Form **9** 

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

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

Dep Inter	artment o	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and t	-	•	Open to Public Inspection
			ar year, or tax year beginning and	ending		•
в	Check if applicab	C Name o	forganization	-	D Employer identifie	cation number
	Addre chang	Ronald	McDonald House Charities, Inc.			
	Name		usiness as		36-2934689	
	Initial			Room/suite	E Telephone number	r
	Final return	110 N	Carpenter St.	i i o o i i i o o i i o o i i o	630-623-7048	
	termir ated	1-	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	112,429,292.
	Amen return	ded Chicao	ro, IL 60607-2101		H(a) Is this a group re	eturn
	Applic tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: Katie Fitzgerald		for subordinates	
	pendi		C above		H(b) Are all subordinates in	
I	Tax-ex	empt status: [	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
	Websi		hc.org		H(c) Group exemption	n number
			X Corporation Trust Association Other	L Year	of formation: 1977	State of legal domicile: IL
Ρ	art I	Summary				
a	1		be the organization's mission or most significant activities: Create		support programs	
Ö		that impro	ve the health and well-being of children and famil	ies		
Governance	2	Check this bo	5	ed of more	than 25% of its net ass	
300	3					21
ي م	2 4		lependent voting members of the governing body (Part VI, line 1b)			21
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)			0
iti i	6		of volunteers (estimate if necessary)			125
∆c†	6 7a					0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
ē	8		and grants (Part VIII, line 1h)		77,176,213.	75,286,529.
Revenue	9		ce revenue (Part VIII, line 2g)			-
Be	5 10		come (Part VIII, column (A), lines 3, 4, and 7d)		13,218,968.	4,770,011. -480,379.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		90,370,860.	79,576,161.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		48,674,708.	42,146,061.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)			42,140,001.
	40		to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Exnenses	162		undraising fees (Part IX, column (A), line 11e)		249,189.	250,731.
- Dec			ing expenses (Part IX, column (D), line 25) $6,544,7$		,	
ž	آ 17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		21,139,799.	24,623,174.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		70,063,696.	67,019,966.
	19		expenses. Subtract line 18 from line 12		20,307,164.	12,556,195.
or					ginning of Current Year	End of Year
Net Assets or	21 20	Total assets (F	Part X, line 16)		229,404,695.	212,337,428.
Ass	21	-	s (Part X, line 26)		11,470,490.	10,885,923.
Net	22		fund balances. Subtract line 21 from line 20		217,934,205.	201,451,505.
Ρ	art II	Signature				
Und	der pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true	e, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	

	Stacey	Bifero		5/	10/2023		
Sign	Signature of Øffi	icer ()		Date			
Here	Stacey Bife	ro, Chief Financial Office	r				
	Type or print na	me and title					
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN	
Paid	Lindsey Pig	g	andrey Mgg	5/10/2023	S self-employed	₽01268923	
Preparer	Firm's name	Ernst & Young U.S. LLP	8	Firm	's EIN 36-	-6565596	
Use Only	Firm's address	155 North Wacker Drive					
		Chicago, IL 60606		Phor	ne no.312-81	79-2000	
May the IF	RS discuss this	return with the preparer shown abo	ve? See instructions			X Yes	No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	rt 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.		
0	Did the exercise tion undertake any eignificant preason can icco during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the		es 🛛 No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
2			es 🛛 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expense	s, and
	revenue, if any, for each program service reported.	·	,
4a			0.
	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)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4c			
	Other program services (Describe on Schedule O.)	)	
4d 4e	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$	)	m <b>990</b> (2022

Ronald McDonald House Charities, Inc. Form 990 (2022) Ronald McDonald Ho Part IV Checklist of Required Schedules

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

232003 12-13-22

2022.03040 RONALD MCDONALD HOUSE CHA RMHC\_

3

\_\_1

Earm	000	(2022)
Form	990	(2022

Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		^ _
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		^ _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34	x	
35a	Part V, line 1	35a	x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 44	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>		
	(gambling) winnings to prize winners?	1c		(00000)
232004	<b>4</b>	⊢orm	990	(2022
	7			

Form Par	990 (2022) Ronald McDonald House Charities, Inc. 36-293468 tV Statements Regarding Other IRS Filings and Tax Compliance (continued)	39	P	<sub>age</sub> 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Tes	NO
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
14a		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	12-13-22	Form	1 <b>990</b>	(2022)

	990 (2022) Ronald McDonald House Charities, Inc.			6-29346		P	age (
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th				a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	nstruction	S.			
	Check if Schedule O contains a response or note to any line in this Part VI						Х
ec	tion A. Governing Body and Management						
			l			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		21	-		
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		21	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		•				
_	officer, director, trustee, or key employee?				2	X	
3	Did the organization delegate control over management duties customarily performed by or under the		•				
					3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99		-		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•					
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	,	0				
а	The governing body?				<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue	Code.)				
_						Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates	,			
_					10b	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	e filing the	e form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				v	
_	on Schedule O how this was done	•••••			12c	X X	
3	Did the organization have a written whistleblower policy?				13		
4	Did the organization have a written document retention and destruction policy?				14	X	
5	Did the process for determining compensation of the following persons include a review and approval	l by inc	lependen	t			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						77
	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wi	th a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•	•	n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed See Schedule 0		- /				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-	I (section	n 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain						
_	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest	policy, an	d finano	cial	
9							
9	statements available to the public during the tax year.						
9 0	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records				
	State the name, address, and telephone number of the person who possesses the organization's boo Stacey Bifero - 847-363-8451	ks and	records				
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records			990	

10

Ronald McDonald House Charities, Inc.

Page 6

36-2934689

Form 990 (2022)	Ronald McDonald House Charities, Inc.	36-2934689 Page <b>7</b>
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees, Highe	est Compensated
Employee	es, and Independent Contractors	
Check if Sch	edule O contains a response or note to any line in this Part VII	X
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete this table f	or all persons required to be listed. Report compensation for the calendar year	ending with or within the organization's tax year.

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Name and title         Average hours per veck (strary, box for veck box mark stream, stream, box mark         Description mode and stream, stream, box mark         Reportable compensation from organization (W2/1099-MISC)         Estimated compensation from organization (W2/1099-MISC)         Estimated compensation rom the organization (W2/1099-MISC)         Estimated compensation rom the organization           (1) Alex Dimitrief         1.00         X         0         0.0 </th <th>(A)</th> <th>(B)</th> <th></th> <th></th> <th>(</th> <th>C)</th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)			(	C)			(D)	(E)	(F)
hours per weak (ist any hours for related organizations         compensation from related organizations         compensation related organizations         compensation related organizations         amount of other compensation (W2/1009-MISC/ 1099-NEC)         amount of other compensation           (1) Alex Dimitrief         1.00         x         0         0.         <			age Position (do not check more than one								
Week (list ary number of the second organizations below line)         Interfer (list ary number of the second organizations (w2/1098-MISC)         Interfer (m2/1098-MISC)         Compensation organizations (w2/1098-MISC)         Compensations organizations (w2/1098-MISC)           (1) Alex Dimitrief         1.00         x         0         0.<			box	, unle	ss pe	rson i	s both	n an		·	
(1) Alex Dimitrief       1.00       x       0.00       x       0.00       x       0.00		week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
(1) Alex Dimitrief       1.00       x       0.00       x       0.00       x       0.00		· · ·	ector							-	•
(1) Alex Dimitrief       1.00       x       0.00       x       0.00       x       0.00			or dir	e			ated				
(1) Alex Dimitrief       1.00       x       0.00       x       0.00       x       0.00			Istee	truste		÷	bens			1099-NEC)	-
(1) Alex Dimitrief       1.00       x       0.00       x       0.00       x       0.00			ual tri	ional		ploye	t com		1099-NEC)		
(1) Alex Dimitrief       1.00       x       0.00       x       0.00       x       0.00			ndivid	nstitut	Officer	ley em	Highes	ormei			organizations
(2) Andrew J. McKenna       1.00       X       0 </td <td>(1) Alex Dimitrief</td> <td>,</td> <td></td> <td></td> <td></td> <td>Ť</td> <td>1 - 0</td> <td></td> <td></td> <td></td> <td></td>	(1) Alex Dimitrief	,				Ť	1 - 0				
Trustee         0.00         X         0.         0.         0.         0.           (3) Chris Kempzinski         1.00         0.00         X         0.00         0.         0.           Trustee         0.00         X         0.00         0.         0.         0.           Trustee         0.00         X         0.         0.         0.         0.           Trustee         0.00         X         0.         0.         0.         0.           (6) Bduardo Sanchez         1.00         X         0.         0.         0.         0.           Trustee, Treasurer         0.00         X         X         0.         0.         0.           (7) Grace Fung Oei         1.00         Trustee         0.00         X         0.         0.         0.           Trustee         0.00         X         0.         0.         0.         0.         0.           Trustee         0.00         X         0.         0.         0.         0.         0.           Trustee         0.00         X         0.         0.         0.         0.         0.           Trustee         0.00         X         0.<	Trustee	0.00	х						٥.	0.	0.
(3)         Chris Kempczinski         1.00         x         0. <td>(2) Andrew J. McKenna</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) Andrew J. McKenna	1.00									
Trustee         0.00         X         0.         0.         0.         0.           (4) David C, Herman, MD         1.00         X         0.00         X         0.         0.         0.           Trustee         0.00         X         0.         0.         0.         0.         0.           Trustee         Trustee, Treasurer         0.00         X         X         0.         0.         0.           (6) Ginger Hardage         1.00         X         X         0.         0.         0.         0.           (7) Grace Fung Oei         1.00         X         X         0.         0.         0.         0.           (8) J. Christopher Reyes         1.00         X         0. <t< td=""><td>Trustee</td><td>0.00</td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	Trustee	0.00	х						0.	0.	0.
(4) David C. Herman, MD       1.00       0.00	(3) Chris Kempczinski	1.00									
Trustee         0.00         X         0         0.         0.         0.         0.           (5) Eduardo Sanchez         1.00         X         X         0.0         0.0         0.0           Trustee, Treasurer         0.00         X         X         0.0         0.0         0.0           Trustee, Chairman         0.00         X         X         0.0         0.0         0.0           Trustee, Chairman         0.00         X         X         0.0         0.0         0.0           (7) Grace Fung Oei         1.00         X         X         0.0         0.0         0.0           Trustee         0.000         X         X         0.0         0.0         0.0           Trustee         0.000         X         0.0         0.0         0.0         0.0           (10) Jan Fields         1.00         X         0.0         0.0         0.0         0.0           Trustee         0.000         X         0.0         0.0         0.0         0.0           (11) Javier C. Goizueta         1.00         X         0.0         0.0         0.0         0.0           Trustee         0.000         X         0.0	Trustee	0.00	х						٥.	0.	0.
(5) Eduardo Sanchez       1.00       X       X       0.       0.       0.       0.         Trustee, Treasurer       0.00       X       X       0.       0.       0.       0.         (6) Ginger Hardage       1.00       X       X       0.       0.       0.       0.         Trustee, Chairman       0.00       X       X       0.       0.       0.       0.         (7) Grace Fung Oei       1.00       X       0.       0.       0.       0.       0.         (8) J. Christopher Reyes       1.00       X       0. <t< td=""><td>(4) David C. Herman, MD</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(4) David C. Herman, MD	1.00									
Trustee, Treasurer         0.00         X         X         0.         0.         0.           (6) Ginger Hardage         1.00         X         X         0.         0.         0.           Trustee, Chairman         0.00         X         X         0.         0.         0.           (7) Grace Fung Oei         1.00         X         X         0.         0.         0.           Trustee         0.00         X         0.         0.         0.         0.           (8) J. Christopher Reyes         1.00         X         0.         0.         0.         0.           Trustee         0.00         X         0.         0.         0.         0.         0.           (10) Jan Fields         1.00         X         0.         0.         0.         0.           Trustee         0.00         X         0.         0.         0.         0.         0.           (11) Javier C. Goizueta         1.00         X         0.         0.         0.         0.           Trustee         0.00         X         0.         0.         0.         0.         0.           (12) Jeffrey Davis         1.00         X	Trustee		Х						٥.	0.	0.
(6) Ginger Hardage       1.00       X       X       0.       0.       0.         Trustee, Chairman       0.00       X       X       0.       0.       0.         (7) Grace Fung Oei       1.00       X       0.       0.       0.       0.         (7) Grace Fung Oei       1.00       X       0.       0.       0.       0.         (8) J. Christopher Reyes       1.00       X       0.       0.       0.       0.         Trustee       0.000       X       0.       0.       0.       0.       0.         (10) Jan Fields       1.00       X       0.       0.       0.       0.       0.         Trustee       0.000       X       0.       0.       0.       0.       0.       0.         Trustee       0.000       X       0.       0.       0.       0.       0.       0.         Trustee       0.000       X       0.       0.       0.       0.       0.       0.         (12) Jeffrey Davis       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. </td <td>(5) Eduardo Sanchez</td> <td></td>	(5) Eduardo Sanchez										
Trustee, Chairman         0.00         X         X         0.         0.         0.         0.           (7)         Grace Fung Oei         1.00         X         X         0.         0.         0.         0.           Trustee         0.00         X         X         0.         0.         0.         0.           Trustee         0.00         X         0.         0.         0.         0.         0.           Trustee         0.00         X         0.         0.         0.         0.         0.           (9)         James D. Watkins         1.00         X         0.         0.         0.         0.         0.           Trustee         0.00         X         0.		0.00	Х		Х				0.	0.	0.
(7) Grace Fung Oei       1.00       x       0.00 x       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(6) Ginger Hardage										
Trustee         0.00         x         0.         0.         0.         0.           (8) J. Christopher Reyes         1.00         x         0.         0.         0.         0.           Trustee         0.00         x         0.         0.         0.         0.         0.           (9) James D. Watkins         1.00         x         0.         0.         0.         0.         0.           Trustee         0.00         x         0.         0.         0.         0.         0.         0.           (10) Jan Fields         1.00          0.	Trustee, Chairman		Х		Х				0.	0.	0.
(8) J. Christopher Reyes       1.00       x       0.00       x       0.00       0.00       0.00         Trustee       0.00       x       0.00       0.00       0.00       0.00       0.00         (9) James D. Watkins       1.00       x       0.00	(7) Grace Fung Oei										
Trustee         0.00         X         0         0. <t< td=""><td></td><td>-</td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		-	Х						0.	0.	0.
(9) James D. Watkins       1.00       x       0.00       0.	(8) J. Christopher Reyes										
Trustee         0.00         X         0         0.         0.         0.         0.           (10) Jan Fields         1.00         X         0.00         X         0.         0.         0.         0.           Trustee         0.00         X         0. <td< td=""><td>Trustee</td><td>-</td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	Trustee	-	Х						0.	0.	0.
(10) Jan Fields       1.00       X       0       0.00       X         Trustee       0.00       X       0       0.00       0.00         (11) Javier C. Goizueta       1.00       X       0.00       0.00       0.00         Trustee       0.00       X       0       0.00       0.00       0.00         (12) Jeffrey Davis       1.00       X       0.00       0.00       0.00       0.00         Trustee       0.00       X       0       0.00       0.00       0.00       0.00         (13) Laura Schumacher       1.00       X       0.00 <td>(9) James D. Watkins</td> <td></td>	(9) James D. Watkins										
Trustee       0.00       X       0       0.		-	Х						0.	0.	0.
(11) Javier C. Goizueta       1.00       0.00	(10) Jan Fields	1.00									
Trustee       0.00       X       0.		0.00	Х						0.	0.	0.
(12) Jeffrey Davis       1.00       X       0       0.00       X       0.00	(11) Javier C. Goizueta										
Trustee       0.00       X       0       0.	Trustee	0.00	Х						0.	0.	0.
(13) Laura Schumacher         1.00         X         0         0. </td <td>(12) Jeffrey Davis</td> <td></td>	(12) Jeffrey Davis										
Trustee       0.00       X       0       0.			Х						0.	0.	0.
(14) Mats Lederhausen       1.00       X       0       0. <t< td=""><td>(13) Laura Schumacher</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(13) Laura Schumacher										
Trustee         0.00         X         0         0.00         0.	Trustee		Х						0.	0.	0.
(15) Michael Thompson         1.00         X         0         0.00         X         0.00	(14) Mats Lederhausen										
Trustee         0.00         X         0         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
Michelle Stephenson         1.00         0.00 </td <td>(15) Michael Thompson</td> <td></td>	(15) Michael Thompson										
Trustee         0.00         X         0.         <			Х						0.	0.	0.
(17) Nicole Harper Rawlins         1.00         0.000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.0000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.0000000         0.00000000         0.00000000         0.000000000         0.000000000000         0.0000000000000000000000         0.00000000000000000000000000000000000	-										
Trustee 0.00 X 0. 0. 0.		-	Х						0.	0.	0.
	Trustee	0.00	Х						0.	0.	

