

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

| | | | |
|---|--|---|--------------------------------------|
| A For the 2017 calendar year, or tax year beginning and ending | | | |
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization Ronald McDonald House Charities, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 110 N. Carpenter St. City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60607-2101 F Name and address of principal officer: Sheila Musolino 110 N. Carpenter St., Chicago, IL 60607-2101 | D Employer identification number 36-2934689 E Telephone number 630-623-7048 G Gross receipts \$ 85,796,853. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ www.rmhc.org | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1977 | M State of legal domicile: IL |

Part I Summary

| | | | | |
|------------------------------------|--|--|----------------------------------|---------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>To create, find and support programs that directly improve the health and well-being of children and their families</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 25 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 25 |
| | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 0 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 100 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 9,703. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 2,203. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 30,405,376. | 40,199,906. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 166,000. | 67,335. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 6,064,788. | 9,937,819. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 34,588. | <43,905.> |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 36,670,752. | 50,161,155. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 30,784,315. | 28,737,484. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 50,000. | 0. |
| | 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,840,036. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 10,888,028. | 11,243,722. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 41,722,343. | 39,981,206. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | <5,051,591.> | 10,179,949. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 123,006,132. | 141,405,717. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 6,370,274. | 9,114,794. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 116,635,858. | 132,290,923. | |

Part II Signature Block

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

| | | | | | |
|-------------------------------|--|---------------------------|-----------|---|-----------|
| Sign Here | Signature of officer: <i>Stacey Bifero</i> | Date | 5/3/2018 | | |
| | Type or print name and title | Stacey Bifero, Controller | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | Katherine Kurtzman | <i>Katherine Kurtzman</i> | 4/19/2018 | | P01236691 |
| | Firm's name ▶ Ernst & Young, LLP | Firm's EIN ▶ 34-6565596 | | | |
| | Firm's address ▶ 155 N Wacker Dr. Chicago, IL 60606 | Phone no. 312-879-2183 | | | |

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

Part III Statement of Program Service Accomplishments

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 31,395,338. including grants of \$ 25,219,986.) (Revenue \$ 67,367.) Support of RMHC Local Chapters worldwide: Ronald McDonald House Charities is a system of independent, separately registered public benefit organizations, referred to as "Chapters" by RMHC. 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 \$ 3,209,292. including grants of \$ 3,138,646.) (Revenue \$ 0.) Grants and other program services to improve the health and well-being of children: RMHC provides funding to other nonprofit organizations to address the needs of children throughout the world. These efforts are directed in two areas: access to quality health care, with special focus on oral health in the U.S. and maternal/child health in Africa, South Asia and Latin America.

4c (Code:) (Expenses \$ 378,852. including grants of \$ 378,852.) (Revenue \$ 0.) Scholarship program: In 2017, RMHC provided 16 multi-year educational scholarships for students of Hispanic descent. RMHC discontinued its support of the scholarship program at the end of 2017 in order to deepen its focus on building capacity of its local Chapters and supporting core programs around the world.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 34,983,482.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and 501(c)(7) and (12) organizations.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 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? | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 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? | | X |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | a The governing body? | X | |
| 8b | b Each committee with authority to act on behalf of the governing body? | X | |
| 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 in Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 10b | b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11b | Describe in 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 | X | |
| 12b | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 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? | | |
| 15a | a The organization's CEO, Executive Director, or top management official | | X |
| 15b | b Other officers or key employees of the organization | | X |
| | If "Yes" to line 15a or 15b, describe the process in 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? | X | |
| 16b | 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? | X | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **See Schedule O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **Stacey Bifero - 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

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Aggie Dentice Trustee (until 2/17) | 1.00 | X | | | | | 0. | 0. | 0. | |
| (2) Alan Harris, MD Trustee | 1.00 | X | | | | | 0. | 0. | 0. | |
| (3) Alex Dimitrief Trustee (beg. 3/17) | 1.00 | X | | | | | 0. | 0. | 0. | |
| (4) Alex Rodriguez Trustee | 1.00 | X | | | | | 0. | 0. | 0. | |
| (5) Andrew J. McKenna Trustee | 1.00 | X | | | | | 0. | 0. | 0. | |
| (6) David C. Herman, MD Trustee | 1.00 | X | | | | | 0. | 0. | 0. | |
| (7) Eduardo Sanchez Trustee | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) Fred Huebner Trustee | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) Gay Simplot Trustee | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) Ginger Hardage Trustee | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) Grace Fung Oei Trustee | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) J. Christopher Reyes Trustee | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) James D. Watkins Trustee, Vice President | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (14) Jan Fields Trustee | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) Javier C. Goizueta Trustee | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) Jeffrey Davis Trustee (beg. 3/17) | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) Mats Lederhausen Trustee | 1.00 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) Michelle Stephenson Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) Rick Hernandez Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) Sheila Musolino Trustee, President & CEO | 40.00 | X | | X | | | | 0. | 0. | 0. |
| (21) Sheldon Lavin Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) Steve Easterbrook Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) Steven M. Ramirez Trustee, Chairman | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (24) Stuart E. Siegel, MD Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) Theodore Perlman Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) Wayne Stingley Trustee | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 0. | 0. | 0. |

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

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 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 | | X |
| 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 | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--|---------------------|
| Integrigo, LLC 11 Court Street Suite 280, Exeter, NH 03833 | Donation Box Management and Collection | 609,143. |
| Cappgemini America, Inc, 400 Broadacres Drive, Suite 410, Bloomfield, NJ 07003 | Technology Consulting | 422,166. |
| Cossette Communications U.S. Inc., 2100 Drummond St. Montreal (Quebec) H3G 1X1, Clark Hill PLC, 500 Woodward Avenue Suite 3500, Detroit, MI 48226 | Marketing and Advertising | 336,729. |
| Diane J Andreoni 109 W. Summerset Dr., Phoenix, AZ 85085 | Legal Services | 250,944. |
| | Marketing and Advertising | 201,147. |
| 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 | | 17 |

