Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury

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

A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change Ronald McDonald House Charities, Inc. Name change 36-2934689 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 110 N. Carpenter St. 630-623-7048 **G** Gross receipts \$ 118,455,397. City or town, state or province, country, and ZIP or foreign postal code Amended return Chicago, IL 60607-2101 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Kelly Dolan for subordinates? ..... Yes X No same as C above **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ➤ www.rmhc.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 1977 M State of legal domicile: IL Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: Create, find, support programs Activities & Governance that improve the health and well-being of children and families 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 3 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 100 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Current Year** 70,209,825. 77,176,213. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 9 Program service revenue (Part VIII, line 2g) 3,706,433 13,218,968. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -36 900 -24,321. 73,879,358 90,370,860. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 39,770,976 48,674,708. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 15 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 263 615. 249 189. **b** Total fundraising expenses (Part IX, column (D), line 25) 13,118,327. 21,139,799. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 53,152,918. 70,063,696. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20,307,164. 20,726,440. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 194,964,264. 229,404,695. Total assets (Part X, line 16) 7,486,563 11,470,490. 21 Total liabilities (Part X, line 26) 187,477,701. 217,934,205. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Stacen Byero Signature of officer Date Sign 05/10/2022 Stacey Bifero, Chief Financial Officer Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 05/10/2022 Amber Gazica P01391011 Paid self-employed Firm's name Ernst & Young, LLP 34-6565596 Preparer Firm's EIN ▶ Firm's address 1101 New York Ave NW Use Only Phone no. 202 - 327 - 6000 Washington, DC 20005

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

36-2934689

ı a	Check if Cahadula Constains a year area ay note to any line in this Doubli	X
_	Check if Schedule O contains a response or note to any line in this Part III	Δ_
1	Briefly describe the organization's mission: To create, find and support programs that directly improve the health	
	and well-being of children and their families.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	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	
	revenue, if any, for each program service reported.	onponess, and
4a	(Code:) (Expenses \$ 56,199,162. including grants of \$ 48,674,708. ) (Revenue \$	0.)
	Support of RMHC Local Chapters worldwide: Ronald McDonald House	<i>,</i>
	Charities is a system of independent, separately registered public	
	benefit organizations, referred to as "Chapters" by RMHC. Collectively,	
	Ronald McDonald House Charities, Inc. (RMHC) and the network of local	
	Chapters ascribe to five core values: we are focused on the critical	
	needs of children, we lead with compassion, we celebrate the diversity	
	of our people and our programs, we value our heritage and we operate	
	with accountability and transparency. RMHC ensures delivery of the	
	mission across the globe. As a center of excellence, RMHC builds and	
	sustains a robust infrastructure of support to the network of Chapters,	
	including operations, licensing and compliance, finance, risk	
	management, communications, marketing and development. (See Sch O)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
710	(Code:) (Expenses \$	
	-	
4-		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
	·	
	·	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>4e</u>	Total program service expenses 56,199,162.	200
		Form <b>990</b> (2021)

36-2934689

## 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <del>-</del>		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		<del></del>
8	, ,			x
_	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?			x
	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		x
20a		20a		х
	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			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	х	
	domestic government out rait ix, column (-), intermediate is a restricted from the street of the street is a complete scriedule i. Parts I and II	<u> </u>		

Part IV	Checklist of Required Schedules	(continued)

ı uı	Official of Required Scriedules (continued)			
	Bill		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		х
23		22		
23				
		23		x
24a				
214				
		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
25 a	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		Х
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		Х
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%			
	, , ,	26		X
27				
		27		Х
28				
а		00-	х	
			Λ	х
		200		
C		280		x
29			Х	<del></del>
30	• •	23		
00		30		x
31				х
32		<u> </u>		
-	•	32		х
33	,			
		33		х
34				
		34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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		Х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Uneck if Schedule U contains a response or note to any line in this Part V			
			Yes	No
		-		
	Enter the number of Porns w-2d included of line 1a. Enter -0-11 not applicable	-		
С		10	Х	
13200/				(2021)
,52002	The fix Coultron (A), line 2? If "Yes," complete Schedule I, Parts I and III and the organization answer "Yes" to Part VII, Section A, Inia 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 With the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the staday of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If No." on the 25s 24d bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b 2d bid the organization and an accrow account other than a refunding escrow at any time during the year to defease my tax-exempt bonds?  24c 2d bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d bid the organization wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and hat the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I is the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% ontrolled ntilty founding a grant or other assistance to any current or former officer, director, trustee, key employee, the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, the organization provide a grant or other assistance to any outpet of the following parties (see the Schedule I, Part II I/V a family member of any of these persons? If "Yes," complete Schedule I, Part		1	,_~~ · /

Form 990 (2		30-233400
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							
_	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			3a		x					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	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 a	ccoun	it)'?	4a		X					
ь	If "Yes," enter the name of the foreign country		(50.45)								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		. ,	_		Х					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction to the party of the party			5b		Α					
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 th					<b>.</b>					
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		•								
_	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).			_		77					
a				7a		Х					
b				7b							
С	3										
_	to file Form 8282?	1	 I	7c		Х					
d	,	7d	_								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g							
h				7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	е	_							
				8							
9	Sponsoring organizations maintaining donor advised funds.										
а				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:	ı	I								
	, , , , , , , , , , , , , , , , , , , ,	10a		4							
b	, , , , , , , , , , , , , , , , , , , ,	10b		4							
11	Section 501(c)(12) organizations. Enter:	ı	I								
а	Gross income from members or shareholders	11a		4							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		4							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ı								
	organization is licensed to issue qualified health plans	13b		4							
С	Enter the amount of reserves on hand	13c									
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or								
	excess parachute payment(s) during the year?			15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		Х					
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17							
	If "Yes," complete Form 6069.										
13200	5 12-09-21 5					(2021)					
	125 150029 RMHC 2021.03040 RONALD M	CDO	NALD HOUSE								

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_		
	(This decitor b requests information about policies not required by the internal networks deci-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such 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	Х	
	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate 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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶See Schedule 0			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Stacey Bifero - 847-363-8451			
	110 N. Carpenter St., Chicago, IL 60607-2101			

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

C    C    C    C    C    C    C    C	X Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
Nours per   Nours for related organizations   Nours for form the organizations   Nours for related o	(A)	(B)							(D)	(E)	(F)
Nours for related organizations   Nours for mit were related organizations   Nours for m	Name and title	Average	(do					nne	Reportable	Reportable	Estimated
Content of the companies of the compan		hours per	box	, unles	ss per	son is	s both	an an	compensation	•	amount of
Nour For related organizations   Nour For Related organizations			_	Jer an	uau	recto	i/iius	iee)			
(1) Alan Harris, MD			irecto							1 -	
(1) Alan Harris, MD			e or c	stee			sated			l ,	
(1) Alan Harris, MD			truste	al trus		yee	mper		1 '	10001120)	_
(1) Alan Harris, MD		-	idual	tution	er	oldme	est co loyee	ıer	,		organizations
1   Alan Harris   MD		line)	Indi	Insti	Offic	Key	High emp	Form			
California   Cal		1.00									
Trustee		-	Х						0.	0.	0.
Columb	(2) Alex Dimitrief										
Trustee			Х						0.	0.	0.
Company											
Trustee			Х						0.	0.	0.
Trustee	<del>-</del>									_	_
Trustee			Х						0.	0.	0.
Column	•									_	_
Trustee, Treasurer			Х						0.	0.	0.
Color   Colo											
Trustee, Chairman	,		Х		Х				0.	0.	0.
Columbia											
Trustee	· ·		Х		Х				0.	0.	0.
Trustee	<del>-</del>									_	_
Trustee			Х						0.	0.	0.
Trustee										_	_
Trustee         0.00 X         0.00 X           (11) Jan Fields         1.00 X         0.00 X           Trustee         0.00 X         0.00 X           (12) Javier C. Goizueta         1.00 X         0.00 X           Trustee         0.00 X         0.00 X           (13) Jeffrey Davis         1.00 X         0.00 X           Trustee         0.00 X         0.00 X           (14) Laura Schumacher         1.00 X         0.00 X           Trustee         0.00 X         0.00 X           (15) Mats Lederhausen         1.00 X         0.00 X           Trustee         0.00 X         0.00 X           (16) Michael Thompson         1.00 X         0.00 X           Trustee         0.00 X         0.00 X			Х						0.	0.	0.
Trustee											
Trustee         0.00 X			Х						0.	0.	0.
(12) Javier C. Goizueta       1.00         Trustee       0.00         (13) Jeffrey Davis       1.00         Trustee       0.00         (14) Laura Schumacher       1.00         Trustee       0.00         (15) Mats Lederhausen       1.00         Trustee       0.00         (16) Michael Thompson       1.00         Trustee       0.00         X       0.00         0.00       0.00			.,								_
Trustee         0.00 X         0.00 X           (13) Jeffrey Davis         1.00 X         0.00 X           Trustee         0.00 X         0.00 X           (14) Laura Schumacher         1.00 X         0.00 X           Trustee         0.00 X         0.00 X           (15) Mats Lederhausen         1.00 X         0.00 X           Trustee         0.00 X         0.00 X           (16) Michael Thompson         1.00 X           Trustee         0.00 X         0.00 X	I .		A						0.	0.	0.
Column									0	0	,
Trustee         0.00 X			Λ				$\vdash$		0.	0.	0.
(14) Laura Schumacher     1.00       Trustee     0.00       (15) Mats Lederhausen     1.00       Trustee     0.00       (16) Michael Thompson     1.00       Trustee     0.00       X     0.00       0.00     0.00 <td></td> <td></td> <td>v</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>_</td>			v						0	0	_
Trustee         0.00 X         0.00 X           (15) Mats Lederhausen         1.00 X         0.00 X           Trustee         0.00 X         0.00 X           (16) Michael Thompson         1.00 X         0.00 X           Trustee         0.00 X         0.00 X			Λ						· · · · · · · · · · · · · · · · · · ·	· ·	••
(15) Mats Lederhausen     1.00       Trustee     0.00       (16) Michael Thompson     1.00       Trustee     0.00       X     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.			x						0	0	0
Trustee         0.00 X         0.00 X           (16) Michael Thompson         1.00 X         0.00 X           Trustee         0.00 X         0.00 X										••	<u>.</u>
(16) Michael Thompson         1.00           Trustee         0.00           X         0.           0.         0.			x						0	0	0
Trustee 0.00 X 0. 0.			Ť				$\vdash$		· ·	· ·	
			х						0.	0.	0.
/1/ HIGHEITE DEEDHEHBOH	(17) Michelle Stephenson	1.00									
Trustee 0.00 X 0. 0.			х						0.	0.	0.