232007 12-13-22

Form 990 (2022)

10180510 150029 RMHC

Form 990 (2022) Ronald McDona				/					36-29346	89 Page <b>8</b>
Part VII Section A. Officers, Directors, Trust (A) Name and title	tees, Key Emp (B) Average hours per	(do	not cl	(C Pos heck	<b>C)</b> ition		one	ompensated Employee (D) Reportable compensation	<u>s (continued)</u> (E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)				irecto	Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(18) Rick Hernandez	1.00	v							0	
Trustee (19) Stuart E. Siegel, MD	0.00	X						0.	0.	0.
Trustee	0.00	х						0.	0.	0.
(20) Theodore Perlman	1.00									
Trustee	0.00	х						0.	0.	0.
(21) Wayne Stingley	1.00									
Trustee	0.00	х						0.	0.	0.
<pre>(22) Janet Burton Chief Operating Officer (until 6/22)</pre>	40.00			x				0	0	0
(23) Rodney Jordan	0.00 40.00			~				0.	0.	0.
Chief Operating Officer (from 6/22)	0.00			x				0.	0.	0.
(24) Joanna Sabato	40.00									
Chf. Mktg. & Dev. Officer	0.00			х				0.	0.	0.
(25) Kelly Dolan	40.00									
President and CEO (until 7/22)	0.00			х				0.	0.	0.
(26) Manish Yadav	4.00									
Secretary (until 3/22)	0.00			X				0.	0. 0.	· · · ·
1b Subtotal c Total from continuation sheets to Part VII								0.	0.	· · · · ·
d Total (add lines 1b and 1c)								0.	0.	· · · ·
2 Total number of individuals (including but no								ceived more than \$100.	000 of reportable	-
compensation from the organization						,		,		0
<ul> <li>3 Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i></li> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	uch individual m of reportabl 0,000? If "Yes,	 e co " co	mpe mple	ensa ete S	tion Sche	and and	oth oth	er compensation from t	he organization	Yes         No           3         X           4         X
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com							elate	ed organization or individ	lual for services	5 X
Section B. Independent Contractors	<u>Diete Scheoule</u>	<u>, J 1</u>	or su	icn i	bers	on .				3
1 Complete this table for your five highest con the organization. Report compensation for t										ation from
(A)	ne calendar ye		nui	iy w				(B)		(C)
Name and business	address							Description of s	ervices	Compensation
Integrigo, LLC, 11 Court Street, Suit	.e						Γ	Oonation Box Manag	ement and	
280, Exeter, NH 03833							C	Collection		3,724,956.
McDonald's Corporation										
110 N Carpenter, Chicago, IL 60607								Professional servi	ces	2,839,333.
The Regents of The University of Cali 2200 University Ave, Berkeley, CA 947							F	Research		999,670.
Capgemini America, Inc, 400 Broadacre	es						ī	Vebsite and techno	logy	
Drive, Suite 410, Bloomfield, NJ 0700	) 3						c	consulting		736,202.
The Narrative Group, LLC, 19 West 21s								Advertising and pr	omotional	
Street, Suite 601, New York, NY 10010								services		559,500.
2 Total number of independent contractors (ir	•	ot lin	nitec	to to	thos 25		ted	above) who received mo	ore than	
\$100,000 of compensation from the organiz See Part VII, Section A Continu		ts			4.					Form <b>990</b> (2022)

232008 12-13-22

Form 990 Ronald McDon				-					36-29346	589
Part VII Section A. Officers, Directors, Tr		nplo I	yee			ligh	est (			(=)
(A) Name and title	<b>(B)</b> Average hours	(cl	neck	Pos	<b>C)</b> ition that		ly)	(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) Angela Steele	4.00									
Secretary (from 4/22)	0.00			х				0.	0.	0
(28) Stacey Bifero	40.00									
Chief Financial Officer	0.00	-		X				0.	0.	0
		-								
		-								
		-								
		-								
Total to Part VII, Section A, line 1c	•					•				

232201 04-01-22

4         Income from investment of tax-exempt bond proceeds	Form	1 990			use Charities,	Inc.		36-293468	9 Page <b>9</b>
Constraint         Total revenue         Petited or sevents function revenue         Petited or sevents function revenue         Period & Bar Discrete College function revenue           1 a Federated campaigns         13         197, 940.         Unrelated to 2, 017, 292.         Discrete College function revenue         Period & State function r	Pa	rt VI	III Statement of Revenu	le					
Total revenue         Predeted of exempt Uncitant ST2         Uncitative Uncitant ST2         Predeted of exempt Uncitant ST2         Operative Uncitant ST2         Predeted of exempt Uncitant ST2         Predetedee Uncitant ST2         Predete			Check if Schedule O contai	ns a response	e or note to any line			(	
Bit Membership devision         Ib         Ib         Ib           0         Definition devision         Id						• •	Related or exempt	Unrelated	Revenue excluded from tax under
Bit Membership devision         Ib         Ib         Ib           0         Definition devision         Id	Gifts, Grants ilar Amounts	1 a	a Federated campaigns	1a	197,840.				
Business Code         Image: Code state		k			, , , , , , , , , , , , , , , , , , , ,				
Business Code         Image: Code state		c			2,017,292.				
Business Code         Image: Code state		c							
Business Code         Image: Code state	s, G	e							
Business Code         Image: Code state	tion r Si	f	f All other contributions, gifts, grants	, and					
Business Code         Image: Code state	ibut		similar amounts not included above	9 <b>1</b> f					
Business Code         Image: Code state	ontr Id C	ç	g Noncash contributions included in lines 1a	-1f <b>1g</b> \$	281,616.				
generation         2 a b b b b b b b b b b b b b b b b b b	a C	ł	h Total. Add lines 1a-1f			75,286,529.			
Open end of the second secon					Business Code				
or Total. Add lines 11a-11d         or Total. Add lines 11a-11d <t< td=""><td>ice</td><td>2 a</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	ice	2 a							
or Total. Add lines 11a-11d         or Total. Add lines 11a-11d <t< td=""><td>erv ue</td><td>t</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	erv ue	t							
or Total. Add lines 11a-11d         or Total. Add lines 11a-11d <t< td=""><td>m S ven</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	m S ven								
or Total. Add lines 11a-11d         or Total. Add lines 11a-11d <t< td=""><td>gra Re</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	gra Re								
g Total. Add lines 2a/21	Pro	f		ue					
3         Investment income (including dividends, interest, and other similar amounts)         4, 395,039.         4, 395,039.         4, 395,039.           4         Income from investment of tax-exempt bond proceeds         0         4, 395,039.         4, 395,039.           5         Royatties         0         0         0         0         0           6         a Gross rents         6a         0         0         0         0           6         a Gross rents         6a         0         0         0         0         0           7         a Gross mount from sales of assets other than inventory         b         a sets cost or other basis and sales expenses         10         92,747,724.         0									
other similar amounts)         4,395,039.         4,395,039.         4,395,039.           4         income from investment of tax-exempt bond proceeds         6         4,395,039.         4,395,039.           6         a Gross rents         a         0         0         0           b         Less: rental expenses         bb         0         0         0           c         Rental income or (loss)         c         0         0         0           7         a Gross amount from sales of assets other than inventory         7         32,747,724.         0         0           b         Less: cost or other basis and sales expenses         0         0         0         0         0           d         Net and other seported on line 10. See         70         374,972.         374,972.         374,972.           8         Gross income from fundraising events (not including S         2,017,222.         0         0         0         0         0         374,972.         374,972.         374,972.         374,972.         374,972.         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		3		ividends, inter	rest, and				
4         Income from investment of tax exempt bond proceeds						4,395,039.			4,395,039.
6 a         Gross rents         6 a         (i) Personal         (ii) Personal           b         Less: rental expenses         6 b		4							
6 a Gross rents         6a         a           b Less: rental expenses         6b         6c           c Rental income or (loss)         6c         6c           d Net rental income or (loss)         6c         6c           7 a Gross amount from sales of assets other than inventory         10.8ecurtities         (ii) Other           y B Less: cost or other basis         add sales expenses         7b         32, 747, 724.           b Less: cost or other basis         and sales expenses         7b         32, 369, 952.         2, 800.           c Gain or (loss)         7c         377, 772.         -2, 800.         374, 972.         374, 972.           8 a Gross income from fundraising events (not including \$         2, 017, 292. of contributions reported on line 10. See         8a         0.           9 Less: direct expenses         8b         480, 379.         -480, 379.         -480, 379.           9 a Gross income from gaming activities. See         9a         9b         0         0           10 a Gross alcost of inventory, less returns and allowances         9b         0         0         0           10 a Gross alcost of inventory, less returns and allowances         10a         0         0         0           10 a Gross alcost of inventory, less returns and allowances         0		5	Royalties						
b         Less: rental expenses         6b				(i) Real	(ii) Personal				
c         Rental income or (loss)         Bc         Image: Construction of the consered of the consered construction of the constructio		6 a	a Gross rents 6a						
d         Net rental income or (loss)		k	· · · · · · · · · · · · · · · · · · ·						
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses       i) Securities       (ii) Other ra         900 0       C Gain or (loss)       70       377, 772.       -2, 800.         C Gain or (loss)       70       377, 772.       -2, 800.         C Gain or (loss)       70       377, 772.       -2, 800.         A Wet gain or (loss)       70       377, 772.       -2, 800.         C Gain or (loss)       70       377, 772.       -2, 800.         A Gross income from fundraising events (not including \$2,017,292.       of contributions reported on line 1c). See Part IV, line 18       8a       0.         B Less: direct expenses       8b       480,379.       -480,379.       -480,379.         9 a Gross income from gaming activities       9a       9a       9a       9a         9 a Gross income from gaming activities       9a       9a       9a       0a         10 a Gross ales of inventory, less returns and allowances       10a       10a       10a       10a       10a         c Net income or (loss) from sales of inventory       0a       0a       0a       10a       10a         c All other revenue       0a       0a       0a       10a       10a       10a         c All other revenu									
assets other than linventory b         Ta         32,747,724. Tb         Ta         Ta <thta< th="">         Ta         Ta         <thta< t<="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thta<></thta<>									
Box         Less: cost or other basis and sales expenses         Tb         32, 369, 952.         2, 800.           c         Gain or (loss)         Tc         377, 772.         -2, 800.         374, 972.         374, 972.           8         Gross income from fundraising events (not including \$2,017, 292. of contributions reported on line 1c). See Part IV, line 18         384         480, 379.         -480, 379.         -480, 379.           9         Gross income from gaming activities. See Part IV, line 19         Ba         480, 379.         -480, 379.         -480, 379.           9         Gross income from gaming activities. See Part IV, line 19         Ba         9a         -480, 379.         -480, 379.           9         Gross sales of inventory, less returns and allowances         0b         -480, 379.         -480, 379.           10         Gross sales of inventory, less returns and allowances         0a         -480, 379.         -480, 379.           11         a		7 8		.,	. ,				
and sales expenses         Th         32, 369, 952.         2, 800.           c         Gain or (loss)         To         377, 772.         -2, 800.           d         Net gain or (loss)         374, 972.         374, 972.           a         Gross income from fundraising events (not including \$\frac{2}, 0.017, 2.92.         of contributions reported on line 1c). See Part IV, line 18         Ba         0.           b         Less: direct expenses         Bb         480, 379.         -480, 379.         -480, 379.           c         Net income or (loss) from fundraising events         -480, 379.         -480, 379.         -480, 379.           g         Gross income from gaming activities. See Part IV, line 19         9a         9b         -480, 379.         -480, 379.           b         Less: direct expenses         9b         -         -         -         -           i0 a         Gross sicos from gaming activities         -<				52,717,721					
C       Gain or (loss)       Tc       377,772.       -2,800.         d       Net gain or (loss)       374,972.       374,972.         8 a       Gross income from fundriaising events (not including \$2,017,292. of contributions reported on line 1c). See       a       0.         Part IV, line 18       8a       0.       0.       -480,379.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9b       -480,379.         9 a       Gross sales of inventory, less returns and allowances       0a       0a       0a         10 a       Gross sales of inventory, less returns and allowances       0a       0a       0b         b       Less: cost of goods sold       10b       0a       0a       0a         c       Net income or (loss) from sales of inventory       0a       0a       0a       0a         c       Net income or (loss) from sales of inventory       0a       0a       0a       0a         c       Net income or (loss) from sales of inventory       0a       0a       0a       0a         c       Net income or (loss) from sales of inventory       0a       0a       0a       0a         c       Net income or (loss) from sales of inventory       0a       0a       0a <td>e</td> <td>•</td> <td></td> <td>32,369,952</td> <td>2,800.</td> <td></td> <td></td> <td></td> <td></td>	e	•		32,369,952	2,800.				
a       Net gain or (loss)       374,972.       374,972.         8 a       Gross income from fundraising events (not including \$2,017,292. of contributions reported on line 1c). See       8a       0.         b       Less: direct expenses       8a       0.         b       Less: direct expenses       8a       0.         c       Net income or (loss) from gaming activities. See Part IV, line 19       9a       -480,379.       -480,379.         b       Less: direct expenses       9b       9b       -480,379.       -480,379.         c       Net income or (loss) from gaming activities. See Part IV, line 19       9a       9b       -480,379.         b       Less: direct expenses       9b       9b       -480,379.       -480,379.         c       Net income or (loss) from gaming activities       0       0       0         c       Net income or (loss) from gaming activities       0       0       0         total allowances       10a       10b       0       0       0         c       Net income or (loss) from sales of inventory       0       0       0       0         c       Net income or (loss) from sales of inventory       0       0       0       0         c       Net income or (loss)	enu								
8 a Gross income from fundraising events (not including \$2,017,292. of contributions reported on line 1c). See Part IV, line 18			· / ······			374,972.			374,972.
contributions reported on line 1c). See         Ba         0.           Part IV, line 18         Ba         0.           b         Less: direct expenses         Bb         480,379.           c         Net income or (loss) from fundraising events         -480,379.         -480,379.           9 a         Gross income from gaming activities. See         9a         -480,379.         -480,379.           9 a         Gross income from gaming activities. See         9a         -480,379.         -480,379.           0         Less: direct expenses         9b         -         -         -           10 a         Gross sales of inventory, less returns and allowances         10a         -         -         -           10 a         Cost of goods sold         10b         -         -         -         -           c         Net income or (loss) from sales of inventory         - <td>her</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	her								
Part IV, line 18       Ba       0.         b Less: direct expenses       Bb       480,379.       -480,379.         c Net income or (loss) from fundraising events       -480,379.       -480,379.         9 a Gross income from gaming activities. See Part IV, line 19       9a       -480,379.         b Less: direct expenses       9b       -       -         c Net income or (loss) from gaming activities       9b       -       -         c Net income or (loss) from gaming activities       -       -       -         10 a Gross sales of inventory, less returns and allowances       10a       -       -         b Less: cost of goods sold       10b       -       -       -         c Net income or (loss) from sales of inventory       -       -       -       -         b Less: cost of goods sold       10b       -       -       -       -         c d All other revenue       -       -       -       -       -       -       -         c d All other revenue       -	Oth		including \$ 2 , 017 , 2	292. of					
b       Less: direct expenses       Bb       480,379.         c       Net income or (loss) from fundraising events       -480,379.       -480,379.         9       a       Gross income from gaming activities. See Part IV, line 19       9a       9a       9b       -480,379.         b       Less: direct expenses       9b       9b       0       0       0       -480,379.         c       Net income or (loss) from gaming activities       9a       9b       0			contributions reported on line 1	c). See					
c       Net income or (loss) from fundraising events       -480,379.       -480,379.         9 a       Gross income from gaming activities. See       9a       9a         b       Less: direct expenses       9b       9b         c       Net income or (loss) from gaming activities       -480,379.         10 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       -480,379.         s       10a       10b       -480,379.         b       Less: cost of goods sold       10b       -480,379.         c       Net income or (loss) from sales of inventory					a				
9 a Gross income from gaming activities. See       9a         Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       0         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         at a lowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         d All other revenue       0         e Total. Add lines 11a-11d       79, 576, 161.       0.         12 Total revenue. See instructions       79, 576, 161.       0.       0.					b 480,379.				
Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       0         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         generative       0         t I1 a       0         b       0         c       0         d All other revenue       0         e Total. Add lines 11a-11d       79, 576, 161.       0.				· · ·		-480,379.			-480,379.
b       Less: direct expenses       9b       Image: set of the		9 a							
c       Net income or (loss) from gaming activities       Image: state of inventory, less returns and allowances       Image: state of inventory, less returns and allow									
10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         solution       Business Code         b       0         c       0         d All other revenue       0         e Total. Add lines 11a-11d       79, 576, 161.         12       Total revenue. See instructions					u				
and allowances       10a         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         11 a       Business Code         b       Business Code         c       Image: Code         c       Image: Code         c       Image: Code         d       All other revenue         e       Total revenue. See instructions         12       Total revenue. See instructions									
b Less: cost of goods sold 10b 6 6 79,576,161. 0. 0. 4,289,632.		10 2			a				
c       Net income or (loss) from sales of inventory       Business Code       Output         11 a       Business Code       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code       Image: Code       Image: Code         b       Image: Code		ł							
Business Code         Image: Code									
e Total. Add lines 11a-11d         79,576,161.         0.         4,289,632.					Business Code				
e Total. Add lines 11a-11d         79,576,161.         0.         4,289,632.	e	11 a	a						
e Total. Add lines 11a-11d         79,576,161.         0.         4,289,632.	ane	k	b						
e Total. Add lines 11a-11d         79,576,161.         0.         4,289,632.	cell	C							ļ
e Total. Add lines 11a-11d         79,576,161.         0.         4,289,632.	Mis	0							
	_	e							4 000 505
						19,010,101.	L 0.	<u>ا</u>	Form <b>990</b> (2022)