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|--|--|---|----------------------|---------------|------------------------------------|----------------------------|--|-----------|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | 494,781. | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | 5,291,862. | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 34,413,263. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 499,694. | | | | | |
| | h Total. Add lines 1a-1f | | | 40,199,906. | | | | |
| Program Service Revenue | 2 a Local Chapter Conference Fees | Business Code | 611430 | 67,335. | 67,335. | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f All other program service revenue | | | | | | | |
| | g Total. Add lines 2a-2f | | | 67,335. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 2,635,999. | | 9,703. | 2,626,296. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | | |
| | | c Rental income or (loss) | | | | | | |
| | | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | | |
| | | 42,124,218. | | | | | | |
| | | b Less: cost or other basis and sales expenses | | 34,821,598. | 800. | | | |
| | | c Gain or (loss) | | 7,302,620. | <800.> | | | |
| | d Net gain or (loss) | | | 7,301,820. | | | 7,301,820. | |
| | 8 a Gross income from fundraising events (not including \$ 5,291,862. of contributions reported on line 1c). See Part IV, line 18 | a | | 769,095. | | | | |
| | | b Less: direct expenses | b | 813,032. | | | | |
| | | c Net income or (loss) from fundraising events | | | <43,937.> | | | <43,937.> |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | | |
| | b Less: direct expenses | b | | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | 300. | | | | | |
| | b Less: cost of goods sold | b | 268. | | | | | |
| | c Net income or (loss) from sales of inventory | | | 32. | 32. | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11 | a | | | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d All other revenue | | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions. | | | | 50,161,155. | 67,367. | 9,703. | 9,884,179. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 21,804,105. | 21,804,105. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 378,852. | 378,852. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 6,554,527. | 6,554,527. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 256,313. | 123,596. | 45,637. | 87,080. |
| c Accounting | 138,698. | | 138,698. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 131,679. | 130,897. | 782. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 2,918,163. | 1,920,256. | 134,605. | 863,302. |
| 12 Advertising and promotion | 1,129,998. | 296,453. | | 833,545. |
| 13 Office expenses | 198,065. | 38,304. | 19,680. | 140,081. |
| 14 Information technology | 1,811,915. | 884,255. | 276,985. | 650,675. |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 844,345. | 698,892. | 86,469. | 58,984. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 961,818. | 413,905. | 52,607. | 495,306. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 66,645. | 49,399. | 3,444. | 13,802. |
| 23 Insurance | 156,929. | 53,953. | 102,976. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Donation box expense | 2,161,752. | 1,621,314. | 0. | 540,438. |
| b Bad debt expense | 260,815. | 0. | 260,815. | 0. |
| c Credit card / bank fees | 119,751. | 0. | 2,673. | 117,078. |
| d Acknowledgement | 54,215. | 14,474. | 4,581. | 35,160. |
| e All other expenses | 32,621. | 300. | 27,736. | 4,585. |
| 25 Total functional expenses. Add lines 1 through 24e | 39,981,206. | 34,983,482. | 1,157,688. | 3,840,036. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 5,834,828. | 2 | 8,769,450. |
| | 3 Pledges and grants receivable, net | 13,003,048. | 3 | 11,369,529. |
| | 4 Accounts receivable, net | 1,711. | 4 | 14,236. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 79,576. | 8 | 56,088. |
| | 9 Prepaid expenses and deferred charges | 1,154,320. | 9 | 418,222. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,104,624. | | |
| | b Less: accumulated depreciation | 10b 1,946,649. | | |
| | | 156,698. | 10c | 157,975. |
| | 11 Investments - publicly traded securities | 90,248,594. | 11 | 108,438,222. |
| | 12 Investments - other securities. See Part IV, line 11 | 11,470,635. | 12 | 11,129,783. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| 15 Other assets. See Part IV, line 11 | 1,056,722. | 15 | 1,052,212. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 123,006,132. | 16 | 141,405,717. | |
| Liabilities | 17 Accounts payable and accrued expenses | 773,201. | 17 | 1,251,866. |
| | 18 Grants payable | 5,567,531. | 18 | 7,597,902. |
| | 19 Deferred revenue | | 19 | 250,000. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 29,542. | 25 | 15,026. |
| | 26 Total liabilities. Add lines 17 through 25 | 6,370,274. | 26 | 9,114,794. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 113,361,868. | 27 | 130,952,593. |
| | 28 Temporarily restricted net assets | 3,273,990. | 28 | 1,338,330. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 116,635,858. | 33 | 132,290,923. | |
| 34 Total liabilities and net assets/fund balances | 123,006,132. | 34 | 141,405,717. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 50,161,155. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 39,981,206. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 10,179,949. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 116,635,858. |
| 5 | Net unrealized gains (losses) on investments | 5 | 5,051,379. |
| 6 | Donated services and use of facilities | 6 | 57,534. |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 366,203. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 132,290,923. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____ | | |

Form **990** (2017)

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 30,943,116. | 32,960,280. | 31,601,678. | 30,405,376. | 40,199,906. | 166,110,356. |
| 2 Tax revenues levied for the organization'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 | 30,943,116. | 32,960,280. | 31,601,678. | 30,405,376. | 40,199,906. | 166,110,356. |
| 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) | | | | | | 8,012,602. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 158,097,754. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 30,943,116. | 32,960,280. | 31,601,678. | 30,405,376. | 40,199,906. | 166,110,356. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 2,853,783. | 3,885,606. | 2,720,356. | 2,138,814. | 2,626,296. | 14,224,855. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | 2,680. | | 3,611. | 5,986. | 3,203. | 15,480. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,164,419. | 1,361,642. | 1,099,469. | 1,114,545. | 769,095. | 5,509,170. |
| 11 Total support. Add lines 7 through 10 | | | | | | 185,859,861. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,254,616. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 85.06 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 84.62 % |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), 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. | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|--|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | Yes | No |
| a 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. | | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a 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? Provide details in Part VI. | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% 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 .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

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

2013 Amount: \$ 1,164,419.

2014 Amount: \$ 1,361,642.

2015 Amount: \$ 1,099,469.

2016 Amount: \$ 1,114,545.

2017 Amount: \$ 769,095.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

Ronald McDonald House Charities, Inc.

Employer identification number

36-2934689

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

| | |
|---|--|
| Name of organization Ronald McDonald House Charities, Inc. | Employer identification number 36-2934689 |
|---|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | <hr/> <hr/> <hr/> <hr/> | \$ 4,900,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> <hr/> | \$ 2,033,995. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> <hr/> | \$ 1,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization Ronald McDonald House Charities, Inc. | Employer identification number 36-2934689 |
|---|--|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|----------------------|
| 2 | Auction items used in fundraising events _____ _____ _____ | \$ 27,930. | 12/31/17 |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

| | |
|---|--|
| Name of organization Ronald McDonald House Charities, Inc. | Employer identification number 36-2934689 |
|---|--|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Ronald McDonald House Charities, Inc. **Employer identification number** 36-2934689

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2017

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 2,104,624. | 1,946,649. | 157,975. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 157,975. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | 321,078. | Cost |
| (3) Other | | |
| (A) McDonald's Corporation | 10,808,705. | End-of-Year Market Value |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 11,129,783. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) Intermediary third party liability (see Part XIII) | 15,026. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 15,026. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 60,265,874. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 5,051,379. |
| b | Donated services and use of facilities | 2b | 4,687,137. |
| c | Recoveries of prior year grants | 2c | 383,109. |
| d | Other (Describe in Part XIII.) | 2d | <16,906. |
| e | Add lines 2a through 2d | 2e | 10,104,719. |
| 3 | Subtract line 2e from line 1 | 3 | 50,161,155. |
| 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 | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 50,161,155. |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 44,610,809. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 4,629,603. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 4,629,603. |
| 3 | Subtract line 2e from line 1 | 3 | 39,981,206. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 39,981,206. |

Part XIII Supplemental Information.

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

Part X, Line 2:

RMHC is exempt from federal income tax under Section 501(c)(3) of the

Internal Revenue Code. However, income, if any, from certain activities

not directly related to RMHC's tax-exempt purpose is subject to taxation

as unrelated business income. In addition, RMHC qualifies for the

charitable contribution deduction under Section 170(b)(1)(A) and has been

classified as an organization other than a private foundation under

Section 509(a)(1). RMHC believes that it has appropriate support for any

tax positions taken, and as such, does not have any uncertain tax

positions that are material to the financial statements. Income taxes for

unrelated business income were less than \$2,000 for the years ended

December 31, 2017 and 2016.

Part XIII Supplemental Information (continued)

Part XI, Line 2d - Other Adjustments:

Loss on cash surrender value of insurance

Part X - Other Liabilities, Line 1, Item (2):

RMHC receives contributions from donors who intended the funds to be used by one of its Chapters. In accordance with Generally Accepted Accounting Principles, RMHC reports funds held at the end of the year that have not yet been distributed to the Chapters as Intermediary Third Party Liabilities. RMHC has no discretionary spending authority over the use of these funds, but is merely acting in an agency capacity on behalf of the Chapters until the funds are disbursed. These funds are not part of an escrow account.