132007 12-09-21 Form **990** (2021)

FUIII 990 (2021) 119124 11929				,		•				rage •
Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	<b>3</b> )			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	Pos heck i ss per nd a di	more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) Nicole Enearu	1.00									
Trustee	0.00	Х						0.	0.	0.
(19) Rick Hernandez	1.00									
Trustee	0.00	Х						0.	0.	0.
(20) Stuart E. Siegel, MD	1.00									
Trustee	0.00	Х						0.	0.	0.
(21) Theodore Perlman	1.00									
Trustee	0.00	Х						0.	0.	0.
(22) Wayne Stingley	1.00									
Trustee	0.00	Х						0.	0.	0.
(23) Wendy Davidson	1.00									
Trustee (until 12/21)	0.00	Х						0.	0.	0.
(24) Janet Burton	40.00									
Chief Operating Officer	0.00			Х				0.	0.	0.
(25) Joanna Sabato	40.00									
Chf Mktg & Dev Officer	0.00			Х				0.	0.	0.
(26) Kelly Dolan	40.00									
President & CEO	0.00			Х				0.	0.	0.
1b Subtotal							<b></b>	0.	0.	0.
c Total from continuation sheets to Part	/II, Section A						<b></b>	0.	0.	0.
d Total (add lines 1b and 1c)							<b></b>	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

			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		Х
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		Х
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		Х

#### 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)	(B)	(C)
Name and business address	Description of services	Compensation
Integrigo, LLC, 11 Court Street, Suite	Donation Box Management and	
280, Exeter, NH 03833	Collection	3,861,773.
McDonald's Corporation		
110 N Carpenter, Chicago, IL 60607	Professional services	2,401,384.
Capgemini America, Inc, 400 Broadacres	Website and technology	
Drive, Suite 410, Bloomfield, NJ 07003	consulting	877,010.
Wieden + Kennedy, Inc.		
150 Varick St, 6th Fl, New York, NY 10013	Video production services	807,312.
Agency EA LLC		
311 W Walton St, Chicago, IL 60610	Virtual conference production	324,575.
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	18	
	·	202

See Part VII, Section A Continuation sheets

Form **990** (2021)

Form 990 Ronald McDor	nald House C	har	iti	es,	In	c.			36-29346	89										
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)											
<b>(A)</b> Name and title	(B) Average hours	(C) Position (check all that apply)				Position						Average P	Position					( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations										
27) Manish Yadav	4.00																			
ecretary	0.00			Х				0.	0.											
28) Stacey Bifero	40.00																			
hief Financial Officer	0.00	•		Х				0.	0.											

Form 990 (2021) Ronald McDo
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			Х
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				Τ. Ι	225 041				30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns	1a	225,041.				
ar our			Membership dues	1b					
S, G		С	Fundraising events	1c	972,072.				
ar /		d	Related organizations	1d					
nië,			Government grants (contributions)	1e					
Sign			All other contributions, gifts, grants, and						
in je		-	similar amounts not included above	1f	75,979,100.				
얼달		~	Noncash contributions included in lines 1a-1f	1g \$	325,177.				
no pu		-		IgηΨ		77,176,213.			
Oe		n	Total. Add lines 1a-1f		Business Code	77,170,213.			
					Business Code				
ce	2	а							
ēΣ		b							
S I		С							
am		d							
Program Service Revenue		е							
Pr		f	All other program service revenue						
			Total. Add lines 2a-2f		<b></b>				
	3		Investment income (including divide	nds intere	et and				
	Ü					5,407,124.			5,407,124.
			other similar amounts)			3,107,121.			3,107,121.
	4		Income from investment of tax-exem	-					
	5		Royalties						
			(1	) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а		ecurities	(ii) Other				
				372,060.					
		h	Less: cost or other basis	•					
a			and sales expenses	060 216					
n l			and sales expenses	211 2//					
eve			Gain or (loss) 7c 7,8			7 011 044			7 011 044
her Revenue			Net gain or (loss)		<b>P</b>	7,811,844.			7,811,844.
i.he	8	а	Gross income from fundraising events (r						
ō			including \$ 972,072.	of					
			contributions reported on line 1c). Se	ee					
			Part IV, line 18	8a	0.				
		b	Less: direct expenses	8b	24,321.				
		С	Net income or (loss) from fundraising	events		-24,321.			-24,321.
			Gross income from gaming activities		,				
	_	_	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming ac		<b>D</b>				
	10	а	Gross sales of inventory, less returns						
			and allowances	<u>10a</u>					
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of inv	ventory	<b></b>				
<u>,</u> [					Business Code				
snc	11	а							
ne.		b							
Miscellaneous Revenue		c							
Sc			All other revenue						
Ξ					<u> </u>				
			Total Add lines 11a-11d		·····	90,370,860.	0.	0.	13,194,647.
	12		<b>Total revenue.</b> See instructions			٠,٥٥٥,٥٥٥.	ι .	ı .	10,134,04/.

#### Ronald McDonald House Charities, Inc. 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).

	de amounts reported on lines 6b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	and other assistance to domestic organizations		СХРСПОСС	general expenses	САРСПОСО
	nestic governments. See Part IV, line 21	38,473,145.	38,473,145.		
	and other assistance to domestic				
individu	uals. See Part IV, line 22				
	and other assistance to foreign				
	ations, foreign governments, and foreign				
_	uals. See Part IV, lines 15 and 16	10,201,563.	10,201,563.		
	s paid to or for members				
	nsation of current officers, directors,				
trustee	s, and key employees				
	sation not included above to disqualified				
persons	(as defined under section 4958(f)(1)) and				
persons	described in section 4958(c)(3)(B)				
	alaries and wages				
	plan accruals and contributions (include				
	401(k) and 403(b) employer contributions)				
	employee benefits				
	taxes				
	r services (nonemployees):				
	ement				
		264,332.	84,299.	29,292.	150,741
	nting	104,532.	·	104,532.	·
	ng	·			
	onal fundraising services. See Part IV, line 17	249,189.			249,189
	nent management fees	322,965.	142,802.	180,163.	•
	(If line 11g amount exceeds 10% of line 25,	,	,	,	
_	(A), amount, list line 11g expenses on Sch O.)	6,477,043.	2,957,294.	1,826,745.	1,693,004
	sing and promotion	6,291,649.	, ,	1,560,803.	4,730,846
	expenses	84,599.	15,884.	4,446.	64,269
	ation technology	1,906,792.	574,162.	677,783.	654,847
	es	, , .	, .	, -	,
	ancy				
17 Travel		109,715.	49,399.	43,175.	17,141
	nts of travel or entertainment expenses	,	,	, -	,
	federal, state, or local public officials				
	ences, conventions, and meetings	112,305.	1,208.	4,141.	106,956
20 Interest	· · · · · · · · · · · · · · · · · · ·	,	,	,	•
	nts to affiliates				
	iation, depletion, and amortization	280,860.	4,213.		276,647
23 Insuran		179,088.	57,206.	121,882.	, , , , , <u>, , , = , , , , , , , , , , ,</u>
	penses. Itemize expenses not covered	,	,	,	
above. ( line 24e	List miscellaneous expenses on line 24e. If amount exceeds 10% of line 25, column (A), list line 24e expenses on Schedule 0.)				
	ion box expenses	4,629,196.	3,471,897.		1,157,299
b Subsci	riptions	146,860.	119,327.	16,964.	10,569
c Credit	t card/bank fees	139,120.		16,087.	123,033
d Acknow	wledgement	62,939.	46,763.	14,991.	1,185
e All othe	er expenses	27,804.	-	27,504.	300
	nctional expenses. Add lines 1 through 24e	70,063,696.	56,199,162.	4,628,508.	9,236,026
	sts. Complete this line only if the organization		-	·	
	I in column (B) joint costs from a combined				
	onal campaign and fundraising solicitation.				
	re if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

Part	^	Balance Sneet					
		Check if Schedule O contains a response or I	note to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			15,335,277.	2	20,569,586.
	3	Pledges and grants receivable, net			13,963,127.	3	13,796,932.
		Accounts receivable, net			1,115,023.	4	1,057
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu	alified pe				
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			300,000.	7	200,000
Assets	8	Inventories for sale or use			156,748.	8	107,148
₽ B	9	B			1,396,230.	9	1,071,265
1	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D		2,871,048.			
	b	Less: accumulated depreciation		2,426,832.	725,077.	10c	444,216
1	11	Investments - publicly traded securities			148,230,979.	11	176,160,238
1	12	Investments - other securities. See Part IV, line 11			12,519,298.	12	15,914,909
1	13	Investments - program-related. See Part IV, lin				13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11	1,222,505.	15	1,139,344		
1	16	Total assets. Add lines 1 through 15 (must e			194,964,264.	16	229,404,695
1	17	Accounts payable and accrued expenses			2,120,249.	17	4,760,655
1	18	Grants payable			5,331,233.	18	6,702,044
1	19	Deferred revenue				19	
2	20					20	
2	21	Escrow or custodial account liability. Comple		l l		21	
<sub>ω</sub> 2	22	Loans and other payables to any current or fo	ormer offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
abil		controlled entity or family member of any of t	nese pers	ons		22	
ב   בׂ	23	Secured mortgages and notes payable to uni		23			
2	24	Unsecured notes and loans payable to unrela		24			
2	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin					
		of Schedule D			35,081.	25	7,791
2	26	Total liabilities. Add lines 17 through 25			7,486,563.	26	11,470,490
		Organizations that follow FASB ASC 958, o	heck her	e ▶ X			
Ses		and complete lines 27, 28, 32, and 33.		L			
Net Assets or Fund Balances	27	Net assets without donor restrictions			180,559,561.	27	212,306,872
8 2	28	Net assets with donor restrictions			6,918,140.	28	5,627,333
밀		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🗌			
년		and complete lines 29 through 33.		L			
o 2	29	Capital stock or trust principal, or current fun	ds			29	
Set   3	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
<b>У</b>	31	Retained earnings, endowment, accumulated				31	
<u>ē</u>   3	32	Total net assets or fund balances			187,477,701.	32	217,934,205
	33	Total liabilities and net assets/fund balances			194,964,264.	33	229,404,695 Form <b>990</b> (2023

Form **990** (2021)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	90,	370,	860.
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,	063,	696.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,	307,	164.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	187,	477,	701.
5	Net unrealized gains (losses) on investments	5	10,	136,	474.
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,	866.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	217,	934,	205.
Pai	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Ronald McDonald House Charities, Inc. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	,, p	oo oompioto i airi ii	,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	,	,	, ,	, ,	, ,
	membership fees received. (Do not						
	include any "unusual grants.")	40,199,906.	44,035,121.	53,774,549.	70,209,825.	77,176,213.	285,395,614.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	40,199,906.	44,035,121.	53,774,549.	70,209,825.	77,176,213.	285,395,614.
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)						44,138,898.
	Public support. Subtract line 5 from line 4.						241,256,716.
Sec	ction B. Total Support					<b>-</b>	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	40,199,906.	44,035,121.	53,774,549.	70,209,825.	77,176,213.	285,395,614.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					_	
	and income from similar sources	2,626,296.	2,421,473.	3,478,928.	3,260,976.	5,407,124.	17,194,797.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	3,203.	198,414.	17.	0.	0.	201,634.
10	Other income. Do not include gain						
	or loss from the sale of capital	760 005	014 011	640.055	F2 100		0 005 101
	assets (Explain in Part VI.)	769,095.	814,011.	648,975.	53,100.		2,285,181.
	<b>Total support.</b> Add lines 7 through 10		,				305,077,226.
12	Gross receipts from related activities,	,	,			12	574,935.
13	First 5 years. If the Form 990 is for th	· ·	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	<b>.</b> —
Sac	organization, check this box and storetion C. Computation of Publi		centage				<b>P</b>
	Public support percentage for 2021 (l			olumn (fl)		14	79.08 %
	Public support percentage from 2020					15	83.81 %
15 16a	33 1/3% support test - 2021. If the o						,,,
	stop here. The organization qualifies						, T
h	33 1/3% support test - 2020. If the o		-				
_	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			=	·	_	
h	10% -facts-and-circumstances test	-	· ·		-	7a. and line 15 is	
~	more, and if the organization meets the	-					. 5, 6 6.
	organization meets the facts-and-circu				-		ightharpoonup
18	Private foundation. If the organization		-	•	•		· · · · · · · · · · · · · · · · · · ·
	The state of the s			,,, 5. 776	,		