Ronald McDonald House Charities, Inc. Part IX Statement of Functional Expenses

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

36-2934689 Page 10

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	34,961,706.	34,961,706.		
2	Grants and other assistance to domestic		,,,,		
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	7,184,355.	7,184,355.		
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 (nonemployees):				
а	Management				
b	Legal	334,368.	184,736.	30,549.	119,083
с	Accounting	80,331.		80,331.	
d					
е	Professional fundraising services. See Part IV, line 17	250,731.			250,731
f	Investment management fees	315,036.	131,915.	183,121.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	6,679,978.	3,828,077.	1,782,039.	1,069,862
12	Advertising and promotion	8,505,688.	82,389.	5,765,635.	2,657,664
13	Office expenses	74,254.	24,776.	10,855.	38,623
14	Information technology	2,045,811.	1,098,242.	310,933.	636,636
15	Royalties				
16	Occupancy				
17	Travel	534,777.	429,695.	66,420.	38,662
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	119,524.	57,973.	33,303.	28,248
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	280,860.	4,213.		276,647
23	Insurance	362,657.	58,252.	304,405.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Donation box expenses	4,850,921.	3,638,191.		1,212,730
b	Credit card/bank fees	202,058.		15,275.	186,783
c	Subscriptions	137,767.	100,574.	15,785.	21,408
d	Acknowledgement	76,526.	5,655.	64,201.	6,670
е	All other expenses	22,618.		22,091.	527
25	Total functional expenses. Add lines 1 through 24e	67,019,966.	51,790,749.	8,684,943.	6,544,274
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)				

11

232010 12-13-22

10180510 150029 RMHC

2022.03040 RONALD MCDONALD HOUSE CHA RMHC\_\_\_1

Form 990 (2022)

		Check if Schedule O contains a response or note			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	20,569,586.	2	22,595,649.		
	3	Pledges and grants receivable, net	13,796,932.	3	12,980,901.		
	4	Accounts receivable, net			1,057.	4	11,972.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ins		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		F		6	
s	7	Notes and loans receivable, net			200,000.	7	100,000
Assets	8	Inventories for sale or use			107,148.	8	95,189
&	9				1,071,265.	9	2,941,044
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,552,095.			
	b	Less: accumulated depreciation		1,388,740.	444,216.	10c	163,355.
	11	Investments - publicly traded securities			176,160,238.	11	156,367,038
	12	Investments - other securities. See Part IV, line 1			15,914,909.	12	15,919,942
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,139,344.	15	1,162,338
	16	Total assets. Add lines 1 through 15 (must equa			229,404,695.	16	212,337,428
	17	Accounts payable and accrued expenses	4,760,655.		4,617,143		
	18	Grants payable	6,702,044.	18	6,251,448		
	19	Deferred revenue	, ,	19	, ,		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		22			
Ľ	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated		24			
	25	Other liabilities (including federal income tax, pay		~ 1			
	_0	parties, and other liabilities not included on lines					
		of Schedule D	7,791.	25	17,332		
	26	Total liabilities. Add lines 17 through 25			11,470,490.	26	10,885,923
		Organizations that follow FASB ASC 958, che	ck here	X	, ,		
s		and complete lines 27, 28, 32, and 33.					
Š	27				212,306,872.	27	197,048,117.
Sala	28	Net assets with donor restrictions	5,627,333.	28	4,403,388		
	_0	Organizations that do not follow FASB ASC 9	, ,		, ,		
ב		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds		29			
612	29 30	Paid-in or capital surplus, or land, building, or eq				30	
122	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32		217,934,205.	32	201,451,505		
Ž		Total net assets or fund balances		·····	229,404,695.	32 33	212,337,428
	33	Total liabilities and net assets/fund balances			225, 202, 093.	აა	Form <b>990</b> (2022

Ronald McDonald House Charities, Inc.

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

36-2934689

Page **11** 

Form 990 (2022) Part X Balance Sheet

Form	990 (2022) Ronald McDonald House Charities, Inc.	36-29346	89	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				<u>.</u>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	79	,576,	161.
2	Total expenses (must equal Part IX, column (A), line 25)	2	67	,019,	966.
3	Revenue less expenses. Subtract line 2 from line 1	3	12	,556,	195.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	217	,934,	205.
5	Net unrealized gains (losses) on investments	5	-29	,258,	177.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		219,	282.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	201	,451,	505.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

## Name of the organization

Name	e of t	he organization						Employer	identification number			
		Ronald	McDonald House	Charities, Inc.					36-2934689			
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1 [		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2 [		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3 [		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 [		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5 [		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).					
7 [	Х	An organization that norma	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from th	e general p	public described in			
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8 [		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
г		university:										
10		An organization that norma										
		activities related to its exem		-					-			
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.			
г		See section 509(a)(2). (Con										
11 [		An organization organized a	-	•	•							
12		An organization organized a	-	-	-			•				
		more publicly supported or	-						neck the box on			
-		lines 12a through 12d that						-	nivina			
а		<b>Type I.</b> A supporting orga	-	-	•	-						
		the supported organization			majonty o	i the alrec		es of the st	ipporting			
b		organization. <b>You must c</b> <b>Type II.</b> A supporting org	-		ion with it		d organization	a(c) by bay	ina			
U		control or management o	-				-		-			
		organization(s). You mus			ame perso	13 1121 00	านายายา เกล่าสุข	je trie supp	Joned			
с		Type III functionally inte	-		in connect	ion with	and functional	lv integrate	d with			
•		its supported organization						ly integrate				
d		Type III non-functionally	.,.,,	•				ted organiz	ration(s)			
		that is not functionally int	• · ·					Ŭ,				
		requirement (see instructi			•		-					
е		Check this box if the orga	,	•				I, Type III				
		functionally integrated, or					, , ,,	, <b>,</b>				
f	Ente	r the number of supported of	organizations									
g	Prov	ide the following informatior	about the supporte	d organization(s).								
	(i	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed	(v) Amount of	2	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
Total												

Ronald McDonald House Charities, Inc.

36-2934689 Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	44,035,121.	53,774,549.	70,209,825.	77,176,213.	75,286,529.	320,482,237.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	44,035,121.	53,774,549.	70,209,825.	77,176,213.	75,286,529.	320,482,237.
	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)						63,218,954.
	Public support. Subtract line 5 from line 4.						257,263,283.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	44,035,121.	53,774,549.	70,209,825.	77,176,213.	75,286,529.	320,482,237.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	2,421,473.	3,478,928.	3,260,976.	5,407,124.	4,394,692.	18,963,193.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$	198,414.	17.				198,431.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	814,011.	648,975.	53,100.			1,516,086.
	Total support. Add lines 7 through 10						341,159,947.
	Gross receipts from related activities,		,			12	507,300.
13	First 5 years. If the Form 990 is for the		rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
<u> </u>	organization, check this box and stor						
	ction C. Computation of Publi		-				85.44
	Public support percentage for 2022 (I					14	75.41 %
	Public support percentage from 2021					15	79.08 %
16a	<b>33 1/3% support test - 2022.</b> If the c	0			14 is 33 1/3% or m	ore, check this box	
_	stop here. The organization qualifies		-				
k	<b>33 1/3% support test - 2021.</b> If the c				line 15 is 33 1/3%	or more, check the	
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	0	•	,	•		L
k	0 10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the		-		• •		[]
10	organization meets the facts-and-circu		•				······································
IŐ	Private foundation. If the organization	TT OID TOL CHECK A L		a, 100, 17a, 0r 17D	, check this box a		
						Scriedule A	(Form 990) 2022

232022 12-09-22

## 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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
<b>4</b> Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disgualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		r				
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
check this box and stop here	c Support Per	centage				
15 Public support percentage for 2022 (I			column (f))		15	%
<b>16</b> Public support percentage from 2021					16	%
Section D. Computation of Invest						,,
17 Investment income percentage for 20			ine 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the					33 1/3%, and	line 17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2021. If the						'3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
232023 12-09-22					Sche	dule A (Form 990) 2022
		16	5			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

17

232024 12-09-22

b

232

1

а b

С 2

	of its supported organizations? If "Yes	s." describe in	Part VI t/	he role plaved b	the organization	in this rea	ard.
025	12-09-22				-	-	

that these activities constituted substantially all of its activities.

these activities but for the organization's involvement.

# 3b

2a

2b

3a

sed, or controlled the supporting organization.	2
. Type II Supporting Organizations	
majority of the organization's directors or trustees during the tax year also a majority of the directors	
ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
agement of the supporting organization was vested in the same persons that controlled or managed	
ported organization(s). . All Type III Supporting Organizations	1
. All Type III Supporting Organizations	
	_
organization provide to each of its supported organizations, by the last day of the fifth month of the	
ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
ation's governing documents in effect on the date of notification, to the extent not previously provided?	_
ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
anization maintained a close and continuous working relationship with the supported organization(s).	2
on of the relationship described on line 2, above, did the organization's supported organizations have a	
ant voice in the organization's investment policies and in directing the use of the organization's	

supported organizations played in this regard

Activities Test. Answer lines 2a and 2b below.

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

18

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

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

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

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

а	A person who directly or indirectly controls, either alone or together with person
	11c below, the governing body of a supported organization?

- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

## Section B. Type I Supporting Organizations

chedule A (Form 990) 2022

Part IV

super Section C

Were a or trust or man the su Section D

11

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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,

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

Has the organization accepted a gift or contribution from any of the following persons? is described on lines 11b and

Supporting Organizations (continued)

Ronald McDonald House Charities

Inc

Yes

Yes No

Yes No

11a

11b

11c

1

Page 5

No

## Schedule A (Form 990) 2022

2022.03040 RONALD MCDONALD HOUSE CHA RMHC

Yes No

Schedule A	(Form 990)	2022
Part V	Type III	Nor

Part V	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI) See instructio
•	All other Type III non-functionally integrated supporting organizations mus			
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Rec	overies of prior-year distributions	2		
3 Oth	er gross income (see instructions)	3		
4 Add	l lines 1 through 3.	4		
5 Dep	reciation and depletion	5		
6 Port	tion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mai	ntenance of property held for production of income (see instructions)	6		
7 Oth	er expenses (see instructions)	7		
8 Adji	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	regate fair market value of all non-exempt-use assets (see			
inst	ructions for short tax year or assets held for part of year):			
<b>a</b> Ave	rage monthly value of securities	1a		
<b>b</b> Ave	rage monthly cash balances	1b		
<b>c</b> Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Dise	count claimed for blockage or other factors			
(exp	olain in detail in Part VI):			
2 Acq	uisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	tract line 2 from line 1d.	3		
4 Cas	h deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	instructions).	4		
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mul	tiply line 5 by 0.035.	6		
7 Rec	overies of prior-year distributions	7		
8 Min	imum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
<b>1</b> Adju	usted net income for prior year (from Section A, line 8, column A)	1		
2 Ente	er 0.85 of line 1.	2		
3 Min	imum asset amount for prior year (from Section B, line 8, column A)	3		
4 Ente	er greater of line 2 or line 3.	4		
5 Inco	ome tax imposed in prior year	5		
6 Dist	tributable Amount. Subtract line 5 from line 4, unless subject to			
eme	ergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

232026 12-09-22

# e Excess from 2022

Schedule A (Form 990) 2022

Sect	ection D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exer	1					
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which th	ne organization is responsive					
	(provide details in Part VI). See instructions.	-		8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022		
_1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
<u>a</u>	From 2017						
b	From 2018						
C	From 2019						
d	From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6							
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2018						
b	Excess from 2019						
с	Excess from 2020						
d	Excess from 2021						

Schedule A (Form 990) 2022 Ronald McDonald House Charities, Inc.	36-2934689	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li 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; I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	ines 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	n C,
Schedule A, Part II, Line 10, Explanation for Other Income:		
Gross income from special fundraising events and gaming		
2018 Amount: \$ 814,011.		
2019 Amount: \$ 648,975.		
2020 Amount: \$ 53,100.		
232028 12-09-22	Schedule A (Form	990) 2022

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

1	Ronald McDonald House Charities. Inc.	36-2934689	
Organization type (chec			
Filers of: Section:			
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> 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		
	on 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	e. See instructions.	
General Rule			
For an organiza	tion filing Form 990, 990-F7, or 990-PF that received, during the year, contributions totaling	\$5,000 or more (in money or	

property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

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

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

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

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

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

### Schedule B (Form 990) (2022)

Name of organization

Page 2 Employer identification number

Ronald McDonald House Charities, Inc.

36-2934689

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$21,835,706.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page <b>3</b>
Name of or	ganization		Employer identification number
Ronald M	cDonald House Charities, Inc.		36-2934689
Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

223453 11-15-22

Schedule B (Form 990) (2022)

## 10180510 150029 RMHC

ame of o	organization		Employer identification numb		
onald M	AcDonald House Charities, Inc.		36-2934689		
art III	Exclusively religious, charitable, etc., contribution	through (e) and the following line entropy the state of t	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye		
a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	[		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No. from					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	[		
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	[		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
454 11-15	5-22		Schedule B (Form 990) (		