Parts XI and XII, Reconciliation of Revenue and Expenses:

There are rounding differences when reconciling the numbers per the audited financial statements, which are rounded to the nearest whole thousand (\$1,000) dollar increment, back to the numbers per Form 990, which are rounded to the nearest whole dollar (\$1) increment.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

| | |
|---|--|
| Name of the organization Ronald McDonald House Charities, Inc. | Employer identification number 36-2934689 |
|---|--|

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| Central America and the Caribbean | 0 | 0 | Grantmaking | | 626,282. |
| East Asia and the Pacific | 0 | 0 | Grantmaking | | 1,280,550. |
| Europe | 0 | 0 | Grantmaking | | 1,385,943. |
| Middle East and North Africa | 0 | 0 | Grantmaking | | 25,000. |
| North America | 0 | 0 | Grantmaking | | 539,744. |
| Russia and the Neighboring States | 0 | 0 | Grantmaking | | 93,200. |
| South America | 0 | 0 | Grantmaking | | 1,342,611. |
| South Asia | 0 | 0 | Grantmaking | | 205,707. |
| 3 a Sub-total | 0 | 0 | | | 5,499,037. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 1,640,608. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 7,139,645. |

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 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 | | 1,055,490. |
| North America | 0 | 0 | Fundraising | | 155. |
| South Asia | 0 | 0 | Fundraising | | 11,114. |
| South America | 0 | 0 | Public relations | | 6,703. |
| Sub-Saharan Africa | 0 | 0 | Public relations | | 717. |
| Central America and the Caribbean | 0 | 0 | Program services | Chapter support | 14,165. |
| East Asia and the Pacific | 0 | 0 | Program services | Chapter support | 31,492. |
| Europe | 0 | 0 | Program services | Chapter support | 66,689. |
| Middle East and North Africa | 0 | 0 | Program services | Chapter support | 5,898. |
| North America | 0 | 0 | Program services | Chapter support | 6,828. |
| Totals | | | | | |

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 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 |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Russia and the Neighboring States | 0 | 0 | Program services | Chapter support | 581. |
| South America | 0 | 0 | Program services | Chapter support | 58,596. |
| South Asia | 0 | 0 | Program services | Chapter support | 6,983. |
| Sub-Saharan Africa | 0 | 0 | Program services | Chapter support | 18,191. |
| Europe | 0 | 0 | Program services | Chapter capacity building | 12,798. |
| North America | 0 | 0 | Program services | Chapter capacity building | 10,917. |
| Russia and the Neighboring States | 0 | 0 | Program services | Chapter capacity building | 10,407. |
| Central America and the Caribbean | 0 | 0 | Program services | Chapter education | 22,704. |
| East Asia and the Pacific | 0 | 0 | Program services | Chapter education | 101,879. |
| Europe | 0 | 0 | Program services | Chapter education | 64,701. |
| Totals | | | | | |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | Central America and the Caribbean | See part V - g | 397,393 | Check | 0. | | |
| | | Central America and the Caribbean | See part V - f a | 205,000 | Bank Draft | 0. | | |
| | | Central America and the Caribbean | See part V - f | 22,500 | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 15,000 | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 25,000 | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 25,000 | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 15,000 | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 25,000 | Bank Draft | 0. | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **120**

3 Enter total number of other organizations or entities **0**

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | East Asia and the Pacific | See part V - f | 35,000. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 30,000. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 35,000. | Check | 0. | | |
| | | East Asia and the Pacific | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - fb | 122,500. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 35,000. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 25,000. | Bank Draft | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | East Asia and the Pacific | See part V - f | 25,000. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 12,500. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 17,000. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - fa | 285,000. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - fa | 290,300. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 25,000. | Bank Draft | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | East Asia and the Pacific | See part V - f | 42,500. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 25,750. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 25,000. | Bank Draft | 0. | | |
| | | East Asia and the Pacific | See part V - f | 25,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Check | 0. | | |
| | | Europe | See part V - f | 15,000. | Check | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | Europe | See part V - fb | 61,796. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 25,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - af | 75,505. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Check | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | Europe | See part V - f | 15,000. | Check | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Check | 0. | | |
| | | Europe | See part V - f | 15,000. | Check | 0. | | |
| | | Europe | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Check | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - fa | 85,040. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Check | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Check | 0. | | |
| | | Europe | See part V - f | 65,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 20,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 35,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 15,000. | Bank Draft | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | Europe | See part V - f | 18,102. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 40,000. | Bank Draft | 0. | | |
| | | Europe | See part V - fb | 125,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 12,500. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 30,000. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 12,500. | Bank Draft | 0. | | |
| | | Europe | See part V - f | 12,500. | Bank Draft | 0. | | |
| | | Europe | See part V - f a | 198,000. | Bank Draft | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | Middle East and North Africa | See part V - f | 12,500. | Bank Draft | 0. | | |
| | | Middle East and North Africa | See part V - f | 12,500. | Bank Draft | 0. | | |
| | | North America | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | North America | See part V - f | 25,000. | Bank Draft | 0. | | |
| | | North America | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | North America | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | North America | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | North America | See part V - f | 25,000. | Bank Draft | 0. | | |
| | | North America | See part V - f | 15,000. | Bank Draft | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | North America | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | North America | See part V - f | 22,500. | Check | 0. | | |
| | | North America | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | North America | See part V - fa | 38,744. | Bank Draft | 0. | | |
| | | North America | See part V - f | 25,000. | Bank Draft | 0. | | |
| | | North America | See part V - f | 137,500. | Bank Draft | 0. | | |
| | | North America | See part V - f | 27,500. | Bank Draft | 0. | | |
| | | North America | See part V - f | 111,000. | Bank Draft | 0. | | |
| | | Russia and the Neighboring States | See part V - f | 22,500. | Bank Draft | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | Russia and the Neighboring States | See part V - f | 70,700. | Bank Draft | 0. | | |
| | | South America | See part V - g | 642,400. | Bank Draft | 0. | | |
| | | South America | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | South America | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | South America | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | South America | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | South America | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | South America | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | South America | See part V - f b | 141,500. | Bank Draft | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | South America | See part V - fb | 235,000. | Bank Draft | 0. | | |
| | | South America | See part V - f | 37,500. | Bank Draft | 0. | | |
| | | South America | See part V - fb | 77,711. | Bank Draft | 0. | | |
| | | South America | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | South America | See part V - f d | 58,500. | Bank Draft | 0. | | |
| | | South America | See part V - f | 22,500. | Bank Draft | 0. | | |
| | | South America | See part V - f | 15,000. | Bank Draft | 0. | | |
| | | South Asia | See part V - g | 50,000. | Check | 0. | | |
| | | South Asia | See part V - fb | 105,707. | Bank Draft | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | South Asia | See part V - g | 50,000. | Bank Draft | 0. | | |
| | | Sub-Saharan Africa | See part V - g | 527,990. | Check | 0. | | |
| | | Sub-Saharan Africa | See part V - g | 500,000. | Bank Draft | 0. | | |
| | | Sub-Saharan Africa | See part V - f | 27,500. | Bank Draft | 0. | | |
| | | | | | | | | |
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| | | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

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

Part V Supplemental Information

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

Part I, Line 2:

The majority of grants outside the U.S. were made to Non-U.S. Chapters.

RMHC monitors the use of the funds in the following manner:

-All Chapters must submit a grant request that explains the proposed use of the funds and must agree in writing that funds received will only be used for the purposes requested in the grant proposal. U.S. Field Operations team members, who are unpaid volunteers, work with a specific Chapter and are responsible for reviewing all grant requests for appropriateness of use and 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 a detailed accounting of the use of the funds received, as well as audited financial statements.

-Nearly all grants required to be included on Schedule F that were not made to Chapters were given to U.S. organizations to be used for foreign activities. All of these organizations must submit a grant request that explains the proposed use of the funds and must agree in writing that funds received will only be used for the purposes requested in the grant proposal. RMHC team members, who are unpaid volunteers, are responsible for reviewing all grant requests for appropriateness of use and for subsequent follow-up to determine that funds granted have been used for their stated purposes. As part of the follow-up process, team members obtain a quarterly report of the status of the activities performed with the grant funds and a performance/outcomes report on the anniversary of their award date. This report includes a program budget and detailed accounting of the use of the funds.