# 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.)

Sec	tion A. Public Support	now, picase comp	Sicie Fart II.,				
Calen	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 (	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
1 1	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						
;	Gross receipts from activities that are not an unrelated trade or business under section 513						
i	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
1	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
f	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						
	Public support. (Subtract line 7c from line 6.) tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 / 10a (	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b l	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11   ;	Add lines 10a and 10b  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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					1	
	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here						<b>&gt;</b>
	tion C. Computation of Public			. (6)		1.5	
	Public support percentage for 2021 (li		•	column (t))		15	<u>%</u>
	Public support percentage from 2020					16	%
	tion D. Computation of Inves			ino 10! (^)		17	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2			on line 14 and line		18	7 is not
	33 1/3% support tests - 2021. If the					_4:	▶ □
b :	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, ched		-	•		-	
20 1	Private foundation. If the organization	a did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
<del>-1</del> a		
4b		
4c		
5a		
5b		
5c		
30		
6		
7		
8		
J		
9a		
9b		
9с		
10a		
10b		
1 100		

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

Page 5

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ıg Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion 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		
Sect	ion 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ted Type III supporting orga	nization (see
	instructions)			

Ronald McDonald House Charities, Inc. 36-2934689

Sche	dule A (Form 990) 2021 Ronald McDonald Hous	,			36-2934689	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ıed)		
Secti	on D - Distributions				Current Ye	ar
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	3	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
С	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7:					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

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, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Gross income from special fundraising events and gaming
2017 Amount: \$ 769,095.
2018 Amount: \$ 814,011.
2019 Amount: \$ 648,975.
2020 Amount: \$ 53,100.
2021 Amount: \$ 0.

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

**Employer identification number** 

2021

Ronald McDonald House Charities, Inc. 36-2934689 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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.

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

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

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

For 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

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

Ronald McDonald House Charities, Inc.

36-2934689

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, audress, and ZiF + 4	\$\$22,951,516.	Person X 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.)
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3** 

Name of organization

Employer identification number

Ronald McDonald House Charities, Inc.

36-2934689

art II Nonc	<b>ash Property</b> (see instructions). Use duplicate copies of P	art 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) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		<b>\$</b>	
a) o. om irt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) oo. om rrt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
1		\$	1

Name of org	ganization		Employer identification number
Ronald Mo	Donald House Charities, Inc.		36-2934689
Part III		) through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.)
(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, a		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
	Transferee's name, address, a	(e) Transfer of gift	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
_	Transferee's name, address, a	(e) Transfer of gift	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, a	nd ZIP + 4	Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Ronald McDonald House Charities, Inc.

**Employer identification number** 

36-2934689

Pa	rt I (	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	C	rganization answered "Yes" on Form 990, Part IV, lin	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total nu	mber at end of year		
2	Aggrega	te value of contributions to (during year)		
3		tte value of grants from (during year)		
4		te value at end of year		
5		organization inform all donors and donor advisors in	-	
		organization's property, subject to the organization's		
6	Did the	organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only
		table purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose of	
Do				
		Conservation Easements. Complete if the organization		Part IV, line 7.
1	_	e(s) of conservation easements held by the organization		
		reservation of land for public use (for example, recrea	·	a historically important land area
	_	rotection of natural habitat	Preservation of	a certified historic structure
•		reservation of open space	ind concernation contribution in the form	of a consequation assessment on the last
2		te lines 2a through 2d if the organization held a qualit ne tax year.	ned conservation contribution in the form c	Held at the End of the Tax Year
	•	-		
		mber of conservation easements reage restricted by conservation easements		_
C		of conservation easements on a certified historic stri	ucture included in (a)	
		of conservation easements included in (c) acquired a		
ŭ		the National Register		
3		of conservation easements modified, transferred, rel		
	year >	,	, 3	3
4	Number	of states where property subject to conservation eas	sement is located	
5		e organization have a written policy regarding the per		
		is, and enforcement of the conservation easements it		Yes No
6	Staff an	d volunteer hours devoted to monitoring, inspecting,		
	<b>_</b>			
7	Amount	of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	ion easements during the year
	▶\$_			
8	Does ea	ch conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and sec	tion 170(h)(4)(B)(ii)?		Yes No
9	In Part >	(III, describe how the organization reports conservation	on easements in its revenue and expense s	statement and
	balance	sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
Da		ation's accounting for conservation easements.	i Ant I listanical Tracerras or Oth	an Cimilan Acada
Pa		Organizations Maintaining Collections of		ner Similar Assets.
		Complete if the organization answered "Yes" on Form		
1a		ganization elected, as permitted under FASB ASC 95	•	
	•	storical treasures, or other similar assets held for put	, ,	•
	•	provide in Part XIII the text of the footnote to its finar		
D		ganization elected, as permitted under FASB ASC 95	· · · · · · · · ·	
	•	orical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	•	the following amounts relating to these items:		<b>•</b>
		enue included on Form 990, Part VIII, line 1		
9	` '		acuros, or other similar assets for financial	
2		ganization received or held works of art, historical tre		gairi, provide
_		wing amounts required to be reported under FASB A	_	<b>&gt;</b> \$
		e included on Form 990, Part VIII, line 1ncluded in Form 990, Part X		<b>.</b> .
		erwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other		2,871,048.	2,426,832.	444,216.
Total Add lines 1a through 1e (Calumn (d) must ague	1. Farma 000 Davit V and w	(D) /i 10-)	7	444 216.

Schedule D (Form 990) 2021 Ronald McDonald 1	House Charities, Inc.		36-2934689	Page 3
Part VII Investments - Other Securities.	·			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 er	nd-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests	119,489.	Cost		
(3) Other				
(A) McDonald's Corporation	15,795,420.	End-of-Year Market Value		
(B)				
(C)				
(D)				
(E)				
(G) (H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	15,914,909.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 000 Part IV line 1	1d Son Form 990 Part V line 15		
	Description	Td. See Form 990, Fart X, line 13.	(b) Book v	alue
(1)	Becompain		(b) Book v	aide
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<u></u>	•	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2		
1. (a) Description of liability			(b) Book v	alue
(1) Federal income taxes (2) Intermediary third party liability (s	as Domb VIII\		+	7 701
(2)	ee Part XIII)		+	7,791.
(3)				
(4)			+	
(5)			+	
<u>(6)</u> (7)			+	
(8)			1	
(9)			1	
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)	<b>&gt;</b>		7,791.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

36-2934689

	Complete if the organization answered "Yes" on Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements			1	104,666,429.
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				202,000,225.
z a	Net unrealized gains (losses) on investments	2a	10,136,474.		
b	Donated services and use of facilities		4,444,873.		
c	Recoveries of prior year grants		18,500.		
d	611 (5 11 1 5 1)(11)		-5,634.		
e	Other (Describe in Part XIII.) Add lines 2a through 2d		•	2e	14,594,213.
3	Subtract line <b>2e</b> from line <b>1</b>			3	90,072,216.
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	322,965.		
b	Other (Describe in Part XIII.)		-24,321.		
c	Add lines <b>4a</b> and <b>4b</b>	·	,	4c	298,644.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	90,370,860.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	74,209,925.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	4,444,873.		
b	Prior year adjustments	1 1			
С	Other losses	_			
d	Other (Describe in Part XIII.)	2d	24,321.		
е	Add lines 2a through 2d			2e	4,469,194.
3	Subtract line 2e from line 1			3	69,740,731.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	322,965.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	322,965.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	70,063,696.
Ра	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; $\rm II$	Part IV, lines 1b	and 2b; Part V, line 4	; Part X, I	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	ation.		
D4	W 11 0				
Part	X, Line 2:				
DMU	is event from federal income tax under Costion E01/s)(2)	of the			
RMH	is exempt from federal income tax under Section 501(c)(3)	of the			
	is exempt from federal income tax under Section 501(c)(3)				
Inte	rnal Revenue Code. However, income, if any, from certain ac	tivities			
Inte		tivities			
Inte	rnal Revenue Code. However, income, if any, from certain addirectly related to RMHC's tax-exempt purpose is subject to	tivities			
Inte	rnal Revenue Code. However, income, if any, from certain ac	tivities			
not as u	rnal Revenue Code. However, income, if any, from certain addirectly related to RMHC's tax-exempt purpose is subject to	tivities taxation			
not as u	rnal Revenue Code. However, income, if any, from certain addirectly related to RMHC's tax-exempt purpose is subject to	tivities taxation			
not as u	rnal Revenue Code. However, income, if any, from certain addirectly related to RMHC's tax-exempt purpose is subject to	tivities taxation the			
not as u	rnal Revenue Code. However, income, if any, from certain addirectly related to RMHC's tax-exempt purpose is subject to nrelated business income. In addition, RMHC qualifies for titable contribution deduction under Section 170(b)(1)(A) and	tivities taxation the			
Inte	rnal Revenue Code. However, income, if any, from certain addirectly related to RMHC's tax-exempt purpose is subject to nrelated business income. In addition, RMHC qualifies for titable contribution deduction under Section 170(b)(1)(A) and	taxation the d has been			
Inte	rnal Revenue Code. However, income, if any, from certain addirectly related to RMHC's tax-exempt purpose is subject to nrelated business income. In addition, RMHC qualifies for the itable contribution deduction under Section 170(b)(1)(A) and sified as an organization other than a private foundation to	taxation the d has been			
Inte	rnal Revenue Code. However, income, if any, from certain addirectly related to RMHC's tax-exempt purpose is subject to nrelated business income. In addition, RMHC qualifies for the itable contribution deduction under Section 170(b)(1)(A) and sified as an organization other than a private foundation to	tivities taxation the d has been ander			
Inte	rnal Revenue Code. However, income, if any, from certain addirectly related to RMHC's tax-exempt purpose is subject to nrelated business income. In addition, RMHC qualifies for titable contribution deduction under Section 170(b)(1)(A) and sified as an organization other than a private foundation upon 509(a)(1). RMHC believes that it has appropriate support	tivities taxation the d has been ander			
Intended as a character class	rnal Revenue Code. However, income, if any, from certain addirectly related to RMHC's tax-exempt purpose is subject to nrelated business income. In addition, RMHC qualifies for titable contribution deduction under Section 170(b)(1)(A) and sified as an organization other than a private foundation upon 509(a)(1). RMHC believes that it has appropriate support	tivities taxation the dhas been ander t for any			
Intended as a character class	rnal Revenue Code. However, income, if any, from certain addirectly related to RMHC's tax-exempt purpose is subject to nrelated business income. In addition, RMHC qualifies for titable contribution deduction under Section 170(b)(1)(A) and sified as an organization other than a private foundation to ion 509(a)(1). RMHC believes that it has appropriate support positions taken, and as such, does not have any uncertain to	tivities taxation the dhas been ander t for any			
Intended as a class Section tax	rnal Revenue Code. However, income, if any, from certain addirectly related to RMHC's tax-exempt purpose is subject to nrelated business income. In addition, RMHC qualifies for titable contribution deduction under Section 170(b)(1)(A) and sified as an organization other than a private foundation to ion 509(a)(1). RMHC believes that it has appropriate support positions taken, and as such, does not have any uncertain to	tivities taxation the dhas been ander t for any ax			
Intended as the character class Sect tax positions of the character characte	rnal Revenue Code. However, income, if any, from certain addirectly related to RMHC's tax-exempt purpose is subject to nrelated business income. In addition, RMHC qualifies for titable contribution deduction under Section 170(b)(1)(A) and sified as an organization other than a private foundation to ion 509(a)(1). RMHC believes that it has appropriate support positions taken, and as such, does not have any uncertain the tions that are material to the financial statements. Income	tivities taxation the dhas been ander t for any ax			

### SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

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

Attach to Form 990.

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

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

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? ..... X 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.

United States.			·		
3 Activities per Region. (T	he following Part (b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	an be duplicated if additional space is nee  (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	eded.)  (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
Central America and					
the Caribbean	0	0	Grantmaking		403,700.
East Asia and the					
Pacific	0	0	Grantmaking		2,881,081.
Europe	0	0	Grantmaking		2,949,942.
Middle East and					
North Africa	0	0	Grantmaking		28,400.
North America	0	0	   Grantmaking		584,307.
					,
Russia and the Neighboring States	0	0	Grantmaking		1 023 000
Neighboring states	-		Grantmaking		1,023,000.
South America	0	0	Grantmaking		2,268,040.
South Asia	0		Grantmaking		1,500.
3 a Subtotal	0	0			10,139,970.
<b>b</b> Total from continuation sheets to Part I	0	0			70,911.
c Totals (add lines 3a					,
and 3b)	0	0			10,210,881.

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

Schedule F (Form 990)			narities, Inc.	36-2934689	Page :
Part I Continuatio	n of Activitie	s per Regior	• (Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Grantmaking		61,200
Central America and					
che Caribbean	0	0	Program services	Chapter support	3,350.
East Asia and the					
Pacific	0	0	Program services	Chapter support	650.
Funana	0	0	December counting	Chapter support	72
Europe	0	U	Program services	chapter support	73.
Europe	0	0	Program services	Chapter capacity building	2,303
Russia and the Neighboring States	0	0	Program services	Chapter capacity building	3,335
Totals					70,911.
	1				

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		Central America						
		and the Caribbean	See part V - d	62,600.	Bank Draft	0.		
		Central America						
		and the Caribbean	See part V - d	117,500.	Bank Draft	0.		
		Central America						
		and the Caribbean	See part V - a, d	223,600.	Bank Draft	0.		
		East Asia and the						
			See part V - b, d	151,500.	Bank Draft	0.		
		Dank Jair and the						
		East Asia and the Pacific	See part V - b, d	154 000	Bank Draft	0.		
		FACILIC	bee part v - b, u	134,000.	Bank Drait	0.		
		East Asia and the Pacific	See part V - d	104 000	Bank Draft	0.		
		Pacific	see part v - d	104,000.	Bank Drait	0.		
		East Asia and the Pacific	See part V - d	104 000	Bank Draft	0.		
		<u> </u>	pee parc v - u	104,000.	Daily Diale	0.		
		East Asia and the Pacific	Coo namt V o d	355 000	Dank Draft	0.		
2 Enter total number of			See part V - a, d ecognized as charities by the		Bank Draft	0.		

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

... **6**1

Schedule F (Form 990) 2021

3 Enter total number of other organizations or entities

Part II (	Continuation of	Grants and Other A	Assistance to ()raaniza						
1				tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, Ilne I	)	
		(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name o	of organization	and EIN (if applicable)	(c) Region	grant		cash disbursement	non-cash	of non-cash	valuation (book, FM\
		and Em (ii applicable)		grant	or odorr grant	odori diobaroomone	assistance	assistance	appraisal, other)
			East Asia and the						
				See part V - d	6 897	Bank Draft	0.		
			I dell'ie	bee part v a	0,057.	Dank Drait	٠.		
			East Asia and the						
			Pacific	See part V - a, d	604,500.	Bank Draft	0.		
			East Asia and the						
				See part V - a, d	261 500	Bank Draft	0.		
			1401110	bee pare v a, a	201,300.	Dank Brait	٠.		
			East Asia and the						
			Pacific	See part V - d	5,677.	Bank Draft	0.		
			East Asia and the						
				See part V - a, d	251 500	Bank Draft	0.		
			1401110	l a, a	231,300.	Dann Draro	٠.		
			East Asia and the						
			Pacific	See part V - d	24,000.	Bank Draft	0.		
			East Asia and the						
				See part V - d	101 500	Bank Draft	0.		
				2					
			East Asia and the						
			Pacific	See part V - a, d	351,500.	Bank Draft	0.		
			East Asia and the						
			Pacific	See part V - b, d	1	Bank Draft	0.		1

Scriedule i (i Oilli 990)								Fage Z
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	_
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
								, , ,
		East Asia and the						
		Pacific	See part V - d	77,600.	Bank Draft	0.		
		East Asia and the	G 7	F0 000	Daul- Duaft	0		
		Pacific	See part V - d	50,000.	Bank Draft	0.		
		Europe	See part V - b	150,000.	Bank Draft	0.		
			_			_		
		Europe	See part V - d	16,980.	Bank Draft	0.		
		Europe	See part V - d	48,300.	Bank Draft	0.		
		_	-	,				
		Europe	See part V - a, d	256,500.	Bank Draft	0.		
		Europe	See part V - a, d	251 500.	Bank Draft	0.		
		<u> </u>	2					
		Europe	See part V - d	67,400.	Bank Draft	0.		
		Furone	Goo part V a d	310 000	Bank Draft	0.		
		Europe	See part V - a, d	310,000.	Dank Drait	٠.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	1 4go <b>2</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	See part V - a, d	260,200.	Bank Draft	0.		
		Europe	See part V - b, d	175,100.	Bank Draft	0.		
		Europe	See part V - d	116,500.	Bank Draft	0.		
		Europe	See part V - d	76,500.	Bank Draft	0.		
			_					
		Europe	See part V - d	138,962.	Bank Draft	0.		
		Europe	See part V - d	104,000.	Bank Draft	0.		
		Europe	See part V - a d	251 500	Bank Draft	0.		
		Farobe	See part V - a, d	231,300.	Dank Drait	0.		
		Europe	See part V – d	123,000.	Bank Draft	0.		
		Europe	See part V - d	259,000.	Bank Draft	0.		

Scriedale 1 (1 omi 990)					(0	D . II II		raye z
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV)
	and Env (ii applicable)		grant	or casir grant	cash dispursement	assistance	assistance	appraisal, other)
		Europe	See part V - d	9,000.	Bank Draft	0.		
		Europe	See part V - d	311,500.	Bank Draft	0.		
		Middle East and						
		North Africa	See part V - d	13,400.	Bank Draft	0.		
		Middle East and						
		North Africa	See part V - d	13,500.	Bank Draft	0.		
		North America	See part V - d	28,000.	Bank Draft	0.		
		North America	See part V - a, d	201,500.	Bank Draft	0.		
		North America	See part V - a, d	204,000.	Bank Draft	0.		
		North America	See part V - d	30,000.	Bank Draft	0.		
		North America	See part V - d	96,700.	Bank Draft	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	1 490 2
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Russia and the Neighboring						
		States	See part V - d	1,021,500.	Bank Draft	0.		
		South America	See part V - d	64,380.	Bank Draft	0.		
		South America	See part V - d	58,900.	Bank Draft	0.		
		South America	See part V - d	49,200.	Bank Draft	0.		
		South America	See part V - d	37,700.	Bank Draft	0.		
				102.000				
		South America	See part V - d	103,980.	Bank Draft	0.		
		South America	See part V - d	74,300.	Bank Draft	0.		
		South America	See part V - d	43,280.	Bank Draft	0.		
		South America	See part V - c, d	139,500.	Bank Draft	474,540.	Care Mobile	FMV

Part II Conti	nuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	1 4go <b>2</b>
1 (a) Name of orga		<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			South America	See part V - b, d	265,480.	Bank Draft	0.		
			South America	See part V - a, d	328,900.	Bank Draft	0.		
			South America	See part V - d	61,200.	Bank Draft	0.		
			South America	See part V - d	38,500.	Bank Draft	0.		
				_					
			South America	See part V - a, d	264,180.	Bank Draft	0.		
			South America	See part V - b, d	252,500.	Bank Draft	0.		
			South America	See part V – d	11 500	Bank Draft	0.		
			Dodon Innotited	poo paro v	11,500.	Dank Didic			1
			Sub-Saharan Africa	See part V - d	61,200.	Bank Draft	0.		

