue Service

For calendar year 2025, or tax year beginning _____ , 2025, and ending _____ , 20_____

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP.
Go to *www.irs.gov/Form8453TE* for the latest information.

Name of filer	EIN or SSN
RONALD MCDONALD HOUSE GLOBAL	36-2934689

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line of the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here . . ☑	**b**	**Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . .	**1b**	134,535,982
2a	**Form 990-EZ** check here . ☐	**b**	**Total revenue**, if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here ☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here . ☐	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5) .	**4b**	
5a	**Form 8868** check here . . ☐	**b**	**Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here . ☐	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here . . ☐	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here . . ☐	**b**	**FMV of assets at end of tax year** (Form 5227, item D)	**8b**	
9a	**Form 5330** check here . . ☐	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here . ☐	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration of Officer or Person Subject to Tax

11a ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

b ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☑ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) _____ , (EIN) _____ , and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (**a**) an acknowledgement of receipt or reason for rejection of the transmission, (**b**) the reason for any delay in processing the return or refund, and (**c**) the date of any refund.

Sign Here	Signature of officer or person subject to tax	Date	Title, if applicable
	Stacey Bifero	5/12/26	CHIEF FINANCIAL OFFICER

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the paid preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This paid preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only					
ERO's signature		Date 5/12/26	Check if also paid preparer ☑	Check if self-employed ☐	ERO's SSN or PTIN P02513827
Firm's name (or yours if self-employed), address, and ZIP code	ERNST & YOUNG US LLP 4365 EXECUTIVE DRIVE, SAN DIEGO, CA 92121				EIN 34-6565596 Phone no. (858) 535-7200

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only					
Preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN	
Firm's name			Firm's EIN		
Firm's address			Phone no.		