SC	HEDULE D		al Financial Statements		OMB No. 1	545-0047
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		20	22
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.		Open t Inspec	o Public tion
	e of the organizati			Employe	r identificatio	
	-	Ronald McDonald House Chari			36-293468	
Pa			d Funds or Other Similar Funds or Ac	counts.	Complete if t	:he
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.			
			(a) Donor advised funds	<b>b)</b> Funds ar	nd other acco	unts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advised func	ls		
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes	No No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly		
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferr	ng		
	impermissible priv				Yes	No
Pa	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	line 7.		
1	Purpose(s) of cons	servation easements held by the organization				
	Preservation	n of land for public use (for example, recrea	tion or education)	rically impo	ortant land are	a
	Protection o	f natural habitat	Preservation of a certi	fied historic	structure	
	Preservation	n of open space				
2			ied conservation contribution in the form of a co			
	day of the tax year	r.		Held	at the End of t	he Tax Year
а				2a		
b	-			2b		
С			ucture included in (a)	2c		
d		vation easements included in (c) acquired a	after July 25,2006, and not on a			
				2d		
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	zation durin	g the tax	
	year					
4		where property subject to conservation eas				
5	-	tion have a written policy regarding the per				
•	,	orcement of the conservation easements it			· Ves	
6	Stall and voluntee	r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	neasement	s during the y	/ear
7	Amount of oxnone		lling of violations, and enforcing conservation eas	omonto du	ring the year	
7	Amount of expens	es incurred in morntoning, inspecting, nanc	and enforcing conservation eas		ning the year	
8	Does each conser	 wation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)		
Ū	and section 170(h)				Yes	No
9			on easements in its revenue and expense statem			
Ŭ		-	note to the organization's financial statements that		the	
		ounting for conservation easements.				
Pa	t III   Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar As	sets.	
	Complete it	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ince sheet v	works	
	-		blic exhibition, education, or research in furtherar			
			ncial statements that describes these items.	•		
b	· •		8, to report in its revenue statement and balance	sheet work	s of	
	-		exhibition, education, or research in furtherance			
		ng amounts relating to these items:	· ·	•		
	-			\$		
2	.,		asures, or other similar assets for financial gain, p			
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:			

a	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

b	Assets included in Form 990, P	ar

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

\$ \$

10180510 150029 RMHC

27						
2022.03040	RONALD	MCDONALD	HOUSE	CHA	RMHC_	1

Sche		onald House Chari		1				-293468	9	Ра	.ge <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Art,	, Hist	torical Tre	easures, o	r Other S	Similar As	sets <sub>(c</sub>	ontinue		
3	Using the organization's acquisition, accession	on, and other records,	, checl	k any of the	following that	t make sigi	nificant use o	fits			
	collection items (check all that apply):	,	,	,	5	5					
а	Public exhibition	d		Loan or exc	change progra	am					
b	Scholarly research	e									
c	Preservation for future generations	-									
4	Provide a description of the organization's co	lections and explain	how th	hev further tl	he organizatio	n's exemr	nt nurnose in	Part XIII			
5	During the year, did the organization solicit o	-		-	-	-		i art / an			
Ŭ	to be sold to raise funds rather than to be ma							Ye	26		No
Par	t IV Escrow and Custodial Arrange										110
	reported an amount on Form 990, Par			e organizatio		103 0111	0111 000, 1 8	t iv, mic t	, 01		
10	Is the organization an agent, trustee, custodi		ny for	contribution	e or other as	sote not in	cluded				
Id											Na
Ŀ	on Form 990, Part X?							Y€	35		No
D	If "Yes," explain the arrangement in Part XIII	and complete the folio	owing	table:				٨٣	ount		
								AII	oun		
	Beginning balance										
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on Fe						ı?	🛄 Ye	÷S		No
	If "Yes," explain the arrangement in Part XIII.										
Par	<b>t V Endowment Funds.</b> Complete i										
		(a) Current year	(b)	Prior year	(c) Two yea	rs back (d	<b>d)</b> Three years	back (e)	Four ye	ears b	Jack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	(line 1	g, column (a	)) held as:						
а	Board designated or quasi-endowment	•	、 %	<b>U</b> , (							
b	Permanent endowment	%	-								
с		<u></u> ^									
-	The percentages on lines 2a, 2b, and 2c sho	, -									
3a	Are there endowment funds not in the posse		ion tha	at are held a	nd administer	ed for the					
ou	organization by:	solori or the organizat							Y	es	No
	(i) Unrelated organizations							3	a(i)		
	(ii) Related organizations								a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations								3b	+	
4	Describe in Part XIII the intended uses of the							······ L	50		
Par	t VI Land, Buildings, and Equipm		ment	iunus.							
	Complete if the organization answere		Part I	V line 11a S	See Form 990	Part X lir	ne 10				
		,		Í		, ,		( 1)	Deales		
	Description of property	(a) Cost or oth basis (investme		• •	t or other	.,	cumulated	(d)	Book v	alue	:
	Land		eng	Dasis	(other)	uepr	eciation				
	Land							-			
	Buildings			+							
	Leasehold improvements										
d	Equipment										
	Other				,552,095.		1,388,740.				355.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	. colur	<u>mn (B). line 1</u>	0 <u>c.</u> )						355.
							Sche	edule D (F	Form §	90) 2	2022

	ouse Charities, Inc	•	36-2934689	Page 3
Part VII Investments - Other Securities.	n Form 000, Dort IV, line 1	1b Soo Form 000 Dart V line 12		
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market	value
(1) Financial derivatives			ond of your market	Value
(2) Closely held equity interests	35,695.	Cost		
(3) Other	, -			
(A) McDonald's Corporation	15,884,247.	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.)	15,919,942.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o				
(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 (0al (b) much angl Farm 000 Dart V, and (D) line 10 )				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.		
-	escription		(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" o	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line		
1.(a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) Intermediary third party liability (see	e Part XIII)			17,332.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				17 222
Total. (Column (b) must equal Form 990, Part X, col. (B) line .				17,332.
2. Liability for uncertain tax positions. In Part XIII, provide t	ne text of the footnote to <sup>.</sup>	the organization's financial statement	ts that reports the	

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 Ronald McDonald House Charities, In			36-293468	<sup>39</sup> Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial State		Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			•	68,788,908.
1				1	00,700,900.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		20 250 177		
a	Net unrealized gains (losses) on investments		-29,258,177.		
b	Donated services and use of facilities		18,086,300.		
С	Recoveries of prior year grants		245,011.		
d	Other (Describe in Part XIII.)	2d	-25,729.		10 050 505
е	Add lines 2a through 2d				-10,952,595.
3	Subtract line 2e from line 1			3	79,741,503.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	11			
а	Investment expenses not included on Form 990, Part VIII, line 7b		315,037.		
b	Other (Describe in Part XIII.)	4b	-480,379.		
С	Add lines 4a and 4b			4c	-165,342.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ana anta Mith		5	79,576,161.
Ра	t XII Reconciliation of Expenses per Audited Financial Stat		Expenses per H	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	85,271,608.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities		18,086,300.		
b	Prior year adjustments				
С	Other losses	<u>2c</u>			
d	Other (Describe in Part XIII.)	2d	480,379.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	18,566,679.
3	Subtract line 2e from line 1			3	66,704,929.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	315,037.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	315,037.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.	)		5	67,019,966.
Pa	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			Part X, line 2	2; Part XI,
Part	X, Line 2:				
RMHO	is exempt from federal income tax under Section 501(c)(3)	of the			
Inte	rnal Revenue Code. However, income, if any, from certain a	ctivities			
not	directly related to RMHC's tax-exempt purpose is subject t	o taxation			
as ı	nrelated business income. In addition, RMHC qualifies for	the			

30

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

classified as an organization other than a private foundation under

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

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

positions that are material to the financial statements. There were no

income taxes for unrelated business income for the years ended December

31, 2022 and 2021.

232054 09-01-22

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)
Part XI, Line 2d - Other Adjustments:
Loss on cash surrender value of insurance
Part XI, Line 4b - Other Adjustments:
Special event direct expenses
Part XII, Line 2d - Other Adjustments:
Special event direct expenses
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 D (Form 990) 2022

232055 09-01-22

Department of the Treasury Internal Revenue Service	Go to w	ww.irs.aov/Form	990 for instructions and the latest in	formation.		pen to Public spection
Name of the organization		ww.no.govn oni				tification number
Ronald McDonald House	Charities T	nc			36-2934689	9
			side the United States. Complete	te if the organ		
 Form 990, Part I\						
-	-		ds to substantiate the amount of its gran he selection criteria used to award the g			X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance ou	utside the
		I, line 3 table ca	n be duplicated if additional space is ne			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	<ul> <li>(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)</li> </ul>	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
Central America and						
the Caribbean	0	0	Grantmaking			26,000.
East Asia and the						
Pacific	0	0	Grantmaking			1,414,470.
Europe	0	0	Grantmaking			3,421,584.
Middle East and						
North Africa	0	0	Grantmaking			42,285.
North America	0	0	Grantmaking			634,773.
Russia and the						
Neighboring States	0	0	Grantmaking			982,340.
South America	0	0	Grantmaking			660,903.
Sub-Saharan Africa	0	0	Grantmaking			2,000.
3 a Subtotal	0	0	-			7,184,355.
<b>b</b> Total from continuation						
sheets to Part I	0	0				572,642.
c Totals (add lines 3a	0	0				7,756,997.
and 3b)	, v	, v				

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.

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

to Public

232071 10-17-22

SCHEDULE F (Form 990)

offices in the region     employees agents in region     (by type) (i.e., fundraising, program services, grants to recipients located in the region)     is a program service, describe specific type of service(s) in region     expenditure to region       Rurope     0     0     Fundraising     3       North America     0     0     Fundraising     1,3       Dentral America and the Caribbean     0     0     Program services     Chapter support     6,1       Sast Asia and the Pacific     0     0     Program services     Chapter support     73,4       Barope     0     0     Program services     Chapter support     96,8       Middle East and North America     0     0     Program services     Chapter support     43,8       South America     0     0     Program services     Chapter support     43,8       South America     0     0     Program services     Chapter support     43,8       South America     0     0     Program services     Chapter support     4,5       South America     0     0     Program services     Chapter support     296,5       South America     0     0     Program services     Chapter capacity     3,1				(Schedule F (Form 990), Part I, line 3     (d) Activities conducted in region		
Jorth America       0       0       Fundraising       1,3         Pentral America and the Caribbean       0       0       Program services       Chapter support       6,1         Bast Asia and the vacific       0       0       Program services       Chapter support       73,4         Nurope       0       0       Program services       Chapter support       86,8         Murope       0       0       Program services       Chapter support       43,8         Murope       0       0       Program services       Chapter support       43,8         Morth America       0       0       Program services       Chapter support       4,5         South America       0       0       Program services       Chapter support       296,5         South America       0       0       Program services       Chapter capacity       296,5         Veh Caribbean       0       0       Program services       Chapter capacity       3,1	(a) Region	offices	employees or agents in	(by type) (i.e., fundraising, program services, grants to	is a program service, describe specific type	(f) Total expenditures for region
Iorth America       0       0       Fundraising       1,3         Ventral America and he Caribbean       0       0       Program services       Chapter support       6,1         Iast Asia and the acific       0       0       Program services       Chapter support       73,4         Iurope       0       0       Program services       Chapter support       86,8         Iddle East and lorth Africa       0       0       Program services       Chapter support       43,8         Iorth America       0       0       Program services       Chapter support       4,5         Iouth America       0       0       Program services       Chapter support       4,5         Iouth America       0       0       Program services       Chapter support       296,5         Iouth America       0       0       Program services       Chapter capacity       3,1         Iouth America and he Caribbean       0       0       Program services       Chapter capacity       3,1						
Jentral America and       0       0       Program services       Chapter support       6,1         Jast Asia and the       0       0       Program services       Chapter support       73,4         Jurope       0       0       Program services       Chapter support       73,4         Jurope       0       0       Program services       Chapter support       86,8         Iddle East and       0       0       Program services       Chapter support       43,8         Jorth Africa       0       0       Program services       Chapter support       4,5         Jorth America       0       0       Program services       Chapter support       4,5         South America       0       0       Program services       Chapter support       296,5         Sentral America and       0       0       Program services       Chapter capacity       3,1         Chapter capacity       0       0       Program services       Chapter capacity       3,1	Surope	0	0	Fundraising		348
East Asia and the Pacific 0 0 Program services Chapter support 73,4 Europe 0 0 Program services Chapter support 86,8 Middle East and North Africa 0 0 Program services Chapter support 43,8 North America 0 0 Program services Chapter support 4,5 South America 0 0 Program services Chapter support 296,5 Central America and 0 0 Program services Chapter capacity 296,5 Central America and 0 0 Program services Chapter capacity 3,1 Chapter capacity	North America	0	0	Fundraising		1,343
East Asia and the Pacific 0 0 Program services Chapter support 73,4 Europe 0 0 Program services Chapter support 86,8 Middle East and North Africa 0 0 Program services Chapter support 43,8 North America 0 0 Program services Chapter support 4,5 South America 0 0 Program services Chapter support 296,5 Central America and 0 0 Program services Chapter capacity 296,5 Central America and 0 0 Program services Chapter capacity 3,1 Chapter capacity		0	0	Program services	Chapter support	6,146
Pacific       0       0       Program services       Chapter support       73,4         Europe       0       0       Program services       Chapter support       86,8         Middle East and North Africa       0       0       Program services       Chapter support       43,8         North America       0       0       Program services       Chapter support       4,5         South America       0       0       Program services       Chapter support       296,5         Central America and the Caribbean       0       0       Program services       Chapter capacity       3,1						,
Middle East and       0       0       Program services       Chapter support       43,8         North Africa       0       0       Program services       Chapter support       4,5         North America       0       0       Program services       Chapter support       296,5         South America       0       0       Program services       Chapter support       296,5         Central America and       0       0       Program services       Chapter capacity       3,1         Chapter capacity       0       0       Program services       Duilding       3,1		0	0	Program services	Chapter support	73,417
Middle East and North Africa 0 0 Program services Chapter support 43,8 North America 0 0 Program services Chapter support 4,5 South America 0 0 Program services Chapter support 296,5 Central America and the Caribbean 0 0 Program services building 3,1 Chapter capacity						
North Africa       0       0       Program services       Chapter support       43,8         North America       0       0       Program services       Chapter support       4,5         South America       0       0       Program services       Chapter support       296,5         Central America and the Caribbean       0       0       Program services       Chapter capacity building       3,1	Europe	0	0	Program services	Chapter support	86,801
South America 0 0 Program services Chapter support 296,5 Central America and the Caribbean 0 0 Program services building 3,1 Chapter capacity	Middle East and North Africa	0	0	Program services	Chapter support	43,820
Central America and the Caribbean 0 0 Program services building 3,1 Chapter capacity	North America	0	0	Program services	Chapter support	4,513
the Caribbean 0 0 Program services building 3,1 Chapter capacity	South America	0	0	Program services	Chapter support	296,589
Chapter capacity		0	0	Program services		3,170
Europe 0 0 Program services building 3,8					Chapter capacity	
	Europe	0	0	Program services	building	3,831

232181 04-01-22

Schedule F (Form 990) Part I Continuation			arities, Inc. • (Schedule F (Form 990), Part I, line 3	36-2934689	Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	<ul> <li>(Schedule F (Form 990), Part I, line 3</li> <li>(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)</li> </ul>	5) (e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
				Chapter capacity	
North America	0	0	Program services	building	1,496
				Chapter capacity	
South America	0	0	Program services	building	8,109
Central America and					
the Caribbean	0	0	Program services	Chapter education	26,673
North America	0	0	Program services	Chapter education	4,421
South America	0	0	Program services	Chapter education	11,965
					,
Fotals	>				572,642

232181 04-01-22 Schedule F (Form 990) 2022

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	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Central America						
		and the Caribbean	See part V - d	21,500.	Bank Draft	0.		
		East Asia and the						
			See part V - d	14,000.	Bank Draft	0.		
				, .				
		East Asia and the		27 000				
		Pacific	See part V - d	37,000.	Bank Draft	0.		
		East Asia and the						
		Pacific	See part V - d	54,000.	Bank Draft	٥.		
		East Asia and the						
			See part V - d	54,000.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	20 000	Bank Draft	Ο.		
			see part V - u	30,000.	Ballk Dialt	0.		
		East Asia and the						
		Pacific	See part V - d	122,300.	Bank Draft	0.		
		East Asia and the						
			See part V - d	19,000.	Bank Draft	Ο.		
2 Enter total number of	recipient organizatio	ns listed above that are r	recognized as charities by the t	foreign country,	recognized as a tax			
			or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter			61
3 Enter total number of	other organizations of	or entities						

Schedule F (Form 990) 2022

Schedule F (Form 990)

Ronald McDonald House Charities, Inc.

36-2934689

Schedule F (Form 990)	Ronara	MeDonara noabe ena	110100, 1110.		50 295	1005		Page
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM
			gran	or cash grant	Cash disbuisement	assistance	assistance	appraisal, other)
		East Asia and the						
		Pacific	See part V - d	95,000.	Bank Draft	٥.		
		East Asia and the						
		Pacific	See part V - d	36,000.	Bank Draft	٥.		
		East Asia and the						
		Pacific	See part V - d	21,500.	Bank Draft	0.		
		East Asia and the	_					
		Pacific	See part V - a, d	283,500.	Bank Draft	0.		
		East Asia and the						
		Pacific	See part V - a, d	288,170.	Bank Draft	0.		_
		East Asia and the						
		Pacific	See part V – d	7,500.	Bank Draft	0.		
		Reat Jain and the						
		East Asia and the Pacific	Cas name V d	11 000	Bank Draft	٥.		
		Pacific	See part V - d	11,000.	Ballk Drait	0.		
		East Asia and the						
		Pacific	See part V - d	117 500	Bank Draft	٥.		
			pee part v - u	117,500.	Dank Dialt	0.		+
		East Asia and the						
			See part V - d	7 500	Bank Draft			
		Facilic	See part V - d	1,500.	Palik Drait	0.		

Schedule F (Form 990)

Ronald McDonald House Charities, Inc.

36-2934689

Schedule	e F (Form 990)	Romara	Meboliara noube cha			50 255	1000		Page Z
Part II	Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
<b>1</b> (a) Nar	ne of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> 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 - b, d	171,500.	Bank Draft	٥.		_
			East Asia and the						
			Pacific	See part V - d	27 000.	Bank Draft	ο.		
					,				
			Europe	See part V - d	11,000.	Bank Draft	٥.		
					42.050				
			Europe	See part V - d	43,972.	Bank Draft	0.		
			Europe	See part V - d	5,285.	Bank Draft	٥.		
					,				
			Europe	See part V - d	27,000.	Bank Draft	٥.		
			Europe	See part V - d	26 785	Bank Draft	0.		
			Burope		20,703.		0.		
			Europe	See part V - d	6,785.	Bank Draft	ο.		
			Europe	See part V - d	6,785.	Bank Draft	٥.		