Schedule F (Form 990) 2021 R	onald McDonald Hou	se Charities	, Inc.	:	36-2934689		Page :
Part III Grants and Other Assistance			ites. Complete	if the organization answered "Yes"	on Form 990, Part	: IV, line 16.	
Part III can be duplicated if a	dditional space is neede		•				1
(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)

# Schedule F (Form 990) 2021 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)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? 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	X No

## Schedule F (Form 990) 2021 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.
Part I, Line 2:
All grants outside the U.S. were made to Non-U.S. Chapters. RMHC monitors
the use of the funds in the following manner:
-RMHC Field Operations team members work with a specific Chapter and are
responsible for subsequent follow-up to determine that funds granted by
RMHC to each respective Chapter have been used for their stated purposes.
On an annual basis, each Chapter must submit their audited financial
statements.
Part I, line 3:
Grants and expenditures are reported on the accrual basis of accounting.
Part II, Column (d), Purpose of Grant:
(a) New and expanding Ronald McDonald House programs and ongoing
operating support
(b) New Ronald McDonald Family Room programs
(c) Build and support Ronald McDonald Care Mobile Units
(d) New Chapter seed grants, general Chapter operating support, and
capacity building grants to Chapters

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** 36-2934689 Ronald McDonald House Charities, Inc. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Concord Direct - 92 Old Provide e-mail and direct Yes No mail marketing services Х Turnpike Rd, Concord, NH 741,417 249,189 492,228. 741 417. 249,189 492 228 Total 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, ME, LA, MD, MA, MI, MN, MS, MO, NH, NJ, NM NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, WA, WV, WI

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

Pa	ırt I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and great productions.				
		1	(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Marathon (overt type)	(ovent type)	(total number)	col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	972,072.			972,072.
	2	Less: Contributions	972,072.			972,072.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Se	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				24,321.
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	24,321.
_	11					-24,321.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	1	T	T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming actions." explain:	ctivities in each of these	states?		Yes No
~	_	, F				
		ere any of the organization's gaming licenses re Yes," explain:	•	-	•	Yes No
						Aut 0 (F 000) 000 :
1320	32 10	)-21-21			Sche	edule G (Form 990) 2021

Sch	edule G (Form 990) 2021 Ronald McDonald House Charities, Inc.	6-293468	19	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	🔲	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	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	o 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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	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 ▶ \$			
Ра	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, lin	ies 9,	9b, 10b,
Cah				
2011	edule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:			
(1)	Name of Fundraiser: Concord Direct			
<u>(i)</u>	Address of Fundraiser: 92 Old Turnpike Rd, Concord, NH 03301			
Sch	edule G, Part I			
As	part of the agreement with Concord Direct, RMHC will pay for			
	·			
	enses associated with fundraising campaigns. The total of these enses in 2021 was \$20,864 which includes the cost of postage and			

Schedule G	G (Form 990)	Ronald	McDonald Hou	se Charities	, Inc.	36-2934689	Page 4
Part IV	G (Form 990)  Supplemental Infor	mation	(continued)				
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	<del></del>					 	

## **SCHEDULE I** (Form 990)

Department of the Treasury Internal Revenue Service

**Grants and Other Assistance to Organizations**, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization **Employer identification number** Ronald McDonald House Charities, Inc. 36-2934689 Part I General Information on Grants and Assistance 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 X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Atlanta RMHC, Inc. 795 Gatewood Road NE Airline 58-1295754 501(c)(3) 2,000.FMV Tickets Atlanta, GA 33136 490,453. See part IV - d Central New York RMHC, Inc. 1100 East Genesee St. 22-2371193 501(c)(3) 0. Syracuse, NY 70119 696,954. See part IV - d Fundacion Infantil Ronald McDonald Puerto Rico, Inc. - 250 Calle Airline Convento - San Juan, PR 48201 66-0468226 501(c)(3) 66,900, 800. FMV Tickets See part IV - d RMH of Chapel Hill, Inc. 101 Old Mason Farm Rd. Airline Tickets Chapel Hill NC 80920 56-1413188 501(c)(3) 241 717. 2 000 FMV See part IV - d RMH of Dallas, Inc. 4707 Bengal Street Airline 75-1609401 501(c)(3) 2 000 FMV Dallas TX 25302 45 480. Tickets See part IV - d RMH of Durham and Wake, Inc. 506 Alexander Ave. Airline Durham NC 63104 56-1220376 501(c)(3) 244 973. 2 000 FMV Tickets See part IV - d 130. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

0.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RMH of Houston, Inc.							
1907 Holcombe Blvd.						Airline	
Houston, TX 76504	74-1984499	501(c)(3)	44,000.	2,000.	FMV	Tickets	See part IV - d
RMH of New York, Inc.							
405 East 73rd St.						Airline	
New York, NY 12208-3256	13-2933654	501(c)(3)	195,240.	2,000.	FMV	Tickets	See part IV - b, d
RMH of Rochester, Minnesota, Inc.							
850 2nd Street SW						Airline	
Rochester, MN 29605	41-1344744	501(c)(3)	3,025.	2,000.	FMV	Tickets	See part IV - d
RMHC Bay Area, Inc.							
520 Sand Hill Rd.						Airline	
Palo Alto, CA 99204	94-2538615	501(c)(3)	371,892.	2,000.	FMV	Tickets	See part IV - c, d
RMHC Dayton							
555 Valley St.						Airline	
Dayton, OH 84102-1411	31-0964793	501(c)(3)	336,034.	800.	FMV	Tickets	See part IV - d
RMHC In Omaha, Inc.							
620 S. 38th Ave.						Airline	
Omaha, NE 47714	47-0755104	501(c)(3)	192,906.	1,600.	FMV	Tickets	See part IV - d
RMHC New York Metro, Inc.							
267-07 76th Avenue						Airline	
New Hyde Park, NY 65807-5257	11-2764747	501(c)(3)	909,832.	1,600.	FMV	Tickets	See part IV - d
RMHC of Alabama, Inc.							
1700 4th Avenue South						Airline	
Birmingham, AL 19104	63-0753358	501(c)(3)	560,883.	2,000.	FMV	Tickets	See part IV - d
RMHC of Amarillo, Inc.							
1501 Streit Drive						Airline	
Amarillo, TX 27103	75-1790186	501(c)(3)	41,195.	800.	FMV	Tickets	See part IV - d

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RMHC of Ann Arbor, Inc.							
1600 Washington Heights Ann Arbor, MI 58104	38-2473817	501(c)(3)	139,715.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of Arkansas, Inc.							
1501 West 10th Street Little Rock, AR 78550	71-0525252	501(c)(3)	173,131.	1,600.	FMV	Airline Tickets	See part IV - c, d
RMHC of Arkoma, Inc.							
1333 Arapaho Ave Ste C Springdale, AR 79415	73-1563945	501(c)(3)	97,420.	800.	FMV	Airline Tickets	See part IV - d
·	70 2000720		27,123				and part I.
RMHC of Augusta, Inc. 1442 Harper Street							
Augusta, GA 42001	58-1509465	501(c)(3)	61,582.	0.			See part IV - d
RMHC of Bismarck, Inc.							
P.O. Box 7323 Bismarck, ND 74136-2020	36-3705683	501(c)(3)	31,659.	0.			See part IV - c, d
				•••			, , ,
RMHC of Burlington, Vermont, Inc. 16 S. Winooski Ave.							
Burlington, VT 31904	03-0287584	501(c)(3)	102,897.	0.			See part IV - d
RMHC of Central and Northern							
Arizona, Inc 501 E. Roanoke						Airline	
Ave Phoenix, AZ 59804	86-0483792	501(c)(3)	484,811.	2,000.	FMV	Tickets	See part IV - d
RMHC of Central Florida, Inc.							
1030 N. Orange Avenue, Ste 105 Orlando, FL 14222	59-3211250	501(c)(3)	603,475.	2,000.	EM37	Airline Tickets	See part IV - d
OliunaO, FB 14222	33-3211230	501(0)(3)	003,475.	2,000.	r riv	TICKECS	pee part IV - u
RMHC of Central Georgia, Inc. 1160 Forsyth St.						Airline	
Macon, GA 98105-3055	58-2473799	501(c)(3)	85,592.	1,200.	FMV	Tickets	See part IV - d

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(3) = 111	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
RMHC of Central Illinois, Inc.							
610 N. 7th Street						Airline	
Springfield, IL 54650	37-1145155	501(c)(3)	252,883.	1,600.	FMV	Tickets	See part IV - d
RMHC of Central Indiana, Inc.							
435 Limestone St.						Airline	
Indianapolis, IN 67214	35-1497202	501(c)(3)	672,359.	2,000.	FMV	Tickets	See part IV - b, d
RMHC of Central Iowa, Inc.							
1441 Pleasant St.						Airline	
Des Moines, IA 78411	42-1117423	501(c)(3)	315,365.	1,600.	FMV	Tickets	See part IV - a, d
RMHC of Central Ohio, Inc.							
711 E Livingston Avenue						Airline	
Columbus, OH 89502	31-0890152	501(c)(3)	947,770.	2,000.	FMV	Tickets	See part IV - d
RMHC of Central PA, Inc.							
745 W. Governor Rd.						Airline	
Hershey, PA 55414	23-2204761	501(c)(3)	152,766.	1,600.	FMV	Tickets	See part IV - d
RMHC of Central Texas, Inc.							
1315 Barbara Jordan Blvd						Airline	
Austin, TX 37604	74-2277664	501(c)(3)	458,274.	1,200.	FMV	Tickets	See part IV - a, d
RMHC of Charleston, SC, Inc.							
81 Gadsden St.						Airline	
Charleston, SC 46202-2819	57-0724845	501(c)(3)	195,587.	1,600.	FMV	Tickets	See part IV - d
RMHC of Charlottesville, VA, Inc.							
300 9th St. S.W.						Airline	
Charlottesville, VA 50314-1794	54-1160157	501(c)(3)	144,133.	1,200.	FMV	Tickets	See part IV - d
RMHC of Chicagoland & Northwest				•			
Indiana, Inc 1301 West 22nd							
St., Suite 905 - Oak Brook, IL						Airline	
43205	36-3532553	501(c)(3)	1,471,982.	2,000.	FMV	Tickets	See part IV - a, b, d

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Columbia, SC, Inc.							
2901 Colonial Drive						Airline	
Columbia, SC 17033-2304	57-0725736	501(c)(3)	212,105.	1,200.	FMV	Tickets	See part IV - d
RMHC of Connecticut and Western Massachusetts, Inc 860 Howard							
Avenue Suite A - New Haven, CT						Airline	
78723	04-2971480	501(c)(3)	232,081.	1,600.	FMV	Tickets	See part IV - d
RMHC of Denver, Inc.							
1300 East 21st Avenue						Airline	
Denver, CO 29401	84-0728926	501(c)(3)	349,688.	2,000.	FMV	Tickets	See part IV - d
,			, .	, .			-
RMHC of Eastern Iowa and Western							
Illinois, Inc 730 Hawkins Dr						Airline	
Iowa City, IA 22903	42-1189783	501(c)(3)	298,490.	1,600.	FMV	Tickets	See part IV - d
RMHC of Eastern Montana, Inc.							
1144 N. 30th St.	04 0400667	501 ( ) ( ) )	60 500	•			
Billings, MT 60523	81-0400667	501(c)(3)	62,739.	0.			See part IV - d
RMHC of Eastern North Carolina,							
Inc 529 Moye Boulevard -						Airline	
Greenville, NC 29203	56-1420505	501(c)(3)	206,812.	1,600.	FMV	Tickets	See part IV - d
,			, ,	,			-
RMHC of Eastern Wisconsin, Inc.							
8948 Watertown Plank Rd.						Airline	
Milwaukee, WI 06519	39-1433107	501(c)(3)	783,961.	2,000.	FMV	Tickets	See part IV - a, b, d
RMHC of El Paso, Inc.							
300 E. California Ave.	E4 00==0==	501 ( ) (2)	100 100			Airline	
El Paso, TX 78411	74-2257357	501(c)(3)	102,169.	800.	FMV	Tickets	See part IV - d
RMHC of Erie, Inc.							
PO Box 9248							
Erie, PA 80205	25-1529707	501(c)(3)	43,370.	0.			See part IV - d