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 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) Capacity Building grants to Chapters

(f) New Chapter seed grants and general operating support for Chapters

(g) Grants to improve the health and well-being of children

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|--|---|--------------------------------|-----------------------------|---------------------|--|
| | | Dinner/Auction (event type) | Golf Outing (event type) | 2 (total number) | |
| Revenue | 1 Gross receipts | 3,134,602. | 1,561,423. | 1,364,932. | 6,060,957. |
| | 2 Less: Contributions | 2,563,086. | 1,363,848. | 1,364,928. | 5,291,862. |
| | 3 Gross income (line 1 minus line 2) | 571,516. | 197,575. | 4. | 769,095. |
| Direct Expenses | 4 Cash prizes | 0. | 0. | 0. | |
| | 5 Noncash prizes | 0. | 8,550. | 0. | 8,550. |
| | 6 Rent/facility costs | 0. | 162,700. | 0. | 162,700. |
| | 7 Food and beverages | 169,480. | 970. | 0. | 170,450. |
| | 8 Entertainment | 155,068. | 31,562. | 0. | 186,630. |
| | 9 Other direct expenses | 256,980. | 27,718. | 4. | 284,702. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 813,032. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | <43,937.> | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**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

2017

**Open to Public
Inspection**

Name of the organization Ronald McDonald House Charities, Inc. Employer identification number 36-2934689

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| Advocate Health and Hospitals Corporation - 3075 Highland Parkway Suite 600 - Downers Grove, IL 60515 | 36-2169147 | 501(c)(3) | 0. | 327,763. | FMV | Care Mobile | See part IV - c |
| Atlanta RMHC, Inc. 795 Gatewood Road NE Atlanta, GA 30329 | 58-1295754 | 501(c)(3) | 492,662. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| Central New York RMHC, Inc. 1100 East Genesee St. Syracuse, NY 13210 | 22-2371193 | 501(c)(3) | 146,271. | 1,200. | FMV | Airline Tickets | See part IV - f |
| Family Health Centers of Southwest Florida, Inc. - 2256 Heitman Street - Fort Myers, FL 33901-3744 | 59-1741273 | 501(c)(3) | 0. | 442,536. | FMV | Care Mobile | See part IV - c |
| Fundacion Infantil Ronald McDonald Puerto Rico, Inc. - 250 Calle Convento - San Juan, PR 00912 | 66-0468226 | 501(c)(3) | 106,000. | 0. | | | See part IV - f |
| Oral Health America 180 N. Michigan Ave., Suite 1150 Chicago, IL 60601 | 36-2382334 | 501(c)(3) | 969,242. | 0. | | | See part IV - g |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 155.