Ronald McDonald House Charities, Inc. 36-2934689 Schedule F (Form 990) Page 2 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 (i) Method of (g) Amount of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) Europe 448,965.Bank Draft Ο. See part V - b, d Europe See part V - a, d 454,955.Bank Draft 0. 30,354.Bank Draft 0. Europe See part V - d Europe See part V - a, d 269,285. Bank Draft Ο. Europe See part V - b, d 353,611. Bank Draft 0. Europe See part V - d 53,660. Bank Draft 0. Europe See part V - d 164,336. Bank Draft 0. 109,111. Bank Draft Ο. See part V - d Europe 30,854. Bank Draft 0. Europe See part V - d

Ronald McDonald House Charities, Inc. 36-2934689 Schedule F (Form 990) Page 2 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 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) 183,854. Bank Draft Ο. Europe See part V - d Europe See part V - d 18,000.Bank Draft 0. See part V - a, b, d 502,131. Bank Draft 0. Europe Europe See part V - d 345,224.Bank Draft 0. Europe See part V - d 37,268.Bank Draft 0. Europe See part V - d 284,796.Bank Draft 0 Middle East and North Africa See part V - d 42,285. Bank Draft 0. 41,000.Bank Draft North America See part V - d Ο. North America 28,000. Bank Draft 0. See part V - d

Ronald McDonald House Charities, Inc. 36-2934689 Schedule F (Form 990) Page 2 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 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance appraisal, other) assistance 210,000.Bank Draft Ο. North America See part V - a, d North America See part V - d 13,000.Bank Draft 0. 16,000.Bank Draft 0. North America See part V - d North America See part V - d 67,173.Bank Draft Ο. North America See part V - d 32,100.Bank Draft 0. North America See part V - d 30,000.Bank Draft 0. See part V - d North America 57,000.Bank Draft 0. 126,000. Bank Draft North America Ο. See part V - a, d Russia and the Neighboring States 982,340. Bank Draft 0. See part V - b, d

Schedule F (Form 990)	Ronald 1	McDonald House Cha	rities, Inc.		36-2934	1689		Page <b>2</b>
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	See part V - d	43,000.	Bank Draft	0.		
		South America	See part V - b, d	248,903.	Bank Draft	0.		
		South America	See part V - d	8,000.	Bank Draft	0.		
		South America	See part V - a, d	296,500.	Bank Draft	0.		
		South America	See part V - d	7,000.	Bank Draft	0.		
				,				
		South America	See part V - d	27,000.	Bank Draft	0.		
		South America	See part V - d	13 000.	Bank Draft	0.		
		South America	See part V - d	17,500.	Bank Draft	0.		

Schedule F (Form 990) 2022	Ronald	McDonald	House	Charities

36-2934689

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		

Inc.

Schedule F (Form 990) 2022

	1 0111 000/ 2022		McDonald	House	Charities,	Inc.
Part IV	Foreign Form	s				

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 Ronald McDonald House Charities, Inc.	36-2934689	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting	ng 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	ation. See instructions.	
Part I, Line 2:		
All grants outside the U.S. were made to Non-U.S. Chapters. RMHC monitors		
the use of the funds in the following manner:		
-RMHC Field Operations team members work with a specific Chapter and are		
responsible for subsequent follow-up to determine that funds granted by		
RMHC to each respective Chapter have been used for their stated purposes.		
On an annual hadig, each Chapter must submit their sudited first in 1		
On an annual basis, each Chapter must submit their audited financial		
statements.		
Part I, line 3:		
Grants and expenditures are reported on the accrual basis of accounting.		
Part II, Column (d), Purpose of Grant:		
(a) New and expanding Ronald McDonald House programs and ongoing		
operating support		
(b) New Ronald McDonald Family Room programs		
(c) Build and support Ronald McDonald Care Mobile Units		
(d) New Chapter seed grants, general Chapter operating support, and		
capacity building grants to Chapters		

232075 10-17-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)	Complete if the	e organization answered "Yes" on organization entered more than \$1	Form 5,000 (	990, F on Foi	Part IV, line 17, 18, o m 990-EZ, line 6a.	r 19,	or if the	2022	
Department of the Treasury		Attach to Form 990 o o www.irs.gov/Form990 for instrue						Open to Public Inspection	
Internal Revenue Service Name of the organization	Employer id	entification number							
Ronald McDonald House Charities, Inc. 36-2934689									
	<b>sing Activities.</b> complete this par	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not	
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicitat</li> <li>d X In-person social</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations itations blicitations on have a written o red in Form 990, P ) highest paid indiv	f Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye		
(i) Name and addres or entity (fund	s of individual	(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
Concord Direct - 9	2 01d	Provide e-mail and direct	Yes	No					
Turnpike Rd, Conco	ord, NH	mail marketing services		x	613,571.		250,731	. 362,840.	
				-					
Total			<u></u>		613,571.		250,731	,	
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (	exempt from r	egistration	

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. See Part IV for continuations Schedule G (Form 990) 2022

232081 10-27-22

45 2022.03040 RONALD MCDONALD HOUSE CHA RMHC\_\_\_1 Ronald McDonald House Charities, Inc.

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

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Marathon		(total as upply as)	col. (c))
Pe			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	2,017,292.			2,017,292.
	2	Less: Contributions	2,017,292.			2,017,292.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
6	5	Noncash prizes				
pense	6	Rent/facility costs	27,956.			27,956.
Direct Expenses	7	Food and beverages	89,237.			89,237.
	8	Entertainment				
	9	Other direct expenses				363,186.
	10			•		480,379.
	11	Net income summary. Subtract line 10 from lin				-480,379.
Pa	nrt I	<b>II Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
Revenue			<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
leve						
ш. 	1	Gross revenue				
ses	2	Cash prizes				

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

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

Rent/facility costs

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

Yes

No

%

Yes

No

%

Yes

No

%

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain: \_

232082 10-27-22

Direct Exper 3

4

5

Noncash prizes

6 Volunteer labor

Other direct expenses

Schedule G (Form 990) 2022

No

No

\_\_1

			ise Charities, Inc.		36-2934689	Pag
	Does the organization conduct	gaming activities with nonme	mbers?			/es
12			or a member of a partnership or			
	to administer charitable gamin	g?			י 🗌 📖	/es
	Indicate the percentage of gan					
а	The organization's facility				13a	
14	Enter the name and address o	the person who prepares the	organization's gaming/special ev	ents books and records	:	
	Name					
	Address					
15a	Does the organization have a c	contract with a third party from	whom the organization receives	gaming revenue?	······	/es
b	If "Yes," enter the amount of g	aming revenue received by the	e organization \$	and the amo	unt	
	of gaming revenue retained by					
	If "Yes," enter name and addre					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	n \$				
	Description of services provide					
	Director/officer	Employee	Independent contractor			
17 a	Mandatory distributions: Is the organization required un	Employee	le distributions from the gaming p			
17 a	Mandatory distributions: Is the organization required un retain the state gaming license	der state law to make charitab	le distributions from the gaming p			/es 🔲
17 a b	Mandatory distributions: Is the organization required un retain the state gaming license Enter the amount of distributio	der state law to make charitab	le distributions from the gaming p be distributed to other exempt of			/es 🗌
17 a b	Mandatory distributions: Is the organization required un retain the state gaming license Enter the amount of distributio organization's own exempt act	Employee der state law to make charitab ?  ns required under state law to ivities during the tax year	le distributions from the gaming p be distributed to other exempt or \$	rganizations or spent in	the	
17 a b	Mandatory distributions: Is the organization required un retain the state gaming license Enter the amount of distributio organization's own exempt act t IV Supplemental Inf	Employee der state law to make charitab ?  ns required under state law to ivities during the tax year ormation. Provide the expl	le distributions from the gaming p be distributed to other exempt or \$ anations required by Part I, line 2	rganizations or spent in b, columns (iii) and (v); a	the	
17 a b	Mandatory distributions: Is the organization required un retain the state gaming license Enter the amount of distributio organization's own exempt act t IV Supplemental Inf	Employee der state law to make charitab ?  ns required under state law to ivities during the tax year ormation. Provide the expl	le distributions from the gaming p be distributed to other exempt or \$	rganizations or spent in b, columns (iii) and (v); a	the	
17 a b Par	Mandatory distributions: Is the organization required un retain the state gaming license Enter the amount of distributio organization's own exempt act t IV Supplemental Inf	Employee der state law to make charitab ? ns required under state law to <u>ivities during the tax year</u> <b>ormation.</b> Provide the expl , as applicable. Also provide ar	ble distributions from the gaming p be distributed to other exempt of \$ anations required by Part I, line 2 by additional information. See inst	rganizations or spent in b, columns (iii) and (v); a	the	
17 a b Par	Mandatory distributions: Is the organization required un retain the state gaming license Enter the amount of distributio organization's own exempt act Supplemental Inf 15b, 15c, 16, and 17b edule G, Part I, Line 2	Employee der state law to make charitab ?  ns required under state law to ivities during the tax year <b>ormation.</b> Provide the expl , as applicable. Also provide ar b, List of Ten Highest	ble distributions from the gaming p be distributed to other exempt of \$ anations required by Part I, line 2 by additional information. See inst	rganizations or spent in b, columns (iii) and (v); a	the	
17 a b Par	Mandatory distributions: Is the organization required un retain the state gaming license Enter the amount of distributio organization's own exempt act <b>t IV</b> Supplemental Inf 15b, 15c, 16, and 17b	Employee der state law to make charitab ?  ns required under state law to ivities during the tax year <b>ormation.</b> Provide the expl , as applicable. Also provide ar b, List of Ten Highest	ble distributions from the gaming p be distributed to other exempt of \$ anations required by Part I, line 2 by additional information. See inst	rganizations or spent in b, columns (iii) and (v); a	the	
17 a b Par Sche	Mandatory distributions: Is the organization required un retain the state gaming license Enter the amount of distributio organization's own exempt act Supplemental Inf 15b, 15c, 16, and 17b edule G, Part I, Line 2	Employee der state law to make charitab ?  ns required under state law to ivities during the tax year ormation. Provide the expl , as applicable. Also provide ar b, List of Ten Highest	ble distributions from the gaming p be distributed to other exempt or anations required by Part I, line 2 hy additional information. See inst Paid Fundraisers:	rganizations or spent in b, columns (iii) and (v); a	the	
17 a b Par Sche	Mandatory distributions: Is the organization required un retain the state gaming license Enter the amount of distributio organization's own exempt act <b>IV</b> Supplemental Inf 15b, 15c, 16, and 17b edule G, Part I, Line 2 Name of Fundraiser: Co	Employee der state law to make charitab ?  ns required under state law to ivities during the tax year ormation. Provide the expl , as applicable. Also provide ar b, List of Ten Highest	ble distributions from the gaming p be distributed to other exempt or anations required by Part I, line 2 hy additional information. See inst Paid Fundraisers:	rganizations or spent in b, columns (iii) and (v); a	the	
17 a b Par (i) (i)	Mandatory distributions: Is the organization required un retain the state gaming license Enter the amount of distributio organization's own exempt act <b>IV</b> Supplemental Inf 15b, 15c, 16, and 17b edule G, Part I, Line 2 Name of Fundraiser: Co	Employee der state law to make charitab ?  ns required under state law to ivities during the tax year ormation. Provide the expl , as applicable. Also provide ar b, List of Ten Highest	ble distributions from the gaming p be distributed to other exempt or anations required by Part I, line 2 hy additional information. See inst Paid Fundraisers:	rganizations or spent in b, columns (iii) and (v); a	the	
17 a b Par Sche (i) (i)	Mandatory distributions: Is the organization required un retain the state gaming license Enter the amount of distributio organization's own exempt act <b>Supplemental Inf</b> 15b, 15c, 16, and 17b edule G, Part I, Line 2 Name of Fundraiser: Co Address of Fundraiser:	Employee der state law to make charitab ? ns required under state law to ivities during the tax year <b>Ormation.</b> Provide the expl , as applicable. Also provide ar b, List of Ten Highest hcord Direct 92 Old Turnpike Rd, Co	be distributions from the gaming p be distributed to other exempt or anations required by Part I, line 2 hy additional information. See inst Paid Fundraisers:	rganizations or spent in b, columns (iii) and (v); a	the	
17 a b Sche (i) (i) Sche As p	Mandatory distributions: Is the organization required un retain the state gaming license Enter the amount of distributio organization's own exempt act <b>TIV</b> Supplemental Inf 15b, 15c, 16, and 17b edule G, Part I, Line 2 Name of Fundraiser: Con Address of Fundraiser: edule G, Part I edule G, Part I edule G, Part I	Employee der state law to make charitab ? ms required under state law to ivities during the tax year ormation. Provide the expl as applicable. Also provide ar b, List of Ten Highest hcord Direct 92 Old Turnpike Rd, Co ith Concord Direct, RMI undraising campaigns.	be distributions from the gaming p be distributed to other exempt or anations required by Part I, line 2 by additional information. See insi Paid Fundraisers: boncord, NH 03301 HC will pay for The total of these	rganizations or spent in b, columns (iii) and (v); a	the	
17 a b Che (i) (i) Sche As p expe	Mandatory distributions: Is the organization required un retain the state gaming license Enter the amount of distributio organization's own exempt act <b>TIV</b> Supplemental Inf 15b, 15c, 16, and 17b edule G, Part I, Line 2 Name of Fundraiser: Con Address of Fundraiser: adule G, Part I edule G, Part I edule G, Part I wart of the agreement w enses associated with f enses in 2022 was \$23,9	Employee der state law to make charitab ? ms required under state law to ivities during the tax year ormation. Provide the expl as applicable. Also provide ar b, List of Ten Highest hcord Direct 92 Old Turnpike Rd, Co ith Concord Direct, RMI undraising campaigns.	be distributions from the gaming p be distributed to other exempt or anations required by Part I, line 2 by additional information. See insi Paid Fundraisers: boncord, NH 03301 HC will pay for The total of these	rganizations or spent in the b, columns (iii) and (v); a tructions.	ind Part III, line	es 9, 9b, 10b
17 a b Par (i) (i) (i)	Mandatory distributions: Is the organization required un retain the state gaming license Enter the amount of distributio organization's own exempt act <b>TIV</b> Supplemental Inf 15b, 15c, 16, and 17b edule G, Part I, Line 2 Name of Fundraiser: Con Address of Fundraiser: edule G, Part I edule G, Part I edule G, Part I	Employee der state law to make charitab ? ms required under state law to ivities during the tax year ormation. Provide the expl as applicable. Also provide ar b, List of Ten Highest hcord Direct 92 Old Turnpike Rd, Co ith Concord Direct, RMI undraising campaigns.	be distributions from the gaming p be distributed to other exempt or anations required by Part I, line 2 by additional information. See insi Paid Fundraisers: boncord, NH 03301 HC will pay for The total of these	rganizations or spent in the b, columns (iii) and (v); a tructions.	the	es 9, 9b, 10b

Schedule	G	(Form	990	)

Part IV Supplemental Information (continued)	
printing.	
	Schedule G (Form 990)
232084 04-01-22	

10180510 150029 RMHC

SCHEDULE I	G	irants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ited States		2022
Department of the Treasury		jj	Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization Ronald McDonal	ld House Chari	ties, Inc.					Employer identification number 36-2934689
Part I General Information on Grants a	nd Assistance	·					
<b>1</b> Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the selecti	on
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro							
Part II         Grants and Other Assistance to I           recipient that received more than \$	•				anization answered "	Yes" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Atlanta RMHC, Inc.							
795 Gatewood Road NE						Airline	
Atlanta, GA 30329	58-1295754	501(c)(3)	538,923.	2,000.	FMV	Tickets	See part IV - d
Central New York RMHC, Inc. 1100 East Genesee St.						Airline	
Syracuse, NY 13210	22-2371193	501(c)(3)	741,733.	1,200.	FMV	Tickets	See part IV - d
Fundacion Infantil Ronald McDonald Puerto Rico, Inc 250 Calle Convento - San Juan. PR 00912	66-0468226	501/c)/3)	51,513.	800.		Airline Tickets	See part IV - d
RMH at Maria Fareri at Children's	00-0408220	501(0)(3)	51,515.	800.	FMV	TICKELS	See part IV - u
Hospital Inc dba RMH of the							
Greater Hudson Valley 80 Woods Rd.						Airline	
- Valhalla, NY 10595	35-2181050	501(c)(3)	46,398.	800.	FMV	Tickets	See part IV - d
			, .				
RMH of Central & Northern New							
Jersey, Inc 145 Somerset Street						Airline	_
- New Brunswick, NJ 08891	22-2715544	501(c)(3)	48,013.	1,200.	FMV	Tickets	See part IV - d
RMH of Chapel Hill, Inc. 101 Old Mason Farm Rd.						Airline	
Chapel Hill, NC 27517	56-1413188	501(c)(3)	124,727.	1,600.	FMV	Tickets	See part IV - d
2 Enter total number of section 501(c)(3) ar			,	,			137.
3 Enter total number of other organizations		·					0.