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Greater Charlotte, Inc. 1613 E Morehead Street Charlotte, NC 52246-2509	20-4671570	501(c)(3)	267,560.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Greater Chattanooga, Inc. 200 Central Ave. Chattanooga, TN 59101-0124	62-1327855	501(c)(3)	130,233.	0.			See part IV - d
RMHC of Greater Cincinnati, Inc. 341 Erkenbrecher Avenue Cincinnati, OH 53226	31-0965333	501(c)(3)	232,822.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Greater Houston/Galveston, Inc 6300 W Loop South - Bellaire, TX 79902	76-0315037	501(c)(3)	517,578.	0.			See part IV - c, d
RMHC of Greater Las Vegas, Inc. 2323 Potosi St. Las Vegas, NV 16505	94-3108570	501(c)(3)	219,619.	800.	FMV	Airline Tickets	See part IV - c, d
RMHC of Greater North Texas, Inc. 3625 N. Hall Street, Suite 1100 Dallas, TX 37403-1506	75-2238261	501(c)(3)	575,312.	0.			See part IV – d
RMHC of Greater Washington D.C. Inc. – 3727 14th Street, NE – Washington, DC 45229	52-1132262	501(c)(3)	491,537.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Hawaii, Inc. 1970 Judd Hillside Rd. Honolulu, HI 77401	99-0222124	501(c)(3)	94,159.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Huntington, Inc. 1500 17th St. Huntington, WV 89146	55-0643445	501(c)(3)	99,284.	0.			See part IV - d

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule i (Form 990), Pa	T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NMHC of Idaho, Inc.							
139 E Warm Springs Ave.						Airline	
Boise, ID 75219	94-3030996	501(c)(3)	418,892.	1,600.	FMV	Tickets	See part IV - d
RMHC of Indiana-Michiana, Inc.							
510 N. Michigan St. Suite 310						Airline	
South Bend, IN 20017-3004	35-1831691	501(c)(3)	65,889.	1,200.	FMV	Tickets	See part IV - d
RMHC of Jacksonville, Inc.							
824 Children's Way						Airline	
Jacksonville, FL 96822-2004	59-2625008	501(c)(3)	110,465.	2,000.	FMV	Tickets	See part IV - d
RMHC of Kansas City, Inc.						Airline	
2502 Cherry Street Kansas City, MO 25701	43-1190760	501/a)/3)	636,797.	2,000.	EM7	Tickets	See part IV - b, d
Ransas City, MO 23701	43-1190700	501(0)(3)	030,737.	2,000.	FMV	lickets	see part IV - D, u
RMHC of Kentuckiana, Inc.							
550 S. First St.						Airline	
Louisville, KY 83712	31-1053467	501(c)(3)	190,286.	2,000.	FMV	Tickets	See part IV - d
RMHC of Knoxville, Tennessee, Inc.							
1705 W. Clinch Ave.							
Knoxville, TN 46601	58-1510276	501(c)(3)	146,199.	0.			See part IV - d
RMHC of Madison, Inc.							
2716 Marshall Court	39-1655790	E01/a)/2)	254 642	0.			Coo nomt TV d
Madison, WI 32207	39-1655/90	501(0)(3)	254,643.	0.			See part IV - d
RMHC of Maine, Inc.							
250 Brackett Street						Airline	
Portland, ME 64108-2751	22-2912513	501(c)(3)	283,755.	1,600.	FMV	Tickets	See part IV - a, d
RMHC of Marshfield, Inc.							
803 W. North St.							
Marshfield, WI 40202	93-0833012	501(c)(3)	176,010.	0.			See part IV - d

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Maryland, Inc.							
1 Aisquith Street						Airline	
Baltimore, MD 37916	52-1184957	501(c)(3)	264,391.	2,000.	FMV	Tickets	See part IV - d
RMHC of Memphis, Inc.							
535 Alabama Avenue						Airline	
Memphis, TN 53705-2256	62-1220396	501(c)(3)	287,271.	2,000.	FMV	Tickets	See part IV - d
RMHC of Mid-Missouri, Inc.							
3501 Lansing Avenue						Airline	
Columbia, MO 04102	43-1225829	501(c)(3)	229,068.	1,200.	FMV	Tickets	See part IV - d
RMHC of Mid-Penn Region, Inc.							
P.O. Box 672							
Altoona, PA 54449-1819	25-1665067	501(c)(3)	89,192.	0.			See part IV - d
RMHC of Mississippi, Inc.							
2524 N. State Street						Airline	
Jackson, MS 21202	63-0906927	501(c)(3)	108,841.	800.	FMV	Tickets	See part IV - d
RMHC of Mobile, Inc.							
1626 Springhill Ave.						Airline	
Mobile, AL 38105	63-1181258	501(c)(3)	75,737.	1,600.	FMV	Tickets	See part IV - d
RMHC of Nashville, Inc.							
2144 Fairfax Ave						Airline	
Nashville, TN 65201	62-1310717	501(c)(3)	257,352.	1,600.	FMV	Tickets	See part IV - d
RMHC of New England, Inc.							
250 1st Avenue						Airline	
Boston, MA 16648	22-2760752	501(c)(3)	818,181.	1,600.	FMV	Tickets	See part IV - c, d
RMHC of New Mexico, Inc.							
1011 Yale Blvd NE						Airline	
Albuquerque, NM 39216-4500	85-0283204	501(c)(3)	163,024.	1,600.	FMV	Tickets	See part IV - d

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	( <b>b)</b> EIN	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
RMHC of Norfolk, Inc.							
404 Colley Ave						Airline	
Norfolk, VA 36604-1415	54-1139497	501(c)(3)	121,819.	1,200.	FMV	Tickets	See part IV - d
RMHC of North Carolina, Inc. 8480 Honeycutt Road Suite 200							
Raleigh, NC 37212	56-1452714	501(c)(3)	10,000.	0.			See part IV - d
RMHC of North Central Florida,							
Inc 1600 SW 14th St						Airline	
Gainesville, FL 02129	59-1887896	501(c)(3)	108,965.	1,600.	FMV	Tickets	See part IV - d
RMHC of Northeast Indiana, Inc.							
11109 Parkview Plaza Drive							_
Fort Wayne, IN 87106	35-1950376	501(c)(3)	82,507.	0.			See part IV - d
RMHC of Northeast Kansas, Inc.							
825 SW Buchanan St.						Airline	
Topeka, KS 23507	48-1022967	501(c)(3)	50,305.	800.	FMV	Tickets	See part IV - d
RMHC of Northeast Louisiana, Inc.							
200 S. Third St. Monroe LA 27615	72-1022797	501(c)(3)	42,147.	0.			See part IV - d
itolifoc, in 27013	72 1022737	301(0)(3)	42,147.				bee pare iv a
RMHC of Northeast Ohio, Inc.							
10415 Euclid Ave.						Airline	
Cleveland, OH 32608	34-1269123	501(c)(3)	430,303.	2,000.	FMV	Tickets	See part IV - c, d
DWIG of Nouthbooks a David In							
RMHC of Northeastern Pennsylvania, Inc 104 South State St							
Clarks Summit, PA 46845	25-1719864	501(c)(3)	179,693.	0.			See part IV - d
STATES DAMMITO, IN TOOTS	23 1/1/004		177,055.	<u> </u>			para IV a
RMHC of Northern California, Inc.							
2555 49th Street						Airline	
Sacramento, CA 66606-1427	68-0147193	501(c)(3)	358,406.	1,600.	FMV	Tickets	See part IV - d

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MHC of Northwest Florida, Inc.							
5200 Bayou Blvd.						Airline	
Pensacola, FL 71201	59-2172279	501(c)(3)	96,111.	1,200.	FMV	Tickets	See part IV - d
				-			
RMHC of Northwest Ohio, Inc.							
3883 Monroe St.						Airline	
Toledo, OH 44106-4709	34-1349742	501(c)(3)	105,763.	1,200.	FMV	Tickets	See part IV - d
PMUC of Oklahoma City Ind							
RMHC of Oklahoma City, Inc. PO Box 7979						Airline	
Edmond OK 44131	73-1103242	501(c)(3)	183,164.	1,600.	FMV	Tickets	See part IV - d
RMHC of Oregon and Southwest	, 5 1100111	501(0)(0)	100,101.	2,000.		110/1005	peo paro 11 a
Washington, Inc 2620 N.							
Commercial Avenue - Portland, OR						Airline	
18411	93-0806912	501(c)(3)	318,354.	2,000.	FMV	Tickets	See part IV - d
RMHC of Outstate Michigan, Inc.							
PO Box 534	20 0006000	F01/>/2>	FF0 001	0			G
Hudsonville, MI 95817	38-2826089	501(c)(3)	770,221.	0.			See part IV - d
RMHC of Pittsburgh and Morgantown.							
Inc 451 44th St Pittsburgh,						Airline	
PA 32503	25-1320272	501(c)(3)	336,253.	2,000.	FMV	Tickets	See part IV - d
RMHC of Richmond, Virginia, Inc.							
2330 Monument Ave.						Airline	
Richmond, VA 43606	52-1359486	501(c)(3)	265,471.	800.	FMV	Tickets	See part IV - b, d
DWYG of Dockook of The T							
RMHC of Rochester, NY, Inc.						34-14-5	
333 Westmoreland Dr.	16 1001211	E01/a)/3)	200 451	1 (00	EM7	Airline	Goo namt IV h d
Rochester, NY 73083	16-1271311	DOT(G)(2)	300,471.	1,600.	L M A	Tickets	See part IV - b, d
RMHC of San Antonio, Texas, Inc.							
4847 Charles Katz						Airline	
San Antonio, TX 97227	74-2140528	501(c)(3)	316,169.	2,000.	FMV	Tickets	See part IV - d

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- Pag
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of San Diego, Inc.							
2929 Children's Way						Airline	
San Diego, CA 49426-0534	95-3251490	501(c)(3)	791,501.	2,000.	FMV	Tickets	See part IV - d
RMHC of Siouxland, Inc.							
2500 Nebraska St.						Airline	
Sioux City, IA 15201	42-1369988	501(c)(3)	232,698.	800.	FMV	Tickets	See part IV - a, d
RMHC of South Dakota, Inc.							
825 S. Lake Avenue	46 0254450	501 ( ) (2)	0.5 4.50				
Sioux Falls, SD 23220	46-0371152	501(c)(3)	97,459.	0.			See part IV - d
RMHC of South Florida, Inc.							
1145 NW 14 Terrace						Airline	
Miami, FL 14620	59-1899866	501(c)(3)	447,539.	1,600.	FMV	Tickets	See part IV - d
RMHC of South Louisiana, Inc.							
4403 Canal Street						Airline	
New Orleans, LA 78229	72-0882569	501(c)(3)	414,870.	800.	FMV	Tickets	See part IV - a, d
RMHC of Southeastern Michigan,							
Inc 4707 St. Antoine Street Ste						Airline	
200 - Detroit, MI 92123	38-2182406	501(c)(3)	414,969.	1,200.	FMV	Tickets	See part IV - d
RMHC of Southern Arizona, Inc.							
2155 E. Allen Road						Airline	
Tucson, AZ 51104	95-3526934	501(c)(3)	264,313.	1,200.	FMV	Tickets	See part IV - d
				_,			
RMHC of Southern California, Inc.							
4560 Fountain Avenue						Airline	
Los Angeles, CA 57104	95-3167869	501(c)(3)	1,462,204.	2,000.	FMV	Tickets	See part IV - d
RMHC of Southern Colorado, Inc.							
4223 Royal Pine Dr						Airline	
Colorado Springs, CO 33136	84-1013843	501(c)(3)	83,754.	1,200.	FMV	Tickets	See part IV - d