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

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Philadelphia RMH, Inc. 3925 Chestnut St Philadelphia, PA 19104 | 23-7377505 | 501(c)(3) | 98,394. | 1,200. | FMV | Airline Tickets | See part IV - f b |
| RMH at Maria Fareri at Children's Hospital, Inc. - dba RMH of the Greater Hudson Valley 80 Woods Rd. - Valhalla, NY 10595 | 35-2181050 | 501(c)(3) | 15,000. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH at Stanford, Inc. 520 Sand Hill Rd. Palo Alto, CA 94304-2001 | 94-2538615 | 501(c)(3) | 225,000. | 1,200. | FMV | Airline Tickets | See part IV - fa |
| RMH of Akron, Inc. 141 West State Street Akron, OH 44302 | 34-1860682 | 501(c)(3) | 15,000. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Central & Northern New Jersey, Inc. - 131 Bath Ave - Long Branch, NJ 07740-3237 | 22-2715544 | 501(c)(3) | 30,000. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Chapel Hill, Inc. 101 Old Mason Farm Rd. Chapel Hill, NC 27517 | 56-1413188 | 501(c)(3) | 22,500. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Charlotte, Inc. 1613 E Morehead Street Charlotte, NC 28207 | 20-4671570 | 501(c)(3) | 15,000. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Cleveland, Inc. 10415 Euclid Ave. Cleveland, OH 44106-4709 | 34-1269123 | 501(c)(3) | 38,335. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Dallas, Inc. 4707 Bengal Street Dallas, TX 75235 | 75-1609401 | 501(c)(3) | 105,400. | 1,200. | FMV | Airline Tickets | See part IV - f b |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMH of Danville, Inc. 100 N. Academy Ave. & Trembulak Wa Danville, PA 17822-0300 | 23-2155803 | 501(c)(3) | 25,000. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Delaware, Inc. 1901 Rockland Road Wilmington, DE 19803 | 51-0295320 | 501(c)(3) | 30,000. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Durham and Wake, Inc. 506 Alexander Ave. Durham, NC 27705 | 56-1220376 | 501(c)(3) | 32,500. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Eastern North Carolina at Greenville, Inc. - 529 Moye Boulevard - Greenville, NC 27834 | 56-1420505 | 501(c)(3) | 222,500. | 1,200. | FMV | Airline Tickets | See part IV - f a |
| RMH of Ft. Worth, Inc. 1001 8th Ave. Fort Worth, TX 76104 | 75-1754490 | 501(c)(3) | 33,880. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Galveston, Inc. 301 14th Street Galveston, TX 77550 | 76-0114962 | 501(c)(3) | 15,000. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Houston, Inc. 1907 Holcombe Blvd. Houston, TX 77030 | 74-1984499 | 501(c)(3) | 35,229. | 1,600. | FMV | Airline Tickets | See part IV - f |
| RMH of Long Island, Inc. 267-07 76th Avenue New Hyde Park, NY 11040 | 11-2764747 | 501(c)(3) | 26,000. | 1,200. | FMV | Airline Tickets | See part IV - fd |
| RMH of Mid Michigan, Inc. 121 S. Holmes Street Lansing, MI 48912 | 38-3279325 | 501(c)(3) | 15,000. | 800. | FMV | Airline Tickets | See part IV - f |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMH of New York, Inc. 405 East 73rd St. New York, NY 10021 | 13-2933654 | 501(c)(3) | 40,000. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Providence, Inc. 45 Gay St. Providence, RI 02905 | 05-0434218 | 501(c)(3) | 22,500. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Rochester, Minnesota, Inc. 850 2nd Street SW Rochester, MN 55902 | 41-1344744 | 501(c)(3) | 15,000. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of San Francisco, Inc. 1640 Scott St. San Francisco, CA 94115 | 94-2951627 | 501(c)(3) | 22,500. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Scranton, Inc. 332 Wheeler Avenue Scranton, PA 18510 | 23-2400153 | 501(c)(3) | 35,000. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Southern New Jersey, Inc. 550 Mickle Blvd. Camden, NJ 08103 | 22-2430393 | 501(c)(3) | 25,000. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Western Michigan, Inc. 1323 Cedar St NE Grand Rapids, MI 49503-1326 | 38-2781170 | 501(c)(3) | 15,000. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMH of Winston-Salem, Inc. 419 S. Hawthorne Rd. Winston-Salem, NC 27103 | 58-1454715 | 501(c)(3) | 25,000. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC In Omaha, Inc. 620 S. 38th Ave. Omaha, NE 68105 | 47-0755104 | 501(c)(3) | 293,284. | 1,200. | FMV | Airline Tickets | See part IV - fa |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMHC of Alabama, Inc. 1700 4th Avenue South Birmingham, AL 35233-1810 | 63-0753358 | 501(c)(3) | 129,014. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Amarillo, Inc. 1501 Streit Drive Amarillo, TX 79106 | 75-1790186 | 501(c)(3) | 38,876. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Ann Arbor, Inc. 1600 Washington Heights Ann Arbor, MI 48104 | 38-2473817 | 501(c)(3) | 42,571. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Arkansas, Inc. 1501 West 10th Street Little Rock, AR 72202 | 71-0525252 | 501(c)(3) | 64,589. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Arkoma, Inc. 1333 Arapaho Ave Ste C Springdale, AR 72764 | 73-1563945 | 501(c)(3) | 68,390. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Augusta, Inc. 1442 Harper Street Augusta, GA 30901 | 58-1509465 | 501(c)(3) | 75,591. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Baltimore, Inc. 635 W. Lexington Street Baltimore, MD 21201 | 52-1184957 | 501(c)(3) | 167,511. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Beaumont, Inc. 3000 West Cedar Beaumont, TX 77702 | 76-0450065 | 501(c)(3) | 16,734. | 0. | | | See part IV - f |
| RMHC of Bismarck, Inc. P.O. Box 7323 Bismarck, ND 58507 | 36-3705683 | 501(c)(3) | 41,988. | 800. | FMV | Airline Tickets | See part IV - f e |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMHC of Burlington, Vermont, Inc. 16 S. Winooski Ave. Burlington, VT 05401 | 03-0287584 | 501(c)(3) | 51,735. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Central Florida, Inc. 1030 N. Orange Avenue, Ste 105 Orlando, FL 32801 | 59-3211250 | 501(c)(3) | 223,075. | 1,600. | FMV | Airline Tickets | See part IV - f |
| RMHC of Central Georgia, Inc. 1160 Forsyth St. Macon, GA 31201 | 58-2473799 | 501(c)(3) | 59,136. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Central Illinois, Inc. 610 N. 7th Street Springfield, IL 62702-5329 | 37-1145155 | 501(c)(3) | 89,464. | 800. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Central Indiana, Inc. 435 Limestone St. Indianapolis, IN 46202-2819 | 35-1497202 | 501(c)(3) | 210,347. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Central Iowa, Inc. 1441 Pleasant St. Des Moines, IA 50314-1794 | 42-1117423 | 501(c)(3) | 282,669. | 1,576. | FMV | Airline Tickets Equipment | See part IV - fd a |
| RMHC of Central Ohio, Inc. 711 E Livingston Avenue Columbus, OH 43205 | 31-0890152 | 501(c)(3) | 102,857. | 1,200. | FMV | Airline Tickets | See part IV - f d |
| RMHC of Central PA, Inc. 745 W. Governor Rd. Hershey, PA 17033-2304 | 23-2204761 | 501(c)(3) | 123,422. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Central Texas, Inc. 1315 Barbara Jordan Blvd Austin, TX 78723 | 74-2277664 | 501(c)(3) | 115,311. | 800. | FMV | Airline Tickets | See part IV - f e |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMHC of Charleston, SC, Inc. 81 Gadsden St. Charleston, SC 29401 | 57-0724845 | 501(c)(3) | 54,342. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Charlottesville, VA, Inc. 300 9th St. S.W. Charlottesville, VA 22903 | 54-1160157 | 501(c)(3) | 62,015. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Chicagoland & Northwest Indiana, Inc. - 1301 West 22nd St., Suite 905 - Oak Brook, IL 60523 | 36-3532553 | 501(c)(3) | 468,101. | 4,779. | FMV | Airline Tickets Equipment | See part IV - fd e |
| RMHC of Columbia, SC, Inc. 2901 Colonial Drive Columbia, SC 29203 | 57-0725736 | 501(c)(3) | 71,695. | 1,684. | FMV | Airline Tickets Equipment | See part IV - fd e |
| RMHC of Connecticut and Western Massachusetts, Inc. - 860 Howard Avenue Suite A - New Haven, CT 06519 | 04-2971480 | 501(c)(3) | 212,610. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Corpus Christi, Inc. 3402 Fort Worth St. Corpus Christi, TX 78411 | 74-2378671 | 501(c)(3) | 54,911. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Denver, Inc. 1300 East 21st Avenue Denver, CO 80205 | 84-0728926 | 501(c)(3) | 262,757. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Eastern Iowa and Western Illinois, Inc. - 730 Hawkins Dr. - Iowa City, IA 52246-2509 | 42-1189783 | 501(c)(3) | 143,387. | 800. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Eastern Montana, Inc. 1144 N. 30th St. Billings, MT 59101-0124 | 81-0400667 | 501(c)(3) | 47,847. | 1,200. | FMV | Airline Tickets | See part IV - f |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMHC of Eastern New England, Inc. 3 Industrial Drive, #6 Windham, NH 03087 | 22-2760752 | 501(c)(3) | 407,792. | 800. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Eastern Wisconsin, Inc. 8948 Watertown Plank Rd. Milwaukee, WI 53226 | 39-1433107 | 501(c)(3) | 186,266. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of El Paso, Inc. 300 E. California Ave. El Paso, TX 79902 | 74-2257357 | 501(c)(3) | 91,062. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Erie, Inc. PO Box 9248 Erie, PA 16505 | 25-1529707 | 501(c)(3) | 25,035. | 0. | | | See part IV - f |
| RMHC of Greater Chattanooga, Inc. 200 Central Ave. Chattanooga, TN 37403-1506 | 62-1327855 | 501(c)(3) | 116,907. | 1,200. | FMV | Airline Tickets | See part IV - f ae |
| RMHC of Greater Cincinnati, Inc. 350 Erkenbrecher Avenue Cincinnati, OH 45229 | 31-0965333 | 501(c)(3) | 126,573. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Greater Houston/Galveston, Inc. - 2525 Robinhood Street Suite 1100 - Houston, TX 77005 | 76-0315037 | 501(c)(3) | 316,076. | 497. | FMV | Equipment | See part IV - df e |
| RMHC of Greater Las Vegas, Inc. 2323 Potosi St. Las Vegas, NV 89146 | 94-3108570 | 501(c)(3) | 176,330. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Greater North Texas, Inc. 3625 N. Hall Street, Suite 1100 Dallas, TX 75219 | 75-2238261 | 501(c)(3) | 316,441. | 0. | | | See part IV - f e |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMHC of Greater Washington D.C. Inc. - 3727 14th Street, NE - Washington, DC 20017-3004 | 52-1132262 | 501(c)(3) | 300,757. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Hawaii, Inc. 1970 Judd Hillside Rd. Honolulu, HI 96822-2004 | 99-0222124 | 501(c)(3) | 69,969. | 0. | | | See part IV - f |
| RMHC of Huntington, Inc. 1500 17th St. Huntington, WV 25701 | 55-0643445 | 501(c)(3) | 61,369. | 800. | FMV | Airline Tickets | See part IV - f |
| RMHC of Idaho, Inc. 101 Warm Springs Ave. Boise, ID 83712 | 94-3030996 | 501(c)(3) | 89,037. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Indiana-Michiana, Inc. 610 N. Michigan St. Suite 310 South Bend, IN 46601 | 35-1831691 | 501(c)(3) | 47,159. | 7,200. | FMV | Airline Tickets RMHC Bags | See part IV - f |
| RMHC of Jacksonville, Inc. 824 Children's Way Jacksonville, FL 32207 | 59-2625008 | 501(c)(3) | 55,128. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Kansas City, Inc. 2502 Cherry Street Kansas City, MO 64108-2751 | 43-1190760 | 501(c)(3) | 133,349. | 1,200. | FMV | Airline Tickets | See part IV - f d |
| RMHC of Kentuckiana, Inc. 550 S. First St. Louisville, KY 40202 | 31-1053467 | 501(c)(3) | 88,451. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Knoxville, Tennessee, Inc. 1705 W. Clinch Ave. Knoxville, TN 37916 | 58-1510276 | 501(c)(3) | 109,496. | 0. | | | See part IV - f |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMHC of Madison, Inc. 2716 Marshall Court Madison, WI 53705-2256 | 39-1655790 | 501(c)(3) | 113,746. | 1,961. | FMV | Airline Tickets Equipment | See part IV - fd |
| RMHC of Mahoning Valley & Western PA, Inc. - 4900 Market Street - Boardman, OH 44512 | 34-1748911 | 501(c)(3) | 25,312. | 0. | | | See part IV - f e |
| RMHC of Maine, Inc. 250 Brackett Street Portland, ME 04102 | 22-2912513 | 501(c)(3) | 88,840. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Marshfield, Inc. 803 W. North St. Marshfield, WI 54449-1819 | 93-0833012 | 501(c)(3) | 31,069. | 800. | FMV | Airline Tickets | See part IV - f |