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

Schedule I (Form 990) 2022

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

13-2933654 501(c)(3)

New York, NY 10021

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RMH of Dallas, Inc.							
4707 Bengal Street						Airline	
Dallas, TX 75235	75-1609401	501(c)(3)	47,363.	2,000.	FMV	Tickets	See part IV - d
RMH of Danville, Inc.							
24 Trembulak Way							
Danville, PA 17821	23-2155803	501(a)(3)	10,013.	0.			See part IV - d
Janviile, 1k 17021	25 2155005	501(0)(5)	10,015.	0.			
RMH of Delaware, Inc.							
1901 Rockland Road						Airline	
Wilmington, DE 19803	51-0295320	501(c)(3)	37,013.	1,600.	FMV	Tickets	See part IV - d
			,				
RMH of Durham and Wake, Inc.							
506 Alexander Ave.						Airline	
Durham, NC 27705	56-1220376	501(c)(3)	137,627.	2,000.	FMV	Tickets	See part IV - d
RMH of Ft. Worth, Inc.							
1001 8th Ave.						Airline	
Fort Worth, TX 76104	75-1754490	501(c)(3)	35,138.	2,000.	FMV	Tickets	See part IV - d
RMH of Galveston, Inc.							
301 14th Street						Airline	
Galveston, TX 77550	76-0114962	501(c)(3)	5,013.	1,200.	FMV	Tickets	See part IV - d
MU of Houston Inc							
RMH of Houston, Inc. 1907 Holcombe Blvd.						Airline	
Houston, TX 77030	74-1984499	501(c)(3)	48,013.	2,000.	тмv	Tickets	See part IV - d
	/4 1)04499	501(0/(5/	-0,013.	2,000.	r 11 v	TTORECO	pec part IV u
RMH of Mid Michigan, Inc.							
121 S. Holmes Street						Airline	
Lansing, MI 48912	38-3279325	501(c)(3)	254,020.	800.	FMV	Tickets	See part IV - d
<b>2</b> ,				•			••••••
RMH of New York, Inc.							
405 East 73rd St.						Airline	

Schedule I (Form 990)

48,013.

2,000.FMV

Tickets

#### Schedule I (Form 990) Ronald McDonald House Charities, Inc.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMH of Rochester, Minnesota, Inc. 850 2nd Street SW						Airline	
Rochester, MN 55902	41-1344744	501(c)(3)	170,446.	2,000.	FMV	Tickets	See part IV - d
RMH of Scranton, Inc. 332 Wheeler Avenue	02 0400152		F 510				
Scranton, PA 18510	23-2400153	501(C)(3)	7,513.	0.			See part IV - d
RMH of Southern New Jersey, Inc. 550 Mickle Blvd.						Airline	
Camden, NJ 08103	22-2430393	501(c)(3)	6,268.	1,200.	FMV	Tickets	See part IV - d
RMH of Western Michigan, Inc. 1323 Cedar St NE Grand Rapids, MI 49503-1326	38-2781170	501(c)(3)	350,009.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC Bay Area, Inc. 520 Sand Hill Rd. Palo Alto, CA 94304-2001	94-2538615	501(c)(3)	332,337.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC Dayton 555 Valley St. Dayton, OH 45404	31-0964793	501(c)(3)	436,708.	800.	FMV	Airline Tickets	See part IV - a, d
RMHC In Omaha, Inc. 620 S. 38th Ave. Omaha, NE 68105	47-0755104	501(c)(3)	158,678.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC New York Metro, Inc. 267-07 76th Avenue New Hyde Park, NY 11040	11-2764747	501(c)(3)	983,700.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of Alabama, Inc. 1700 4th Avenue South Birmingham, AL 35233-1810	63-0753358	501(c)(3)	461,905.	2,000.	FMV	Airline Tickets	See part IV - d

Schedule I (Form 990)

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

59-3211250 501(c)(3)

Orlando, FL 32801

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RMHC of Amarillo, Inc.							
1501 Streit Drive						Airline	
Amarillo, TX 79106	75-1790186	501(c)(3)	49,478.	800.	FMV	Tickets	See part IV - d
RMHC of Ann Arbor, Inc. 1600 Washington Heights						Airline	
Ann Arbor, MI 48104	38-2473817	501(c)(3)	160,633.	1,600.	EM7	Tickets	See part IV - d
	30 2473017	501(0)(5)	100,033.	1,000.	r HV	TICKEES	
RMHC of Arkansas, Inc.							
, 1501 West 10th Street						Airline	
Little Rock, AR 72202	71-0525252	501(c)(3)	409,240.	1,600.	FMV	Tickets	See part IV - a, d
RMHC of Arkoma, Inc.							
1333 Arapaho Ave Ste C						Airline	
Springdale, AR 72764	73-1563945	501(c)(3)	97,969.	1,200.	FMV	Tickets	See part IV - d
RMHC of Augusta, Inc.							
1442 Harper Street	58-1509465	501(a)(3)	50,727.	0.			See part IV - d
Augusta, GA 30901	38-1309403	501(0)(3)	50,727.	0.			
RMHC of Bismarck, Inc.							
P.O. Box 7323							
Bismarck, ND 58507	36-3705683	501(c)(3)	36,710.	0.			See part IV - d
RMHC of Burlington, Vermont, Inc.							
16 S. Winooski Ave.							
Burlington, VT 05401	03-0287584	501(c)(3)	117,457.	0.			See part IV - d
DWIG of Control and North-							
RMHC of Central and Northern						Airline	
Arizona, Inc. – 501 E. Roanoke Ave. – Phoenix, AZ 85004	86-0483792	501(c)(3)	386,007.	2,000.	FWV	Tickets	See part IV - d
	30 0403792			2,000.	r 11 A	TTORECO	
RMHC of Central Florida, Inc.							
, 1030 N. Orange Avenue, Ste 105						Airline	
	1	1	1	1	1	1	1

Schedule I (Form 990)

See part IV - d

454,367.

2,000.FMV

Tickets

### Schedule | (Form 990) Ronald McDonald House Charities, Inc.

300 9th St. S.W.

RMHC of Charlottesville, VA, Inc.

Charlottesville, VA 22903

							Fayel
Part II Continuation of Grants and Othe	er Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art II.)	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Central Georgia, Inc.							
1160 Forsyth St.						Airline	
Macon, GA 31201	58-2473799	501(c)(3)	67,758.	1,200.	FMV	Tickets	See part IV - d
RMHC of Central Illinois, Inc.							
610 N. 7th Street						Airline	
Springfield, IL 62702-5329	37-1145155	501(c)(3)	183,566.	1,600.	FMV	Tickets	See part IV - d
DWIG of Control Indiana Inc							
RMHC of Central Indiana, Inc. 435 Limestone St.						Airline	
Indianapolis, IN 46202-2819	35-1497202	501(a)(3)	334,921.	1,600.	EMT7	Tickets	See part IV - d
	55-1497202	501(0/(5/	554,921.	1,000.	r nv	TICKEUS	see part IV - u
RMHC of Central Iowa, Inc.							
1441 Pleasant St.						Airline	
Des Moines, IA 50314-1794	42-1117423	501(c)(3)	90,838.	1,600.	FMV	Tickets	See part IV - d
RMHC of Central Ohio, Inc.						Airline	
711 E Livingston Avenue						Tickets, Care	
Columbus, OH 43205	31-0890152	501(c)(3)	1,041,653.	103,127.	FMV	Mobile	See part IV – a, c, d
RMHC of Central PA, Inc.							
745 W. Governor Rd.						Airline	
Hershey, PA 17033-2304	23-2204761	501(c)(3)	140,532.	1,600.	FMV	Tickets	See part IV - d
				, -			-
RMHC of Central Texas, Inc.							
1315 Barbara Jordan Blvd						Airline	
Austin, TX 78723	74-2277664	501(c)(3)	185,791.	1,600.	FMV	Tickets	See part IV - d
DWIIG of Charlester CO. Tre							
RMHC of Charleston, SC, Inc.						N i m l i m o	
81 Gadsden St.	57 070494E	501(a)(2)	100 500	1 200		Airline Tickets	Goo part TV d
Charleston, SC 29401	57-0724845	DOT(C)(2)	100,529.	1,200.	E TI V	TICKELS	See part IV - d

36-2934689 Page 1

Schedule I (Form 990)

See part IV - d

Airline

Tickets

126,982.

54-1160157 501(c)(3)

1,200.FMV

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

74-2257357 501(c)(3)

El Paso, TX 79902

					( <i>n</i>	, ,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RMHC of Chicagoland & Northwest							
Indiana, Inc 1301 West 22nd							
St., Suite 905 - Oak Brook, IL						Airline	
60523	36-3532553	501(c)(3)	925,870.	2,000.	FMV	Tickets	See part IV - d
RMHC of Columbia, SC, Inc.							
2901 Colonial Drive						Airline	
Columbia, SC 29203	57-0725736	501(c)(3)	76,306.	1,200.	FMV	Tickets	See part IV - d
RMHC of Connecticut and Western							
Massachusetts, Inc 860 Howard							
Avenue Suite A - New Haven, CT						Airline	
06519	04-2971480	501(c)(3)	232,503.	1,600.	FMV	Tickets	See part IV - d
RMHC of Denver, Inc.							
1300 East 21st Avenue						Airline	
Denver, CO 80205	84-0728926	501(c)(3)	310,892.	2,000.	FMV	Tickets	See part IV - d
RMHC of Eastern Iowa and Western							
Illinois, Inc 730 Hawkins Dr						Airline	
Iowa City, IA 52246-2509	42-1189783	501(c)(3)	192,266.	1,600.	FMV	Tickets	See part IV - d
DWIG of Bostown Montone Tra							
RMHC of Eastern Montana, Inc.							
1144 N. 30th St.	01 0400667	F01(-)(2)	00.075				
Billings, MT 59101-0124	81-0400667	501(C)(3)	98,075.	0.			See part IV - d
RMHC of Eastern North Carolina,							
Inc 529 Moye Boulevard -						Airline	
Greenville, NC 27834	56-1420505	501(a)(3)	136,592.	1,600.	זאריז	Tickets	See part IV - d
Greenvirre, NC 27034	50-1420505	501(0)(5)	130,392.	1,000.	r HV	TICKELS	
RMHC of Eastern Wisconsin, Inc.							
8948 Watertown Plank Rd.						Airline	
Milwaukee, WI 53226	39-1433107	501(c)(3)	378,055.	2,000.	FMV	Tickets	See part IV - d
miinuukse, ni 55220	35 1433107	501(0/(5/	570,055.	2,000.	r 11 A	TTORECO	
RMHC of El Paso, Inc.							
300 E. California Ave.						Airline	
						[	

151,344.

800.FMV

Tickets

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

99-0222124 501(c)(3)

Honolulu, HI 96822-2004

						, ,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DMUC of Eric Inc							
RMHC of Erie, Inc. PO Box 9248							
Erie, PA 16505	25-1529707	501(c)(3)	27,386.	0.			See part IV - d
<u></u>	10 1019707	501(0)(0)	27,500.				
RMHC of Greater Charlotte, Inc.							
1613 E Morehead Street						Airline	
Charlotte, NC 28207	20-4671570	501(c)(3)	189,260.	1,200.	FMV	Tickets	See part IV – d
RMHC of Greater Chattanooga, Inc.							
200 Central Ave.							
Chattanooga, TN 37403-1506	62-1327855	501(c)(3)	136,274.	0.			See part IV - d
RMHC of Greater Cincinnati, Inc.							
341 Erkenbrecher Avenue						Airline	
Cincinnati, OH 45229	31-0965333	501(c)(3)	204,324.	2,000.	тwv.	Tickets	See part IV - d
	51 0505555	501(0)(0)		2,000.		110/000	
RMHC of Greater Houston/Galveston,							
Inc 6300 W Loop South -							
Bellaire, TX 77401	76-0315037	501(c)(3)	343,922.	0.			See part IV - d
RMHC of Greater Las Vegas, Inc.							
2323 Potosi St.						Airline	
Las Vegas, NV 89146	94-3108570	501(c)(3)	432,340.	800.	FMV	Tickets	See part IV - a, d
DNUG of Greater North Moura The							
RMHC of Greater North Texas, Inc. 3625 N. Hall Street, Suite 1100							
Dallas, TX 75219	75-2238261	501(c)(3)	418,558.	0.			See part IV - d
,,	/		,				
RMHC of Greater Washington D.C.							
Inc 3727 14th Street, NE -						Airline	
Washington, DC 20017-3004	52-1132262	501(c)(3)	481,303.	1,600.	FMV	Tickets	See part IV - d
RMHC of Hawaii, Inc.							
1970 Judd Hillside Rd.						Airline	

Schedule I (Form 990)

71,230.

1,200.FMV

Tickets

### Schedule I (Form 990) Ronald McDonald House Charities, Inc.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

22-2912513 501(c)(3)

Portland, ME 04102

			and Domeotic de				I
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Huntington, Inc.							
1500 17th St.							
Huntington, WV 25701	55-0643445	501(c)(3)	87,876.	0.			See part IV - d
DWIIG of Idaha Tra							
RMHC of Idaho, Inc.						Airline	
139 E Warm Springs Ave.	04 2020000	F01(-)(2)	200 571	1			
Boise, ID 83712	94-3030996	501(C)(3)	380,571.	1,600.	FMV	Tickets	See part IV - d
RMHC of Indiana-Michiana, Inc.							
610 N. Michigan St. Suite 310						Airline	
South Bend, IN 46601	35-1831691	501(c)(3)	80,295.	1,200.	FMV		See part IV - d
	55 1051051	501(0)(0)		1,200.			
RMHC of Jacksonville, Inc.							
, 824 Children's Way						Airline	
Jacksonville, FL 32207	59-2625008	501(c)(3)	108,043.	1,600.	FMV	Tickets	See part IV - d
			,	, -			
RMHC of Kansas City, Inc.							
2502 Cherry Street						Airline	
Kansas City, MO 64108-2751	43-1190760	501(c)(3)	376,027.	2,000.	FMV	Tickets	See part IV - d
RMHC of Kentuckiana, Inc.							
550 S. First St.						Airline	
Louisville, KY 40202	31-1053467	501(c)(3)	476,373.	2,000.	FMV	Tickets	See part IV - d
RMHC of Knoxville, Tennessee, Inc.							
1705 W. Clinch Ave.							
Knoxville, TN 37916	58-1510276	501(c)(3)	111,808.	0.			See part IV - d
PMHC of Madison Inc							
RMHC of Madison, Inc. 2716 Marshall Court							
	39-1655790	501(a)(2)	220 040				Coo part IV d
Madison, WI 53705-2256	23-1022/20	501(0)(3)	220,940.	0.			See part IV - d
RMHC of Maine, Inc.							
250 Brackett Street						Airline	
200 DIGORCEL DELCEL			1		1	[····	

See part IV - d

Schedule I (Form 990)

271,790.