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Southern West Virginia, Inc. – 910 Pennsylvania Ave. – Charleston, WV 70119	55-0631080	501(c)(3)	127,304.	0.			See part IV - d
RMHC of Southwest Florida, Inc. 16100 Roserush Court Fort Myers, FL 48201	11-3704163	501(c)(3)	148,925.	800.	FMV	Airline Tickets	See part IV - c, d
RMHC of Southwest Virginia, Inc. 2224 S. Jefferson St. Roanoke, VA 85719-1501	54-1244769	501(c)(3)	198,197.	0.			See part IV - d
RMHC of St. Louis, Inc. 3450 Park Avenue St. Louis, MO 90029	43-1160478	501(c)(3)	1,856,025.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Tallahassee, Inc. 712 East 7th Avenue Tallahassee, FL 80920	59-2794505	501(c)(3)	35,199.	0.			See part IV - d
RMHC of Tampa Bay, Inc. 35 Davis Blvd Tampa, FL 25302	59-1835985	501(c)(3)	674,768.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Temple, Texas, Inc. 2415 South 47th St. Temple, TX 33908	74-2345274	501(c)(3)	84,258.	1,200.	FMV	Airline Tickets	See part IV – đ
RMHC of the Bluegrass, Inc. PO Box 22414 Lexington, KY 24014	61-0986164	501(c)(3)	143,432.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of the Capital Region, Inc. 139 S. Lake Avenue Albany, NY 63104	22-2356004	501(c)(3)	198,783.	1,200.	FMV	Airline Tickets	See part IV - d

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of the Carolinas, Inc.							
706 Grove Rd						Airline	
Greenville, SC 32303	57-0844123	501(c)(3)	229,374.	1,200.	FMV	Tickets	See part IV - d
RMHC of the Central Valley, Inc.							
9161 Randall Way						Airline	
Madera, CA 33606	94-2864490	501(c)(3)	153,911.	1,200.	FMV	Tickets	See part IV - d
RMHC of the Coastal Empire, Inc.							
4710 Waters Ave.						Airline	
Savannah, GA 76504	58-1630107	501(c)(3)	89,994.	800.	FMV	Tickets	See part IV - d
RMHC of the Four States, Inc.							
3402 South Jackson						Airline	
Joplin, MO 40522-2414	43-1758397	501(c)(3)	58,432.	800.	FMV	Tickets	See part IV - d
RMHC of the Inland Northwest							
1028 West 5th Avenue	04 4456445	501 ( ) (2)	000 505	0.000		Airline	
Spokane, WA 12208-3256	91-1176115	501(c)(3)	289,595.	2,000.	FMV	Tickets	See part IV - d
RMHC of the Intermountain Area,							
Inc 935 East South Temple -						Airline	
Salt Lake City, UT 29605	74-2386043	501(c)(3)	602,164.	2,000.	FMV	Tickets	See part IV - b, d
RMHC of the Ohio Valley, Inc.							
3540 Washington Avenue							
Evansville, IN 93638	35-1748468	501(c)(3)	125,723.	0.			See part IV - d
RMHC of the Ozarks, Inc.							
949 E. Primrose St.							
Springfield, MO 31404	43-1371143	501(c)(3)	370,450.	0.			See part IV - d
DWIG of the Philodelphia Paris							
RMHC of the Philadelphia Region						Aimline	
3925 Chestnut St	02 52555	E01/=\/2\	E00 05:	2 222		Airline	G
Philadelphia, PA 64804	23-7377505	DOT(G)(3)	720,254.	2,000.	F.W∧	Tickets	See part IV - c, d

Part II Continuation of Grants and Other A		•	s and Domestic Go	vernments (Sch	redule I (Form 990) Pa	art II )	30-2934009 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of the Piedmont Triad, Inc.							
419 S. Hawthorne Rd.						Airline	
Winston-Salem, NC 99204-3001	58-1454715	501(c)(3)	185,289.	1,600.	FMV	Tickets	See part IV - d
RMHC of the Red River Valley, Inc.							
4757 Agassiz Xing S							
Fargo, ND 84102-1411	45-0365598	501(c)(3)	70,406.	0.			See part IV - d
RMHC of the Rio Grande Valley,							
Texas, Inc 1720 Treasure Hills							
Blvd - Harlingen, TX 47714	74-2656780	501(c)(3)	32,615.	0.			See part IV - d
<i>J</i> ,		, , , ,	, ,				-
RMHC of the Southwest, Inc.							
3413 - 10th Street						Airline	
Lubbock, TX 65807-5257	75-1915179	501(c)(3)	126,186.	1,200.	FMV	Tickets	See part IV - d
RMHC of TriState, Inc.							
240 Berger Road							
Paducah, KY 19104	61-1224406	501(a)(3)	142,575.	0.			See part IV - d
raducan, Ki 19104	01-1224400	301(0)(3)	142,575.	Ŭ.			see part IV - u
RMHC of Tulsa, Inc.							
6102 S. Hudson Ave.						Airline	
Tulsa, OK 58104	73-1313892	501(c)(3)	128,567.	1,200.	FMV	Tickets	See part IV - d
RMHC of West Georgia, Inc.							
1959 Hamilton Rd.						Airline	
Columbus, GA 78550	58-2065776	501(c)(3)	38,551.	800.	FMV	Tickets	See part IV - d
,	<del>-</del>	, , , ,					
RMHC of Western Montana							
3003 Fort Missoula Rd.							
Missoula, MT 79415	47-2261447	501(c)(3)	136,239.	0.			See part IV - d
RMHC of Western New York, Inc.							
780 W. Ferry St.						Airline	
=	22-2438932	501(a)(3)	20 277	800	EM7	Tickets	See part TV - d
Buffalo, NY 42001	22-2438932	DOT(G)(3)	89,877.	800.	L m Λ	TICKELS	See part IV - d

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Western Washington &							
Alaska, Inc 5130 40th Avenue NE						Airline	
- Seattle, WA 74136-2020	91-1061043	501(c)(3)	258,957.	2,000.	FMV	Tickets	See part IV - d
RMHC of Western WI & Southeastern							
MN, Inc 2700 National Drive,							
Suite 100 - Onalaska, WI 31904	39-1794402	501(c)(3)	931,211.	0.			See part IV - d
RMHC of Wichita, Inc.							
551 N Hillside, Ste 100						Airline	
Wichita, KS 59804	48-0918101	501(c)(3)	121,525.	1,200.	FMV	Tickets	See part IV - d
RMHC South Texas							
3402 Fort Worth St.						Airline	_
Corpus Christi, TX 14222	74-2378671	501(c)(3)	220,847.	1,600.	FMV	Tickets	See part IV - d
RMHC, Northern Nevada, Inc.							
323 Maine Street						Airline	
Reno, NV 98105-3055	94-2863819	501(c)(3)	64,827.	800.	FMV	Tickets	See part IV - d
RMHC, Upper Midwest, Inc.							
818 Fulton St SE						Airline	
Minneapolis, MN 54650	41-1313107	501(c)(3)	925,750.	2,000.	FMV	Tickets	See part IV - a, d
- '			,				
Southern Appalachian RMHC, Inc.							
418 N. State of Franklin Rd.							
Johnson City, TN 67214	62-1578123	501(c)(3)	99,109.	0.			See part IV – d
							1

Schedule I (Form 990) 2021 Ronald McDonald House	Charities, I	nc.			36-2934689	Page
Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	. Complete if the	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncas	h assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ie 2; Part III, columr	ı (b); and any other ac	dditional information.		
Part I, Line 2:						
RMHC Field Operations team members work with a spec	cific Chapter	and are				
responsible for subsequent follow-up to determine t	that funds gr	canted by				
RMHC to each respective Chapter have been used for	their stated	l purposes.				
On an annual basis, each Chapter must submit their						
on an annual bases, each empty make summer them.						
statements. All other grantees are required to sub-	nit a					
performance/outcomes report on the anniversary of t	cheir award d	late. This				
report includes a program budget and detailed account	unting of the	use of the				
funds.						

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

# **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization Re	onald McDona	nc.	36-2934689							ilibei			
					ion 501(c)(4), and sec								
					art IV, line 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ine 40	b.	1		
(a) Name of disqualified p	person (b) I	Relationship bety person and or			lified (c	(c) Description of transaction				(d) Corre			
		person and or	garnze	ation							+ Y	es	No
											+		
											+	-+	
											+		
2 Enter the amount of tax is	ncurred by the c	rganization man	agers	or disc	ualified persons duri	ing t	the year under					•	
section 4958									<b>&gt;</b> \$				
3 Enter the amount of tax,									<b>&gt;</b> \$				
Part II Loans to and	d/or From Int	erested Pers	sons.										
Complete if the o	organization ansv	wered "Yes" on I	Form 9	990-EZ	, Part V, line 38a or F	orm	n 990, Part IV, lin	e 26; (	or if th	e orgar	nizatio	n	
reported an amo				2. oan to or	T					/h\ Ani	around		
(a) Name of interested person	(b) Relationship with organization	nization of loan			(e) Original principal amount			e (g) In default?		I DY DUALU OF L		(i) Written agreement?	
interested person	With Organization	Orioan		ization?	1				Г	cómm			г
			То	From				Yes	No	Yes	No	Yes	No
			-			$\vdash$				$\vdash$			-
										$\vdash$			
			+							$\vdash$			
										$\vdash$			
Total					> \$								
Part III Grants or As	sistance Ber	nefiting Inter	este	d Per	sons.								
Complete if the o	organization ansv	wered "Yes" on I	Form 9	990, Pa	art IV, line 27.		,						
(a) Name of interested p	person	(b) Relationship			(c) Amount of		(d) Type					ose of	f
		interested pers the organiza		ıd	assistance		assistan	ce		á	assista	ance	
		The organiza	ation										
									+				
									+				
									+				
									$\dashv$				
									$\dashv$				
									$\dashv$				
									-+				

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

Schedule L (Form 990) 2021 Ronald Mo	Donald House Charities, Inc.		36-293468	39	Page 2
Part IV   Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	Sh or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
McDonald's Corporation	See Part V	2,546,890.	See Part V		Х
Part V Supplemental Information.					
Provide additional information for response	onses to questions on Schedule L (see i	nstructions).			
Sch L, Part IV, Business Transactions	Involving Interested Persons:				
(a) Name of Person: McDonald's Corpora	tion				
					•
(b) Relationship Between interested Per	rson and Organization:				
Substantial Contributor					
(d) Description of Transaction: RMHC ha	as no paid employees. The				
day-to-day operations of the Charity as	re run by employees of McDonal	ld's			
Corporation. McDonald's Corporation do	nates the majority of the cost	c of			
the employee services to RMHC. For the	remaining services, RMHC has	an			
agreement with McDonald's Corporation	whereby it reimburses the Comp	pany			
6 - 11					
for the services at cost.					
-					

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

**Employer identification number** 

	Ronald McDonald Ho	use Chari	ties, Inc.			36-2	293468	9	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	Method of d noncash contrib	etermin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	20		163,238.	Market quotation	ıs		
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 tckts)	x	1		160 000	FMV/Sales Price			
26	Other (Software)	X	1		1,299.	<b>+</b>			
20 27	Other (Supplies)	X	1		640.	FMV			
	//				040.	111			
<u>28</u> 29	Other ( )	tation during	the tay year far a	L					
29	Number of Forms 8283 received by the organization completed Form 828	•			29			0	
	for which the organization completed Form 828	oo, Part V, L	onee Acknowledg	ement	29			Yes	NI-
20-	Division the constraint the constraint was in the			autaal in Daut I. lin	4 41	wh 00 that it		res	NO
зua	During the year, did the organization receive by								
	must hold for at least three years from the date						20-		Х
	exempt purposes for the entire holding period?	·					30a		Α
	If "Yes," describe the arrangement in Part II.				al a santation	ti 0		v	
31	Does the organization have a gift acceptance p	•	•	•		uons?	31	Х	
32a	Does the organization hire or use third parties		•	, ,					
_	contributions?						32a		Х
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which columi	n (a) is che	cked,			
	describe in Part II.								