| RMHC of Memphis, Inc. 535 Alabama Avenue Memphis, TN 38105 | 62-1220396 | 501(c)(3) | 87,847. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Mid-Missouri, Inc. 3501 Lansing Avenue Columbia, MO 65201 | 43-1225829 | 501(c)(3) | 43,696. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Mid-Penn Region, Inc. 227 Esau Street Hollidaysburg, PA 16648 | 25-1665067 | 501(c)(3) | 46,467. | 0. | | | See part IV - f |
| RMHC of Mississippi, Inc. 2524 N. State Street Jackson, MS 39216-4500 | 63-0906927 | 501(c)(3) | 69,732. | 800. | FMV | Airline Tickets | See part IV - f |
| RMHC of Mobile, Inc. 1626 Springhill Ave. Mobile, AL 36604-1415 | 63-1181258 | 501(c)(3) | 60,958. | 1,200. | FMV | Airline Tickets | See part IV - f |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMHC of Morgantown, Inc. 841 Country Club Dr. Morgantown, WV 26505 | 55-0663138 | 501(c)(3) | 89,015. | 800. | FMV | Airline Tickets | See part IV - f |
| RMHC of Nashville, Inc. 2144 Fairfax Ave Nashville, TN 37212 | 62-1310717 | 501(c)(3) | 148,506. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of New Mexico, Inc. 1011 Yale Blvd NE Albuquerque, NM 87106 | 85-0283204 | 501(c)(3) | 170,617. | 1,200. | FMV | Airline Tickets | See part IV - f b |
| RMHC of Norfolk, Inc. 404 Colley Ave Norfolk, VA 23507 | 54-1139497 | 501(c)(3) | 68,404. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of North Carolina, Inc. 8480 Honeycutt Road Suite 200 Raleigh, NC 27615 | 56-1452714 | 501(c)(3) | 460,603. | 0. | | | See part IV - f e |
| RMHC of North Central Florida, Inc. - 1600 SW 14th St. - Gainesville, FL 32608 | 59-1887896 | 501(c)(3) | 55,128. | 0. | | | See part IV - f |
| RMHC of Northeast Indiana, Inc. 11109 Parkview Plaza Drive Fort Wayne, IN 46845 | 35-1950376 | 501(c)(3) | 64,735. | 800. | FMV | Airline Tickets | See part IV - f |
| RMHC of Northeast Kansas, Inc. 825 SW Buchanan St. Topeka, KS 66606-1427 | 48-1022967 | 501(c)(3) | 31,381. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Northeast Louisiana, Inc. 200 S. Third St. Monroe, LA 71201 | 72-1022797 | 501(c)(3) | 32,048. | 800. | FMV | Airline Tickets | See part IV - f |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMHC of Northeastern Ohio, Inc. 6611 Rockside Road, Suite 105 Independence, OH 44131 | 34-1574291 | 501(c)(3) | 195,594. | 492. | FMV | Equipment | See part IV - df e |
| RMHC of Northeastern Pennsylvania, Inc. - 104 South State St. - Clarks Summit, PA 18411 | 25-1719864 | 501(c)(3) | 116,071. | 0. | | | See part IV - f e |
| RMHC of Northern California, Inc. 2555 49th Street Sacramento, CA 95817 | 68-0147193 | 501(c)(3) | 251,008. | 800. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Northwest Florida, Inc. 5200 Bayou Blvd. Pensacola, FL 32503 | 59-2172279 | 501(c)(3) | 149,537. | 1,200. | FMV | Airline Tickets | See part IV - f b |
| RMHC of Northwest Ohio, Inc. 3883 Monroe St. Toledo, OH 43606 | 34-1349742 | 501(c)(3) | 57,095. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Oklahoma City, Inc. 1301 North East 14th St. Oklahoma City, OK 73117 | 73-1103242 | 501(c)(3) | 146,292. | 1,200. | FMV | Airline Tickets | See part IV - f e d |
| RMHC of Oregon and Southwest Washington, Inc. - 2620 N. Commercial Avenue - Portland, OR 97227 | 93-0806912 | 501(c)(3) | 389,669. | 1,983. | FMV | Airline Tickets Equipment | See part IV - fd a |
| RMHC of Outstate Michigan, Inc. PO Box 534 Hudsonville, MI 49426-0534 | 38-2826089 | 501(c)(3) | 304,405. | 0. | | | See part IV - f e |
| RMHC of Phoenix, Inc. 501 E. Roanoke Ave. Phoenix, AZ 85004 | 86-0483792 | 501(c)(3) | 285,076. | 8,005. | FMV | Airline Tickets Equipment, RMHC Bags | See part IV - fd e |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMHC of Pittsburgh, Inc. 451 44th St. Pittsburgh, PA 15201 | 25-1320272 | 501(c)(3) | 187,401. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Richmond, Virginia, Inc. 2330 Monument Ave. Richmond, VA 23220 | 52-1359486 | 501(c)(3) | 110,861. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Rochester, NY, Inc. 333 Westmoreland Dr. Rochester, NY 14620 | 16-1271311 | 501(c)(3) | 55,219. | 1,932. | FMV | Airline Tickets Equipment | See part IV - fd |
| RMHC of San Antonio, Texas, Inc. 4803 Sid Katz San Antonio, TX 78229 | 74-2140528 | 501(c)(3) | 186,593. | 1,600. | FMV | Airline Tickets | See part IV - f e |
| RMHC of San Diego, Inc. 2929 Children's Way San Diego, CA 92123 | 95-3251490 | 501(c)(3) | 199,571. | 1,693. | FMV | Airline Tickets Equipment | See part IV - fd a |
| RMHC of Siouxland, Inc. 2500 Nebraska St. Sioux City, IA 51104 | 42-1369988 | 501(c)(3) | 33,516. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of South Dakota, Inc. 825 S. Lake Avenue Sioux Falls, SD 57104 | 46-0371152 | 501(c)(3) | 61,667. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of South Florida, Inc. 1145 NW 14 Terrace Miami, FL 33136 | 59-1899866 | 501(c)(3) | 286,702. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of South Louisiana, Inc. 4403 Canal Street New Orleans, LA 70119 | 72-0882569 | 501(c)(3) | 158,419. | 800. | FMV | Airline Tickets | See part IV - f e |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMHC of Southeastern Michigan, Inc. - 4707 St. Antoine Street Ste 200 - Detroit, MI 48201 | 38-2182406 | 501(c)(3) | 268,798. | 1,200. | FMV | Airline Tickets | See part IV - f b |
| RMHC of Southern Arizona, Inc. 2155 E. Allen Road Tucson, AZ 85719-1501 | 95-3526934 | 501(c)(3) | 90,824. | 7,200. | FMV | Airline Tickets RMHC Bags | See part IV - f |
| RMHC of Southern California, Inc. 4560 Fountain Avenue Los Angeles, CA 90029 | 95-3167869 | 501(c)(3) | 698,132. | 2,400. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Southern Colorado, Inc. 311 North Logan Colorado Springs, CO 80909 | 84-1013843 | 501(c)(3) | 53,296. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Southern West Virginia, Inc. - 910 Pennsylvania Ave. - Charleston, WV 25302 | 55-0631080 | 501(c)(3) | 84,630. | 800. | FMV | Airline Tickets | See part IV - f |
| RMHC of Southwest Florida, Inc. 16100 Roserush Court Fort Myers, FL 33908 | 11-3704163 | 501(c)(3) | 125,930. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Southwest Virginia, Inc. 2224 S. Jefferson St. Roanoke, VA 24014 | 54-1244769 | 501(c)(3) | 72,463. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Spokane, Inc. 1015 W. 5th Avenue Spokane, WA 99204-3001 | 91-1176115 | 501(c)(3) | 109,423. | 2,078. | FMV | Airline Tickets Equipment | See part IV - fd |
| RMHC of St. Louis, Inc. 3450 Park Avenue St. Louis, MO 63104 | 43-1160478 | 501(c)(3) | 120,836. | 2,575. | FMV | Airline Tickets Equipment | See part IV - fd |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMHC of Tallahassee, Inc. 712 East 7th Avenue Tallahassee, FL 32303 | 59-2794505 | 501(c)(3) | 56,433. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Tampa Bay, Inc. 35 Davis Blvd Tampa, FL 33606 | 59-1835985 | 501(c)(3) | 384,808. | 2,000. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Temple, Texas, Inc. 2415 South 47th St. Temple, TX 76504 | 74-2345274 | 501(c)(3) | 64,245. | 2,400. | FMV | Airline Tickets | See part IV - f e |
| RMHC of Texarkana, Inc. 2015 Galleria Oaks Drive Texarkana, TX 75503 | 75-2561173 | 501(c)(3) | 9,144. | 0. | | | See part IV - f |
| RMHC of the Bay Area, Inc. 520 Sand Hill Rd Palo Alto, CA 94304-2001 | 94-3083711 | 501(c)(3) | 305,830. | 0. | | | See part IV - f e |
| RMHC of the Bluegrass, Inc. PO Box 22414 Lexington, KY 40522-2414 | 61-0986164 | 501(c)(3) | 83,173. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of the Capital Region, Inc. 139 S. Lake Avenue Albany, NY 12208-3256 | 22-2356004 | 501(c)(3) | 112,707. | 1,600. | FMV | Airline Tickets | See part IV - f |
| RMHC of the Carolinas, Inc. 706 Grove Rd Greenville, SC 29605 | 57-0844123 | 501(c)(3) | 105,246. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of the Central Valley, Inc. 9161 Randall Way Madera, CA 93638 | 94-2864490 | 501(c)(3) | 84,475. | 1,200. | FMV | Airline Tickets | See part IV - f |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMHC of the Coastal Empire, Inc. 4710 Waters Ave. Savannah, GA 31404 | 58-1630107 | 501(c)(3) | 70,331. | 800. | FMV | Airline Tickets | See part IV - f |
| RMHC of the Four States, Inc. 3402 South Jackson Joplin, MO 64804 | 43-1758397 | 501(c)(3) | 119,112. | 400. | FMV | Airline Tickets | See part IV - f b |
| RMHC of the Intermountain Area, Inc. - 935 East South Temple - Salt Lake City, UT 84102-1411 | 74-2386043 | 501(c)(3) | 265,063. | 1,200. | FMV | Airline Tickets | See part IV - f b |
| RMHC of the Miami Valley Region, Inc. - 555 Valley St. - Dayton, OH 45404 | 31-0964793 | 501(c)(3) | 166,478. | 800. | FMV | Airline Tickets | See part IV - f b |
| RMHC of the New York Tri-State Area, Inc. - 111 Wood Ave South, Ste 400 - Iselin, NJ 08830 | 22-3188156 | 501(c)(3) | 756,358. | 0. | | | See part IV - f e |
| RMHC of the Ohio Valley, Inc. 3540 Washington Avenue Evansville, IN 47714 | 35-1748468 | 501(c)(3) | 62,843. | 800. | FMV | Airline Tickets | See part IV - f |
| RMHC of the Ozarks, Inc. 949 E. Primrose St. Springfield, MO 65807-5257 | 43-1371143 | 501(c)(3) | 75,973. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of the Philadelphia Region, Inc. - C/O Tierney 200 South Broad Street, 10th Fl - Philadelphia, PA 19102 | 23-2705170 | 501(c)(3) | 385,391. | 0. | | | See part IV - f e |
| RMHC of the Red River Valley, Inc. 1330 18th Avenue South Fargo, ND 58103 | 45-0365598 | 501(c)(3) | 253,808. | 1,200. | FMV | Airline Tickets | See part IV - f a |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMHC of the Rio Grande Valley, Texas, Inc. - 1720 Treasure Hills Blvd - Harlingen, TX 78550 | 74-2656780 | 501(c)(3) | 124,766. | 1,177. | FMV | Airline Tickets Equipment | See part IV - fd e |
| RMHC of the Southwest, Inc. 3413 - 10th Street Lubbock, TX 79415 | 75-1915179 | 501(c)(3) | 92,670. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC of TriState, Inc. 240 Berger Road Paducah, KY 42001 | 61-1224406 | 501(c)(3) | 53,340. | 0. | | | See part IV - f |
| RMHC of Tulsa, Inc. 6102 S. Hudson Ave. Tulsa, OK 74136-2020 | 73-1313892 | 501(c)(3) | 66,948. | 1,693. | FMV | Airline Tickets Equipment | See part IV - fd |
| RMHC of West Georgia, Inc. 1959 Hamilton Rd. Columbus, GA 31904 | 58-2065776 | 501(c)(3) | 38,246. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Western Montana 3003 Fort Missoula Rd. Missoula, MT 59804 | 47-2261447 | 501(c)(3) | 40,347. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC of Western New York, Inc. 780 W. Ferry St. Buffalo, NY 14222 | 22-2438932 | 501(c)(3) | 61,584. | 800. | FMV | Airline Tickets | See part IV - f |
| RMHC of Western Washington & Alaska, Inc. - 5130 40th Avenue NE - Seattle, WA 98105-3055 | 91-1061043 | 501(c)(3) | 235,914. | 1,600. | FMV | Airline Tickets | See part IV - f |
| RMHC of Western WI & Southeastern MN, Inc. - 2700 National Drive, Suite 100 - Onalaska, WI 54650 | 39-1794402 | 501(c)(3) | 82,231. | 0. | | | See part IV - f e |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RMHC of Wichita, Inc. 1110 N. Emporia Wichita, KS 67214-2863 | 48-0918101 | 501(c)(3) | 66,539. | 1,200. | FMV | Airline Tickets | See part IV - f |
| RMHC, Northern Nevada, Inc. 323 Maine Street Reno, NV 89502 | 94-2863819 | 501(c)(3) | 114,970. | 1,200. | FMV | Airline Tickets | See part IV - f e |
| RMHC, Upper Midwest, Inc. 818 Fulton St SE Minneapolis, MN 55414 | 41-1313107 | 501(c)(3) | 310,889. | 1,200. | FMV | Airline Tickets | See part IV - f |
| Southern Appalachian RMHC, Inc. 418 N. State of Franklin Rd. Johnson City, TN 37604 | 62-1578123 | 501(c)(3) | 55,892. | 0. | | | See part IV - f |
| Yakima Valley Farm Workers Clinic 601 North Keys Road Yakima, WA 98901 | 91-1019392 | 501(c)(3) | 0. | 451,433. | FMV | Care Mobile | See part IV - c |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| Multi-year college scholarships for students of Hispanic descent | 16 | 378,852. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Part I, Line 2:

Chapters are required to submit audited financial statements that support the use of the funds granted. All other grantees are required to submit a performance/outcomes report on the anniversary of their award date. This report includes a program budget and detailed accounting of the use of the funds.

RMHC requires scholarship assistance to be sent directly to the educational institution selected by the scholarship recipient. The educational institution must provide annual class transcripts as proof of enrollment,

Part IV Supplemental Information

and provide proof that the scholarship recipient remained in good standing

with the educational institution throughout the year.

Part II, Column (h), Purpose of Grant:

(a) New and expanding Ronald McDonald House programs and ongoing operating support

(b) New Ronald McDonald Family Room programs

(c) Build and support Ronald McDonald Care Mobile Units

(d) Capacity Building grants to Chapters

(e) Matching funds to increase Chapter scholarship programs

(f) General operating support for Chapters

(g) Grants to improve the health and well-being of children

Part II, Column (g), Description of non-cash assistance:

RMHC received a donation of airline tickets from Southwest Airlines

during 2017, and the majority of the tickets were donated to the

Chapters for general operating support.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **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 the latest information.**

Name of the organization: **Ronald McDonald House Charities, Inc.** Employer identification number: **36-2934689**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 11 | 186,269 | Market quotations |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (Airline tickets) | X | 1 | 160,000 | FMV |
| 26 Other (Auction items) | X | 103 | 153,425 | FMV/Sales Price |
| 27 Other () | | | | |
| 28 Other () | | | | |

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

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2017

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

Schedule M, Part I, Column (b):

RMHC is reporting the number of contributions received from donors, not the number of items received.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

| | |
|---|--|
| 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 Charity's day-to-day operations are run

by employees of McDonald's Corporation, whose time is donated to RMHC.

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 3, Changes in Program Services:

RMHC discontinued its support of its scholarship programs at the end of

2017 in order to deepen its focus on building capacity of its local

Chapters and supporting core programs around the world.

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 \$2,095,067 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

\$1,353,420 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 or 990-EZ) (2017)

732211 09-07-17

| | |
|---|--|
| 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 \$1,515,961. 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 \$26,430,890:

(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)Scholarship Programs: RMHC developed and supported four scholarship

programs: RMHC/HACER, RMHC/ASIA, RMHC/Future Achievers, and RMHC

Scholars that assisted graduating high school seniors with their first

year of college or university education. RMHC also directly matched

scholarships awarded by U.S. Chapters through these programs. RMHC

discontinued its support of the scholarship programs at the end of 2017

in order to deepen its focus on building capacity of its local Chapters

and supporting core programs around the world.

| | |
|---|--|
| Name of the organization Ronald McDonald House Charities, Inc. | Employer identification number 36-2934689 |
|---|--|

(c) 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:

-Andrew J. McKenna, Sheila Musolino, Rick Hernandez, Steve Easterbrook, and Spero Droulias, who are McDonald's Officers and Trustees, have business relationships with each other and with the following McDonald's employees, licensees, and suppliers: Stacey Bifero, Janet Burton, Kelly Dolan, Fred Huebner, Adele Jamieson, Sheldon Lavin, Theodore Perlman, Steven M. Ramirez, J. Christopher Reyes, Alex Rodriguez, Eduardo Sanchez, Gay Simplot, Jennifer Smith, Wayne Stingley.