1,600.FMV

Tickets

### Schedule | (Form 990) Ronald McDonald House Charities, Inc.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

22-2760752 501(c)(3)

Boston, MA 02129

organization or governmentif applicablecash grantnoncash assistancevaluation (book, FMV, appraisal, other)non-cash assistanceorRMHC of Marshfield, Inc. 803 W. North St. Marshfield, WI 54449-181993-0833012 501(c)(3)132,916.0.See part 3000000000000000000000000000000000000	
803 W. North St.       93-0833012 501(c)(3)       132,916.       0.       See part 1         Marshfield, WI 54449-1819       93-0833012 501(c)(3)       132,916.       0.       See part 1         RMHC of Maryland, Inc.       1 Aisquith Street       Airline       Airline         Baltimore, MD 21202       52-1184957 501(c)(3)       293,686.       1,600. FMV       Tickets	urpose of grant r assistance
803 W. North St.       93-0833012 501(c)(3)       132,916.       0.       See part 1         RMHC of Maryland, Inc.       1 Aisquith Street       Airline       Airline         Baltimore, MD 21202       52-1184957 501(c)(3)       293,686.       1,600. FMV       Tickets       See part 1	
Marshfield, WI 54449-1819       93-0833012       501(c)(3)       132,916.       0.       See part is         RMHC of Maryland, Inc.       1 Aisquith Street       Airline       Airline       Airline         Baltimore, MD 21202       52-1184957       501(c)(3)       293,686.       1,600. FMV       Tickets       See part is	
RMHC of Maryland, Inc. 1 Aisquith Street Baltimore, MD 21202 52-1184957 501(c)(3) 293,686. 1,600. FMV Tickets See part 3	
1 Aisquith Street         Airline           Baltimore, MD 21202         52-1184957 501(c)(3)         293,686.         1,600. FMV         Tickets         See part 1	IV – d
1 Aisquith Street Airline	
Baltimore, MD 21202         52-1184957         501(c)(3)         293,686.         1,600.         FMV         Tickets         See part	
	3
RMHC of Memphis Inc	IV - a
535 Alabama Avenue Airline	
Memphis, TN 38105 62-1220396 501(c)(3) 387,569. 1,600.FMV Tickets See part :	IV - d
RMHC of Mid-Missouri, Inc.	
1000 W Nifong Blvd	
Bldg 5, Ste 110 - Columbia, MO Airline	
65203 43-1225829 501(c)(3) 200,695. 1,200.FMV Tickets See part 3	IV - d
RMHC of Mid-Penn Region, Inc.	
P.O. Box 672	
Altoona, PA 16603 25-1665067 501(c)(3) 61,728. 0. See part :	IV – d
RMHC of Mississippi, Inc.	
2524 N. State Street Airline	
Jackson, MS 39216-4500 63-0906927 501(c)(3) 100,125. 1,200. FMV Tickets See part :	IV - d
RMHC of Mobile, Inc.	
1626 Springhill Ave. Airline	
Mobile, AL 36604-1415         63-1181258         501(c)(3)         95,131.         1,600. FMV         Tickets         See part	IV – d
RMHC of Nashville, Inc.	
2144 Fairfax Ave Airline	
Nashville, TN 37212         62-1310717 501(c)(3)         223,678.         1,600.FMV         Tickets         See part	b – VI
	<u> </u>
RMHC of New England, Inc.	
250 1st Avenue Airline	

Schedule I (Form 990)

732,864.

1,600.FMV

Tickets

# Schedule I (Form 990) Ronald McDonald House Charities, Inc. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Sacramento, CA 95817

						1	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of New Mexico, Inc.							
1011 Yale Blvd NE						Airline	
Albuquerque, NM 87106	85-0283204	501(c)(3)	89,382.	1,600.	FMV	Tickets	See part IV - d
PMUC of Norfolk Inc							
RMHC of Norfolk, Inc. 404 Colley Ave						Airline	
-	F4 1120407	F01(-)(2)	07 744	1 000			
Norfolk, VA 23507	54-1139497	501(C)(3)	97,744.	1,200.	FMV	Tickets	See part IV - d
RMHC of North Central Florida,							
Inc 1600 SW 14th St						Airline	
Gainesville, FL 32608	59-1887896	501(c)(3)	87,043.	1,600.	FMV	Tickets	See part IV - d
RMHC of Northeast Indiana, Inc.							
11109 Parkview Plaza Drive							
Fort Wayne, IN 46845	35-1950376	501(c)(3)	113,512.	0.			See part IV - d
			, -				-
RMHC of Northeast Kansas, Inc.							
825 SW Buchanan St.						Airline	
Topeka, KS 66606-1427	48-1022967	501(c)(3)	44,101.	800.	FMV	Tickets	See part IV - d
			,				
RMHC of Northeast Louisiana, Inc.							
200 S. Third St.							
Monroe, LA 71201	72-1022797	501(c)(3)	23,816.	٥.			See part IV - d
RMHC of Northeast Ohio, Inc.							
10415 Euclid Ave.						Airline	
Cleveland, OH 44106-4709	34-1269123	501(c)(3)	619,444.	2,000.	FMV	Tickets	See part IV - d
RMHC of Northeastern Pennsylvania,							
Inc 104 South State St							
Clarks Summit, PA 18411	25-1719864	501(c)(3)	209,876.	0.			See part IV - d
RMHC of Northern California, Inc.							
2555 49th Street						Airline	

See part IV - d

Schedule I (Form 990)

226,504.

1,600.FMV

Tickets

68-0147193 501(c)(3)

# Schedule I (Form 990) Ronald McDonald House Charities, Inc. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

San Diego, CA 92123

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Northwest Florida, Inc.							
5200 Bayou Blvd.						Airline	
Pensacola, FL 32503	59-2172279	501(c)(3)	99,541.	1,200.	FMV	Tickets	See part IV - d
RMHC of Northwest Ohio, Inc.							
3883 Monroe St.						Airline	
Toledo, OH 43606	34-1349742	501(c)(3)	255,041.	1,200.	FMV	Tickets	See part IV - d
RMHC of Oklahoma City, Inc.							
PO Box 7979						Airline	
Edmond, OK 73083	73-1103242	501(c)(3)	151,123.	1,600.	FMV	Tickets	See part IV - d
RMHC of Oregon and Southwest							
Washington, Inc 2620 N.						14.14	
Commercial Avenue - Portland, OR 97227	93-0806912	E 0 1 (a) (2)	407 000	2 000		Airline	Cas name TV a d
51221	33-0800312	501(0)(3)	497,902.	2,000.	F MV	Tickets	See part IV – a, d
RMHC of Pittsburgh and Morgantown							
Inc 451 44th St Pittsburgh						Airline	
PA 15201	25-1320272	501(c)(3)	651,113.	2,000.	FMV	Tickets	See part IV - a, d
RMHC of Richmond, Virginia, Inc.							
2330 Monument Ave.						Airline	
Richmond, VA 23220	52-1359486	501(c)(3)	147,082.	800.	FMV	Tickets	See part IV - d
RMHC of Rochester, NY, Inc.							
333 Westmoreland Dr.						Airline	
Rochester, NY 14620	16-1271311	501(c)(3)	129,906.	1,600.	FMV	Tickets	See part IV - d
RMHC of San Antonio, Texas, Inc.						Airline	
4847 Charles Katz	74-2140528	501(a)(2)	410 007	2,000.	EW07	Airline Tickets	Goo part IV d
San Antonio, TX 78229	/4-2140528	201(6)(3)	410,027.	∠,000.	L TI V	TICKELS	See part IV - d
RMHC of San Diego, Inc.							
2929 Children's Way						Airline	
					1		

See part IV - d

Tickets

Schedule I (Form 990)

204,856.

1,600.FMV

95-3251490 501(c)(3)

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

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

RMHC of Southern West Virginia, Inc. - 910 Pennsylvania Ave. -

Charleston, WV 25302

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	iedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RMHC of Siouxland, Inc.							
2500 Nebraska St.	40.400000		22.016			Airline	
Sioux City, IA 51104	42-1369988	501(c)(3)	33,816.	800.	FWV	Tickets	See part IV - d
RMHC of South Dakota, Inc.							
825 S. Lake Avenue							
Sioux Falls, SD 57104	46-0371152	501(c)(3)	68,367.	0.			See part IV - d
RMHC of South Florida, Inc.							
1145 NW 14 Terrace						Airline	
Miami, FL 33136	59-1899866	501(c)(3)	395,027.	1,600.	FMV	Tickets	See part IV - d
RMHC of South Louisiana, Inc.							
210 State Street						Airline	
New Orleans, LA 70118	72-0882569	501(c)(3)	539,187.	1,200.	FMV	Tickets	See part IV - b, d
RMHC of Southeastern Michigan,							
Inc 4707 St. Antoine Street Ste						Airline	
200 - Detroit, MI 48201	38-2182406	501(c)(3)	339,781.	1,200.	FMV	Tickets	See part IV - d
RMHC of Southern Arizona, Inc.							
2155 E. Allen Road						Airline	
Tucson, AZ 85719-1501	95-3526934	501(c)(3)	464,299.	1,200.	FMV	Tickets	See part IV - b, d
RMHC of Southern California, Inc.							
4560 Fountain Avenue						Airline	
	95-3167869	F(1/a)/2)	1,030,902.	2,000.		Tickets	See part IV - d
Los Angeles, CA 90029	32-2101003	501(6)(3)	1,030,902.	2,000.	E 11 V	TICKELS	pee part IV - u
RMHC of Southern Colorado, Inc.							
4223 Royal Pine Dr						Airline	
Colorado Springs, CO 80920	84-1013843	501(c)(3)	79,201.	1,200.	FMV	Tickets	See part IV - d
			,101.		F		Fare r. a
		1	1	1	1	1	

Schedule I (Form 990)

126,327.

55-0631080 501(c)(3)

Ο.

### Schedule I (Form 990) Ronald McDonald House Charities, Inc.

Greenville, SC 29605

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Southwest Florida, Inc.							
, 16100 Roserush Court						Airline	
Fort Myers, FL 33908	11-3704163	501(c)(3)	120,000.	800.	FMV	Tickets	See part IV - d
RMHC of Southwest Virginia, Inc. 2224 S. Jefferson St.							
Roanoke, VA 24014	54-1244769	501(c)(3)	84,484.	0.			See part IV - d
RMHC of St. Louis, Inc.							
3450 Park Avenue						Airline	
St. Louis, MO 63104	43-1160478	501(c)(3)	2,329,579.	2,000.	FMV		See part IV - a, b, d
	15 11001/0	501(0)(3)	2,020,070.	2,000.			
RMHC of Tallahassee, Inc.							
, 712 East 7th Avenue							
Tallahassee, FL 32303	59-2794505	501(c)(3)	29,206.	0.			See part IV - d
RMHC of Tampa Bay, Inc.							
35 Davis Blvd						Airline	
Tampa, FL 33606	59-1835985	501(c)(3)	599,148.	2,000.	FMV	Tickets	See part IV - d
RMHC of Temple, Texas, Inc.							
2415 South 47th St.						Airline	
Temple, TX 76504	74-2345274	501(c)(3)	58,988.	1,200.	FMV	Tickets	See part IV - d
	/1 20102/1	501(0)(3)		1,200.			
RMHC of the Bluegrass, Inc.							
PO Box 22414						Airline	
Lexington, KY 40522-2414	61-0986164	501(c)(3)	239,079.	1,200.	FMV	Tickets	See part IV - d
·							
RMHC of the Capital Region, Inc.							
139 S. Lake Avenue						Airline	
Albany, NY 12208-3256	22-2356004	501(c)(3)	190,505.	1,200.	FMV	Tickets	See part IV - d
RMHC of the Carolinas, Inc.							
706 Grove Rd						Airline	

See part IV - d

Schedule I (Form 990)

160,143.

1,200.FMV

Tickets

57-0844123 501(c)(3)

#### Schedule I (Form 990) Ronald McDonald House Charities, Inc.

419 S. Hawthorne Rd.

Winston-Salem, NC 27103

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of the Central Valley, Inc. 9161 Randall Way						Airline	
Madera, CA 93638	94-2864490	501(c)(3)	109,507.	1,200.	FMV	Tickets	See part IV - d
				, .			
RMHC of the Coastal Empire, Inc.							
4710 Waters Ave.						Airline	
Savannah, GA 31404	58-1630107	501(c)(3)	75,675.	800.	FMV	Tickets	See part IV - d
RMHC of the Four States, Inc.						Airline	
3402 South Jackson Joplin, MO 64804	43-1758397	501(a)(3)	58,506.	800.	EM37	Airline Tickets	See part IV - d
	45-1756557	501(0)(5)	58,500.		r nv	TICKELS	
RMHC of the Inland Northwest							
1028 West 5th Avenue						Airline	
Spokane, WA 99204	91-1176115	501(c)(3)	211,110.	2,000.	FMV	Tickets	See part IV - d
RMHC of the Intermountain Area,							
Inc 935 East South Temple -						Airline	
Salt Lake City, UT 84102-1411	74-2386043	501(c)(3)	1,016,890.	2,000.	FMV	Tickets	See part IV - a, b, d
RMHC of the Ohio Valley, Inc. 3540 Washington Avenue							
Evansville, IN 47714	35-1748468	501(c)(3)	163,049.	0.			See part IV - d
	55 1740400	501(0)(5)	103,049.				
RMHC of the Ozarks, Inc.							
949 E. Primrose St.							
Springfield, MO 65807-5257	43-1371143	501(c)(3)	292,160.	٥.			See part IV - d
RMHC of the Philadelphia Region							
3925 Chestnut St						Airline	
Philadelphia, PA 19104	23-7377505	501(c)(3)	809,390.	2,000.	FMV	Tickets	See part IV - d
RMHC of the Piedmont Triad, Inc.							
AMAGE OF THE FIELMONT TITAL, INC.		1			1		

153,535.

62

See part IV - d Schedule I (Form 990)

Airline

Tickets

1,600.FMV

Page 1

36-2934689

58-1454715 501(c)(3)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

### Schedule | (Form 990) Ronald McDonald House Charities, Inc.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

39-1794402 501(c)(3)

Suite 100 - Onalaska, WI 54650

					· "	,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RMHC of the Red River Valley, Inc.							
4757 Agassiz Xing S							
Fargo, ND 58104	45-0365598	501(c)(3)	264,578.	0.			See part IV - a, d
							, ,
RMHC of the Southwest, Inc.							
3413 - 10th Street						Airline	
Lubbock, TX 79415	75-1915179	501(c)(3)	110,565.	1,200.	FMV	Tickets	See part IV - d
RMHC of TriState, Inc.							
240 Berger Road							
Paducah, KY 42001	61-1224406	501(c)(3)	139,989.	0.			See part IV - d
RMHC of Tulsa, Inc.							
6102 S. Hudson Ave.	72 1212000	$E_{01}(z)(z)$	106 406	1 200	EM07	Airline Tickets	Gas part TV d
Tulsa, OK 74136-2020	73-1313892	501(0)(3)	106,496.	1,200.	FMV	TICKELS	See part IV - d
RMHC of West Georgia, Inc.							
1959 Hamilton Rd.						Airline	
Columbus, GA 31904	58-2065776	501(c)(3)	22,765.	800.	FMV	Tickets	See part IV - d
RMHC of Western Montana							
3003 Fort Missoula Rd.							
Missoula, MT 59804	47-2261447	501(c)(3)	63,384.	0.			See part IV - d
RMHC of Western New York, Inc.							
780 W. Ferry St.						Airline	
Buffalo, NY 14222	22-2438932	501(c)(3)	82,064.	1,200.	FMV	Tickets	See part IV - d
RMHC of Western Washington &						Airline	
Alaska, Inc 5130 40th Avenue NE - Seattle, WA 98105-3055	91-1061043	501(c)(3)	184,783.	2,000.	FM37	Airline Tickets	See part IV - d
- Seallie, WA JOIUS-3033	91-1001043	501(6)(5)	104,703.	2,000.	E 14 V	TICKELS	pee part IV - u
RMHC of Western WI & Southeastern							
MN, Inc 2700 National Drive,							
,		1	1	1	1	1	1

Schedule I (Form 990)

615,803.

Ο.

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Wichita, Inc.							
551 N Hillside, Ste 100						Airline	
Wichita, KS 67214	48-0918101	501(c)(3)	87,885.	1,200.	FMV	Tickets	See part IV - d
RMHC South Texas							
3402 Fort Worth St.						Airline	
Corpus Christi, TX 78411	74-2378671	501(c)(3)	132,773.	1,200.	FMV	Tickets	See part IV - d
RMHC, Northern Nevada, Inc.							
323 Maine Street						Airline	
Reno, NV 89502	94-2863819	501(c)(3)	48,652.	800.	FMV	Tickets	See part IV - d
RMHC, Upper Midwest, Inc.							
818 Fulton St SE						Airline	
Minneapolis, MN 55414	41-1313107	501(c)(3)	652,240.	2,000.	FMV	Tickets	See part IV - d
Southern Appalachian RMHC, Inc.							
418 N. State of Franklin Rd.							
Johnson City, TN 37604	62-1578123	501(c)(3)	87,858.	0.			See part IV - d
	02 13,0123	561(6)(6)		<b>.</b>			

Schedule I (Form 990)

Schedule I (Form 990) 2022

Ronald McDonald House Charities, Inc.

Page 2

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.

<b>IV</b> Supplemental Information. Provide the information req	uired in Part L lin	e 2: Part III. column	(b): and any other ac	ditional information	

Part I, Line 2:

RMHC Field Operations team members work with a specific Chapter and are

responsible for subsequent follow-up to determine that funds granted by

RMHC to each respective Chapter have been used for their stated purposes.