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

132142 11-17-21 Schedule M (Form 990) 2021

# **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Ronald McDonald House Charities, Inc.

**Employer identification number** 36-2934689

Form 990, Part I, Lines 5 and 6:
RMHC has no paid employees. The day-to-day operations of the Charity
are run by employees of McDonald's Corporation. McDonald's Corporation
donates the majority of the cost of the employee services to RMHC. For
the remaining services, RMHC has an agreement with McDonald's
Corporation whereby it reimburses the Company for the services at cost.
In addition, numerous other volunteers assist with various fundraising
events and other administrative and program support. The number of
volunteers varies at any given time, but RMHC estimates the total
number of volunteers to be approximately 100.
Form 990, Part III, Line 4a, Program Service Accomplishments:
Following are the activities conducted by RMHC to support the Chapters:
(1)Ronald McDonald House: RMHC provided grants totaling \$5,465,193 for
new and expanding Ronald McDonald House programs. The Ronald McDonald
House provides comfort, support and resources for families with sick
children.
(2)Ronald McDonald Family Room: RMHC provided grants totaling
\$2,400,000 for new Ronald McDonald Family Room programs, which offer a
home-like environment within the walls of the hospital. Ronald McDonald
Family Rooms provide families of hospitalized children with a place to
refresh and relax while remaining near their child's bedside.
(3)Ronald McDonald Care Mobile: RMHC developed and continues to support
mobile pediatric health care services to children in underserved areas

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

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization  Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
of the world by funding the capital build for all new Ronald McDonald	
Care Mobiles with support totaling \$642,419. In addition to primary and	
specialty medical care, health education, and oral health services, the	
program links children to other community and social service resources.	
(4)RMHC Local Chapter Support and Grants totaling \$47,691,550:	
(a)Capacity Building: RMHC is committed to strengthening the global	
system of the Chapters, by providing "capacity building" 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 the organization; strategic planning; technology upgrades;	
ongoing training and education of board, staff, and volunteers to	
encourage excellence in delivering programs, fundraising and	
administrative practices; investment in environmental sustainability	
activities such as energy audits, water and waste efficiency projects	
at Ronald McDonald House programs; facilitation of networking	
opportunities; and developing local fundraising capabilities to grow	
resources and meet new and expanding program needs.	
(b)General RMHC and Other Program Support: RMHC provides expertise in	
all aspects of the three core program operations, other program	
development, and nonprofit management for its Chapters worldwide.	
Support also includes general program support grants.	
Form 990, Part VI, Section A, line 2:	
Trustee and Officer relationships:	
-Kelly Dolan, Rick Hernandez, Manish Yadav, and Chris Kempczinski, who are	
McDonald's Officers and Trustees, have business relationships with each	

<u>Schedule O (Form 990) 2021</u> Page **2** 

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization  Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
other and with the following McDonald's employees, licensees, and	
suppliers: Stacey Bifero, Janet Burton, Joanna Sabato, Theodore Perlman,	
J. Christopher Reyes, Eduardo Sanchez, Wayne Stingley, Nicole Enearu, and	
Michael Thompson.	
-Andrew J. McKenna has a business relationship with Michelle Stephenson.	
Form 990, Part VI, Section B, line 11b:	
The Board retains the services of an independent CPA firm to review the	
Form 990 before it is filed with the IRS. Once the firm has approved a	
draft of the form, the RMHC Chief Financial Officer presents it to the	
audit committee. After review and approval of the Form 990 by the audit	
committee, copies of the complete Form 990 and all accompanying schedules	
are provided to the remainder of the Board and Officers prior to filing it	
with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
Trustees, Officers, and key volunteers are annually required to complete a	
Conflict of Interest disclosure statement as a precursor to their service	
to RMHC. Potential conflicts are logged with and monitored by the Secretary	
of the Board and reviewed by a committee of the Board. Interested parties	
are not allowed to participate in Board discussions or vote on	
corresponding related party matters.	
Form 990, Part VI, Section B, Line 15:	
RMHC does not have any employees and does not compensate any Trustees or	
Officers. As a result, per the Form 990 instructions, questions 15a and	
15b, which relate to the process for determining compensation, are marked	
"No."	

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** 36-2934689 Ronald McDonald House Charities, Inc. Form 990, Part VI, Line 17, List of States receiving copy of Form 990: AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, ND, OR, PA, RI, SC, TN, UT WI,WV Form 990, Part VI, Section C, Line 18: RMHC posts copies of its Form 990 and Form 990-T (if applicable) for the three most recent years on its website and provides copies of its Form 1023 upon request. Form 990, Part VI, Section C, Line 19: RMHC posts its By-Laws, Conflict of Interest Policy, and Audited Financial Statements on its website. Form 990, Part VI, Section B, Line 10a: Ronald McDonald House Charities is a system of independent, separately registered public benefit organizations, referred to as "Chapters" by RMHC. RMHC does not have legal control over these Chapters, except the 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 VII The President and CEO of RMHC holds a non-voting Trustee position on the Board of Trustees.

Form 990, Donated Goods and Services:

Schedule O (Form 990) 2021 Page **2** 

Name of the organization  Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
RMHC receives support from McDonald's Corporation (McDonald's)	
consisting of the free use of its facilities, equipment, materials, and	
the majority of employee services. The free goods and services provided	
by McDonald's partially defray certain costs that RMHC would otherwise	
incur for program service, fundraising, and management and general	
expenditures. Certain management services, such as financial,	
fundraising, marketing, and program services, are provided free of	
charge by employees of McDonald's. Although the value of these goods	
and services is required to be included in RMHC's audited financial	_
statements, 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 2021, the total amount that was excluded from	
Form 990 was \$4,444,873 of which \$4,236,173 was donated services and	
use of facilities and equipment provided by McDonald's.	
Form 990, Part IX, Line 11f:	
As a service to its U.S. Chapters, RMHC pays the financial advisory	
services and administrative cost of an investment program that allows	
participating Chapters access to highly diversified investment options	
that might otherwise not be available to them.	
Form 990, Part IX, Line 24a:	
The RMHC Donation Box program inside McDonald's restaurants is the	
Charity's largest on-going fundraiser. There are RMHC Donation Boxes at	
McDonald's restaurants where customers can deposit their change for the	
benefit of RMHC. The collection of RMHC Donation Box funds from	
McDonald's restaurants throughout the United States is centralized	
132212 11-11-21	Schedule O (Form 990) 202:

## **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► 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 Hous		Employer identification number 36-2934689				
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total incor	(e) ne End-of-year a	ssets Direct o	<b>(f)</b> controlling ntity
	_					
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	nswered "Yes" on Form 990, I	Part IV, line 34, b	ecause it had one or	more related tax-exe	mpt
(a)	(b)	(c)	(d)	(e)	(f)	(g)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
Ronald McDonald House Charities Russia, Inc.	Operate a Ronald McDonald				Ronald McDonald		
26 Valovaya St	House for families with				House Charities,		
Moscow, RUSSIA 115054	sick children	Russia	501(c)(3)		Inc.	Х	
Ronald McDonald Gyermeksegely Alapitvany	Operate a Ronald McDonald				Ronald McDonald		
Magyar Tagozat, Soroksari ut 30-34.,	House for families with				House Charities,		
Budapest, HUNGARY 1095	sick children	Hungary	501(c)(3)		Inc.	Х	
Ronald McDonald Lastentalosaatio	Operate a Ronald McDonald				Ronald McDonald		
Oksakoskenpolku 6	House for families with				House Charities,		
Helsinki, FINLAND 00250	sick children	Finland	501(c)(3)		Inc.	х	

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

Schedule R (Form 990) 2021 Ronald McDonald House Charities, Inc.

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>(b)</b> Primary activity	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 No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or   aging ner?	(k) Percentage ownership
		Soundyy					103	140	(	103	NO	

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

Page 2

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

1a

Page 3

Х

Yes No

Х 1b

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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?

c Gift, grant, or capital contribution from related organization(s)				1c	Х		
d Loans or loan guarantees to or for related organization(s)					Х		
e Loans or loan guarantees by related organization(s)					Х		
f Dividends from related organization(s)				1f	Х		
g Sale of assets to related organization(s)					Х		
h Purchase of assets from related organization(s)					Х		
i Exchange of assets with related organization(s)				1i	Х		
j Lease of facilities, equipment, or other assets to related organization(s)				1j	Х		
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х		
Performance of services or membership or fundraising solicitations for related organization(s)							
m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization					Х		
o Sharing of paid employees with related organization(s)							
p Reimbursement paid to related organization(s) for expenses							
q Reimbursement paid by related organization(s) for expenses							
1 , 0 , 1 ,							
r Other transfer of cash or property to related organization(s)				1r	х		
s Other transfer of cash or property from related organization(s)					Х		
2 If the answer to any of the above is "Yes," see the instructions for information on							
(a)	(b)	(c)	(d)				
(a) Name of related organization	Transaction	Amount involved	Method of determining amour	nt involved			
	type (a-s)						
(1) Ronald McDonald Gyermeksegely Alapitvany Magyar Tagozat	В	175,100.	Cash				
(2) Ronald McDonald Lastentalosaatio	В	67,400.	Cash				
(3)							
(4)							
(5)							
(6)							
132163 11-17-21			Sched	lule R (Form 9	90) 2021		

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>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?  Yes No	(g) Share of end-of-year assets	(h Dispro tion: allocati Yes	por- ite ons?	of Schedule K-1	Gene mana part <b>Yes</b>	i) ral or F aging ner? No	(k) Percentage ownership