-Andrew J. McKenna has a business relationship with Michelle Stephenson.

-J. Christopher Reyes 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 Controller 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

| | |
|---|--|
| Name of the organization Ronald McDonald House Charities, Inc. | Employer identification number 36-2934689 |
|---|--|

to RMHC. Potential conflicts are logged with and monitored by the Secretary of the Board and reviewed by a committee of the Board. Interested parties are not allowed to participate in Board discussions or vote on corresponding related party matters.

Form 990, Part VI, Section B, Line 15:

RMHC does not have any employees and does not compensate any Trustees or Officers. As a result, per the Form 990 instructions, questions 15a and 15b, which relate to the process for determining compensation, are marked "No."

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL, AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OK, OR, PA, RI, SC
TN, UT, WV, WI

Form 990, Part VI, Section C, Line 18:

RMHC posts copies of its Form 990 and Form 990-T 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. However, it does not have legal control over these Chapters.

Each Chapter must separately incorporate under the laws of its own

| | |
|---|--|
| Name of the organization Ronald McDonald House Charities, Inc. | Employer identification number 36-2934689 |
|---|--|

state or country and obtain "charitable tax exempt" status (or the equivalent) under the laws of its own country.

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 XI, line 9, Changes in Net Assets:

| | |
|---|----------|
| Recoveries of prior year grants | 383,109. |
| Loss on cash surrender value of insurance | -16,906. |
| Total to Form 990, Part XI, Line 9 | 366,203. |

Form 990, Donated Goods and Services:

RMHC receives support from McDonald's Corporation (McDonald's) consisting of the free use of its facilities, equipment, materials, and 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 2017, the total amount that was excluded from Form 990 was \$4,687,137, of which

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization Ronald McDonald House Charities, Inc. Employer identification number 36-2934689

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| Ronald McDonald House Charities Russia, Inc. 26 Valovaya St Moscow, RUSSIA 115054 | Operate a Ronald McDonald House for families with sick children | Russia | 501(c)(3) | | Ronald McDonald House Charities, Inc. | X | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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

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

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning, 2017, and ending, 20

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
C Book value of all assets at end of year

Name of organization () Check box if name changed and see instructions.
RONALD MCDONALD HOUSE CHARITIES, INC.
Number, street, and room or suite no. If a P.O. box, see instructions.
110 N CARPENTER ST
City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60607-2101

D Employer identification number
36-2934689
E Unrelated business activity codes
523000

F Group exemption number (See instructions.)
G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. LIMITED PARTNERSHIP INVESTMENT
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No

J The books are in care of STACEY BIFERO Telephone number (630) 623-7048

Part I Unrelated Trade or Business Income table with columns (A) Income, (B) Expenses, (C) Net. Rows 1a-13 including Total.

Part II Deductions Not Taken Elsewhere table with rows 14-34 including Total deductions and Unrelated business taxable income.

Part III Tax Computation

| | |
|---|----------------|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <u>2,203</u> (2) \$ _____ (3) \$ _____ | |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ | |
| c Income tax on the amount on line 34. ▶ | 35c 330 |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). ▶ | 36 |
| 37 Proxy tax. See instructions ▶ | 37 |
| 38 Alternative minimum tax ▶ | 38 |
| 39 Tax on Non-Compliant Facility Income. See instructions ▶ | 39 |
| 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies ▶ | 40 330 |

Part IV Tax and Payments

| | | |
|--|------------|-------|
| 41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). | 41a | |
| b Other credits (see instructions). | 41b | |
| c General business credit. Attach Form 3800 (see instructions) | 41c | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827). | 41d | |
| e Total credits. Add lines 41a through 41d | 41e | |
| 42 Subtract line 41e from line 40. | 42 | 330 |
| 43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 43 | |
| 44 Total tax. Add lines 42 and 43. | 44 | 330 |
| 45 a Payments: A 2016 overpayment credited to 2017 | 45a | 3,149 |
| b 2017 estimated tax payments | 45b | |
| c Tax deposited with Form 8868. | 45c | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 45d | |
| e Backup withholding (see instructions) | 45e | |
| f Credit for small employer health insurance premiums (Attach Form 8941) | 45f | |
| g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶ | 45g | |
| 46 Total payments. Add lines 45a through 45g | 46 | 3,149 |
| 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. ▶ <input type="checkbox"/> | 47 | |
| 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed ▶ | 48 | |
| 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶ | 49 | 2,819 |
| 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ <u>2,819</u> Refunded ▶ | 50 | |

Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | |
|--|-----|----|
| 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ | Yes | No |
| | | X |
| 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ | | |

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 taxpayer) is based on all information of which preparer has any knowledge.

| | | | | |
|--------------------|---|---|--|---|
| Sign Here ▶ | <i>Stacy Bpo</i> Signature of officer | <u>15/3/18</u> Date | CONTROLLER Title | May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Paid Preparer Use Only | Print/Type preparer's name FELICIA BULLOCK | Preparer's signature <i>Felicia Bullock</i> | Date 5/2/18 |
| | Firm's name ▶ FYB CONSULTING | Firm's EIN ▶ 47-2011502 | Check <input checked="" type="checkbox"/> if self-employed | PTIN P01070744 |
| | Firm's address ▶ 800 E. 14TH, LOMBARD, IL 60148 | Phone no. (630) 373-5150 | | |

Investment Interest Expense Deduction

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4952 for the latest information.

▶ Attach to your tax return.

2017

Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

RONALD MCDONALD HOUSE CHARITIES, INC.

36-2934689

Part I Total Investment Interest Expense

| | | |
|--|----------|-----|
| 1 Investment interest expense paid or accrued in 2017 (see instructions) | 1 | |
| 2 Disallowed investment interest expense from 2016 Form 4952, line 7 | 2 | 171 |
| 3 Total investment interest expense. Add lines 1 and 2. | 3 | 171 |

Part II Net Investment Income

| | | | | |
|---|-----------|-----|-----|--|
| 4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) | 4a | 323 | | |
| b Qualified dividends included on line 4a | 4b | | | |
| c Subtract line 4b from line 4a. | 4c | | 323 | |
| d Net gain from the disposition of property held for investment | 4d | | | |
| e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions). | 4e | | | |
| f Subtract line 4e from line 4d. | 4f | | | |
| g Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions). | 4g | | | |
| h Investment income. Add lines 4c, 4f, and 4g | 4h | | 323 | |
| 5 Investment expenses (see instructions) | 5 | | 505 | |
| 6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0- | 6 | | 0 | |

Part III Investment Interest Expense Deduction

| | | |
|---|----------|-----|
| 7 Disallowed investment interest expense to be carried forward to 2018. Subtract line 6 from line 3. If zero or less, enter -0- | 7 | 171 |
| 8 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions | 8 | |

For Paperwork Reduction Act Notice, see page 4.

Form **4952** (2017)

Ronald McDonald House Charities, Inc.

36-2934689

FYE: 12/31/2017

Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from partnerships and S-corporations

| <u>Name of Partnership or S-Corp</u> | <u>Gross Income</u> | <u>Direct Deductions (Part. Only)</u> | <u>Net Income</u> |
|---|---------------------|---|-------------------|
| Madison Dearborn Capital Partners V-B, L.P. | \$ 32,151 | \$ 22,448 | \$ 9,703 |
| Total | <u>\$ 32,151</u> | <u>\$ 22,448</u> | <u>\$ 9,703</u> |

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

| <u>Description</u> | <u>Amount</u> |
|--------------------|-----------------|
| Professional Fees | \$ 6,500 |
| Total | <u>\$ 6,500</u> |