On an annual basis, each Chapter must submit their audited financial

statements. 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

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) General Chapter operating support and capacity building grants to

Chapters

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

RMHC received a donation of airline tickets from Southwest Airlines

during 2022, and the majority of the tickets were donated to the

Chapters for general operating support.

Schedule I (Form 990)

232291 04-01-22

SCHEDULE L	
------------	--

Department of the Treasury

Internal Revenue Service

### (Form 990)

### **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
0000	

2022	
Open To Public Inspection	

Name of the organization

Employer identification number
--------------------------------

	Ronald Mc	Donald House Charities, Inc.	36-2934689
Part I	Excess Benefit Trans	actions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) or	janizations only).
	Complete if the organization	answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ,	Part V, line 40b.

1 (a) Name of diamonalities a second	(b) Relationship between disqualified			(d) Corrected?		
(a) Name of disqualified person	person and organization	(c) Description of transaction		Yes	No	
2 Enter the amount of tax incurred by	the organization managers or disqualifie	ed persons during the year under				
section 4958 \$						
3 Enter the amount of tax, if any, on I	<b>3</b> Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$					

### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose	(d) Lo fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> defa	In iult?	(h) Ap by bo comm	proved ard or hittee?	(i) W agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
Total					\$	1						

Part III

### I Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

232131 11-01-22

Schedule L	(Form 990) 2022
Dort IV	Bucinoce T

#### 2 Ronald McDonald House Charities, Inc. ransactions Involving Interested Persons

(a) Name of interested person	ered "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
AcDonald's Corporation	See Part V	2,993,259.	See Part V		X
Part V Supplemental Information				I	<u> </u>
Provide additional information for r	esponses to questions on Schedule L (see in	nstructions).			
ch L, Part IV, Business Transaction	ns Involving Interested Persons:				
a) Name of Person: McDonald's Corpo	pration				
(b) Relationship Between interested	Person and Organization.				
	Torbon and organization.				
Substantial Contributor					
d) Description of Transaction: RMH	C has no paid employees. The				
lay-to-day operations of the Charit	y are run by employees of McDonal	ld's			
Corporation. McDonald's Corporation	donates the majority of the cost	c of			
the employee services to RMHC. For t	the remaining services, RMHC has	an			
agreement with McDonald's Corporation	on whereby it reimburses the Comp	bany			
for the services at cost.		_			

Schedule L (Form 990) 2022

232132 11-01-22

10180510 150029 RMHC

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

ſ ΖU **Open to Public** 

22

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

Department of the Treasury Internal Revenue Service

	Inspection	
loyer	identification number	

Name of the organization

Emp

		Ronald McDonald H	Iouse Chari	lties, Inc.		36-2	93468	9	
Pa	tl   Ty	pes of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermin	0	 s
1	Art - Work	s of art							
2		rical treasures							
3		onal interests							
4		I publications							
5		nd household goods							
6		other vehicles							
7		planes							
8		l property							
9	Securities	- Publicly traded		16	121,612.	Market quotation	ıs		
10		- Closely held stock							
11		- Partnership, LLC, or							
	trust intere								
12		- Miscellaneous							
13		conservation contribution -							
	Historic st	ructures							
14		conservation contribution - Other							
15		e - Residential							
16	Real estat	e - Commercial							
17		e - Other							
18		s							
19		ntory							
20		medical supplies							
21	Taxidermy								
22	Historical	artifacts							
23		specimens							
24		ical artifacts							
25	Other	(Airline tickets )	Х	1	160,000.	FMV/Sales Price			
26	Other	()							
27	Other	( )							
28	Other	( )							
29	Number of	Forms 8283 received by the organ	nization during	g the tax year for co	ontributions				
	for which t	he organization completed Form 8	283, Part V, D	onee Acknowledg	ement			0	
								Yes	No
30a	During the	year, did the organization receive	by contributic	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold	for at least 3 years from the date o	f the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt pu	rposes for the entire holding period	d?				30a		Х
b	lf "Yes," d	escribe the arrangement in Part II.							
31	Does the o	organization have a gift acceptance	policy that re	equires the review o	of any nonstandard contribu	tions?	31	Х	
32a	Does the o	organization hire or use third parties	s or related or	ganizations to solid	cit, process, or sell noncash				
	contributio	ons?					32a		х
b	lf "Yes," d	escribe in Part II.							
33	If the orga	nization didn't report an amount in	column (c) fo	r a type of property	for which column (a) is che	cked,			
	describe ir	n Part II.							
I HA	For Pap	erwork Reduction Act Notice, se	e the Instruc	tions for Form 990	).	Schedule	M (Forr	n 990)	2022

.

Schedule M (Form 990) 2022 R	onald McDonald House Charities, Inc.	36-2934689 Page <b>2</b>
Part II Supplemental Ir is reporting in Part I, this part for any addi	<b>nformation.</b> Provide the information required by Part I, line column (b), the number of contributions, the number of items itional information.	s 30b. 32b. and 33. and whether the organization
Schedule M, Part I, Colum	un (b):	
RMHC is reporting the num	aber of contributions received from donors, no	t
the number of items recei	.ved.	
232142 09-09-22		Schedule M (Form 990) 2022
	70	

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 36-2934689

Form 990, Part I, Lines 5 and 6:

RMHC has no paid employees. The day-to-day operations of the Charity

are run by employees of McDonald's Corporation. McDonald's Corporation

Ronald McDonald House Charities, Inc.

donates the majority of the cost of the employee services to RMHC. For

the remaining services, RMHC has an agreement with McDonald's

Corporation whereby it reimburses the Company for the services at cost.

In addition, numerous other volunteers assist with various fundraising

events and other administrative and program support. The number of

volunteers varies at any given time, but RMHC estimates the total

number of volunteers to be approximately 125.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Following are the activities conducted by RMHC to support the Chapters:

(1)Ronald McDonald House: RMHC provided grants totaling \$3,835,000 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

\$1,702,500 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) 2022

232211 10-28-22

10180510 150029 RMHC

71

Schedule O (Form 990) 2022 Name of the organization	Employer identification number
Ronald McDonald House Charities, Inc.	36-2934689
of the world by funding the capital build for all new Ronald McDonald	
Care Mobiles with support totaling \$169,308. 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 \$46,134,309. RMHC	
provides expertise in all aspects of the three core program operations,	
other program development, and nonprofit management for its Chapters	
worldwide. Support also includes general program support grants. RMHC	
is committed to strengthening the global system of Chapters, by	
providing such grants and programmatic support to help each Chapter	
achieve a high level of excellence in management and operations, and to	
help them effectively and efficiently fulfill their mission. Activities	
include, among others: resource development; sharing best practices to	
improve all aspects of RMHC; strategic planning; technology upgrades;	
ongoing training and education of board, staff, and volunteers to	
encourage excellence in delivering programs, fundraising and	
administrative practices; investment in environmental sustainability	
activities such as energy audits, water and waste efficiency projects	
at Ronald McDonald House programs; facilitation of networking	
opportunities; and developing local fundraising capabilities to grow	
resources and meet new and expanding program needs.	
Form 990, Part VI, Section A, line 2:	
Irustee and Officer relationships:	
-Kelly Dolan, Rick Hernandez, Manish Yadav, Angela Steele, and Chris	
Kempczinski, who are McDonald's Officers and Trustees, have business	
relationships with each other and with the following McDonald's employees,	
licensees, and suppliers: Stacey Bifero, Janet Burton, Joanna Sabato,	

10180510 150029 RMHC

2022.03040 RONALD MCDONALD HOUSE CHA RMHC\_\_\_1

Schedule O (Form 990) 2022 Name of the organization		Page Employer identification number
Ronald McDonald House	Charities, Inc.	36-2934689
Rodney Jordan, Theodore Perlman, J. Christ	opher Reyes, Eduardo Sanchez,	
Wayne Stingley, Nicole Harper Rawlins, and	Michael Thompson.	
-Andrew J. McKenna has a business relation	ship with J. Christopher Reyes	
and Michelle Stephenson.		
Form 990, Part VI, Section B, line 11b:		
The Board retains the services of an indep	endent CPA firm to review the	
Form 990 before it is filed with the IRS.	Once the firm has approved a	
draft of the form, the RMHC Chief Financia	l Officer presents it to the	
audit committee. After review and approval	of the Form 990 by the audit	
committee, copies of the complete Form 990	and all accompanying schedules	
are provided to the remainder of the Board	and Officers prior to filing it	
with the IRS.		
Form 990, Part VI, Section B, Line 12c:		
Trustees, Officers, and key volunteers are	annually required to complete a	
Conflict of Interest disclosure statement	as a precursor to their service	
to RMHC. Potential conflicts are logged wi	th and monitored by the Secretary	
of the Board and reviewed by a committee o	f the Board. Interested parties	
are not allowed to participate in Board di	scussions 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 in	structions, questions 15a and	
15b, which relate to the process for deter	mining compensation, are marked	
"No."		
232212 10-28-22	73	Schedule O (Form 990) 202

Schedule O (Form 990) 2022	Page 2
Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:	
AK, AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, ND, OR, PA, RI, SC, TN	
UT,WI,WV	
Form 990, Part VI, Section C, Line 18:	
RMHC posts copies of its Form 990 and Form $990-T$ (if applicable) for the	
three most recent years on its website and provides copies of its Form 1023	
upon request.	
Form 990, Part VI, Section C, Line 19:	
RMHC posts its By-Laws, Conflict of Interest Policy, and Audited Financial	
Statements on its website.	
Form 990, Part VI, Section B, Line 10a:	
Ronald McDonald House Charities is a system of independent, separately	
registered public benefit organizations, referred to as "Chapters" by	
RMHC. RMHC does not have legal control over these Chapters, except the	
related tax-exempt organizations disclosed in Schedule R, Part II.	
Each Chapter must separately incorporate under the laws of its own	
state or country and obtain "charitable tax exempt" status (or the	
equivalent) under the laws of its own country.	
Form 990, Part VII	
The President and CEO of RMHC holds a non-voting Trustee position on	
the Board of Trustees.	
Form 990, Donated Goods and Services:	
RMHC receives support from McDonald's Corporation (McDonald's)	

232212 10-28-22

Schedule O (Form 990) 2022

Name of the organization Ronald McDonald House Charities	, Inc.	Employer identification number 36-2934689
consisting of the free use of its facilities, equipme		
he majority of employee services. The free goods and	d services provided	
y McDonald's partially defray certain costs that RM	HC would otherwise	
ncur for program service, fundraising, and managemen	nt and general	
xpenditures. Certain management services, such as f	inancial,	
undraising, marketing, and program services, are pro	ovided free of	
harge by employees of McDonald's. Although the value	e of these goods	
nd services is required to be included in RMHC's au	lited financial	
tatements, some of it must be excluded from Form 99	0. The IRS	
pecifically excludes donations of services and the	use of facilities	
nd equipment from total revenues in Part VIII and to	otal expenses in	
art IX of Form 990. In 2022, the total amount that w	was excluded from	
orm 990 was \$18,086,300 of which \$6,402,163 was dona	ated services and	
se of facilities and equipment provided by McDonald	's.	
orm 990, Part IX, Line 11f:		
s a service to its U.S. Chapters, RMHC pays the find	ancial advisory	
ervices and administrative cost of an investment pro	ogram that allows	
articipating Chapters access to highly diversified :	investment options	
hat might otherwise not be available to them.		
orm 990, Part IX, Line 24a:		
he RMHC Donation Box program inside McDonald's resta	aurants is one of	
he Charity's largest on-going fundraisers. There are	e RMHC Donation	
oxes at McDonald's restaurants where customers can (	leposit their	
hange for the benefit of RMHC. The collection of RMM	HC Donation Box	
unds from McDonald's restaurants throughout the Unit	ted States is	
entralized under one vendor management company, Inte		
32212 10-28-22	75	Schedule O (Form 990) 20

Schedule O (Form 990) 2022 Name of the organization		Page 2 Employer identification number
Ronald McDonald House Charities, In		36-2934689
collection revenue is sent to RMHC from Integrigo, and F	MHC pays	
Integrigo all collection fees. RMHC then remits 75% of t	he funds	
collected (net of 75% of the collection fees incurred) of	lirectly to each	
U.S. RMHC Chapter.		
Form 990, Part XI, line 9, Changes in Net Assets:		
Loss on cash surrender value of insurance	-25,729.	
Recovery of prior year grants	245,011.	
Total to Form 990, Part XI, Line 9	219,282.	
232212 10-28-22	76	Schedule O (Form 990) 2022

10180510 150029 RMHC

### **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.

### Name of the organization

Ronald McDonald House Charities, Inc.

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

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

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 Part II organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?	
				501(c)(3))		Yes	No	
Ronald McDonald House Charities Russia, Inc.	Operate a Ronald McDonald				Ronald McDonald			
26 Valovaya St	House for families with				House Charities,			
Moscow, RUSSIA 115054	sick children	Russia	501(c)(3)		Inc.	x		
Ronald McDonald Gyermeksegely Alapitvany	Operate a Ronald McDonald				Ronald McDonald			
Magyar Tagozat, Soroksari ut 30-34.,	House for families with				House Charities,			
Budapest, HUNGARY 1095	sick children	Hungary	501(c)(3)		Inc.	x		
Ronald McDonald Lastentalosaatio	Operate a Ronald McDonald				Ronald McDonald			
Oksakoskenpolku 6	House for families with				House Charities,			
Helsinki, FINLAND 00250	sick children	Finland	501(c)(3)		Inc.	x		
	_							
	_							
	7							

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

Schedule R (Form 990) 2022

Open to Public Inspection

Employer identification number

22

36-2934689

(Form 990)

Department of the Treasury Internal Revenue Service

SCHEDULE R

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

(a)	(b)	(c)	(d)		(e)		(f)	(	g)	()	h)	(i)		(j)	(k)
Name, address, and EIN of related organization	rganization entity		(related, excluded fr	nant income , unrelated, rom tax under	Share of total income		Share of end-of-year assets		Disproportion allocation		Code V-UE amount in b 20 of Sched	ox <sup>m</sup> ule	nanaging partner?	Percentaç ownershi	
		country)		sections	s 512-514)					Yes	No	K-1 (Form 10	65) <b>Y</b>	′es No	
	_														
	_														
	-														
														_	
	-														
	-														
	-														
	-														
	-														
	-														
	1														
	1														
IV Identification of Related Or organizations treated as a co	ganizations Taxable a	is a Corpo	<b>eration or Trust.</b> C /ear.	omplete if t	he organizati	ion answ	vered "Yes	" on For	m 990, Pa	art IV, I	line 34	I, because it h	ad one	e or mo	ore related
(a)			(b)	(c)	(d)		(e)		(f)	)		(g)	(	(h)	(i) Section
Name, address, and I	Name, address, and EIN Primary activit of related organization			Legal domicile (state or foreign country)	Direct cont entity		Type of (C corp, S or tru	entity S corp,	Share o inco	of total			Perce	entage ership	Section 512(b)(1 controlle entity?
					Ronald										
					McDonald	House									

			Ronald				
			McDonald House				
Charitable remainder trust	Charitable trust	CA	Charities			х	
	]						

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

Not	e: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
	Other transfer of cash or property from related organization(s)	1s		Х

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.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) Ronald McDonald Gyermeksegely Alapitvany Magyar Tagozat	В	30,354.	Cash
(2) Ronald McDonald Lastentalosaatio	В	6,785.	Cash
(3)			
(4)			
(5)			
_(6)			

Schedule R (Form 990) 2022 Ronald McDonald House Charities, Inc.

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

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

(a)	(b)	(c)	(d)	(e	e)	(f)	(g)	(h	ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are Are partne 501( org	e all rs sec. c)(3)	Share of	Share of	Dispr tior	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	
of entity		(state or foreign country)	excluded from tax under	org		total income	end-of-year assets	alloca	tions?	of Schedule K-1	partne	ownership
		oodinity)	Sections 512-514)	Yes	No			Yes	No	(FUIII 1003)	Yes I	0

Schedule R (Form 990) 2022

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Part II:

In 2022, RMHC, Inc. ended its relationship with Ronald McDonald House

Charities Russia, Inc. by terminating its license to operate as an RMHC

Chapter and withdrawing from the founders list of the charity. In

addition, RMHC branding was removed from the Russian organization and

the legal name of the organization was changed to remove any

affiliation with RMHC, Inc or its system of Chapters.

Schedule R (Form 990) 2022

232165 09-14-22

10180510 150029 RMHC