

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2020 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> Ronald McDonald House Charities, Inc.		<b>D Employer identification number</b> 36-2934689
	Doing business as		<b>E Telephone number</b> 630-623-7048
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	110 N. Carpenter St.		<b>G Gross receipts \$</b> 94,454,788.
	City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60607-2101		
<b>F Name and address of principal officer:</b> Kelly Dolan same as C above		<b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c) Group exemption number</b> ▶	

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

**J Website:** ▶ [www.rmhc.org](http://www.rmhc.org)

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 1977 **M State of legal domicile:** IL

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: Create, find, support programs that improve the health and well-being of children and families		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	100
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	53,774,549.	70,209,825.
	9 Program service revenue (Part VIII, line 2g)	26,400.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,106,933.	3,706,433.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<389,702.>	<36,900.>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,518,180.	73,879,358.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,884,290.	39,770,976.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	60,400.	263,615.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,849,462.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,449,866.	13,118,327.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,394,556.	53,152,918.
19 Revenue less expenses. Subtract line 18 from line 12	10,123,624.	20,726,440.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year 159,883,917.	End of Year 194,964,264.
	21 Total liabilities (Part X, line 26)	8,682,143.	7,486,563.
	22 Net assets or fund balances. Subtract line 21 from line 20	151,201,774.	187,477,701.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>Stacey Bifero</i>	Date 5/10/21			
	Stacey Bifero, Chief Financial Officer Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Amber Gazica	Preparer's signature <i>Amber Gazica</i>	Date 05/10/21	Check if self-employed <input type="checkbox"/>	PTIN P01391011
	Firm's name ▶ Ernst & Young, LLP	Firm's EIN ▶ 34-656596	Phone no. 202-327-6000		
Firm's address ▶ 1101 New York Ave NW Washington, DC 20005					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To create, find and support programs that directly improve the health and well-being of children and their families.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 46,718,130. including grants of \$ 39,770,976. ) (Revenue \$ 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)

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

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

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

4e Total program service expenses 46,718,130.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 23; 1b Enter the number of voting members included... 23; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? X

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Alan Harris, MD Trustee	1.00	X					0.	0.	0.	
(2) Alex Dimitrief Trustee	1.00	X					0.	0.	0.	
(3) Alex Rodriguez Trustee (until 12/20)	1.00	X					0.	0.	0.	
(4) Andrew J. McKenna Trustee	1.00	X					0.	0.	0.	
(5) Chris Kempczinski Trustee	1.00	X					0.	0.	0.	
(6) David C. Herman, MD Trustee	1.00	X					0.	0.	0.	
(7) Eduardo Sanchez Trustee, Treasurer	1.00	X		X			0.	0.	0.	
(8) Ginger Hardage Trustee, Chairman (beg. 12/20)	1.00	X		X			0.	0.	0.	
(9) Grace Fung Oei Trustee	1.00	X					0.	0.	0.	
(10) J. Christopher Reyes Trustee	1.00	X					0.	0.	0.	
(11) James D. Watkins Trustee	1.00	X					0.	0.	0.	
(12) Jan Fields Trustee	1.00	X					0.	0.	0.	
(13) Javier C. Goizueta Trustee	1.00	X					0.	0.	0.	
(14) Jeffrey Davis Trustee	1.00	X					0.	0.	0.	
(15) Laura Schumacher Trustee	1.00	X					0.	0.	0.	
(16) Mats Lederhausen Trustee	1.00	X					0.	0.	0.	
(17) Michael Thompson Trustee (beg. 12/20)	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Michelle Stephenson Trustee	1.00	X						0.	0.	0.
(19) Nicole Enearu Trustee (beg. 12/20)	1.00	X						0.	0.	0.
(20) Rick Hernandez Trustee	1.00	X						0.	0.	0.
(21) Sheldon Lavin Trustee (until 12/20)	1.00	X						0.	0.	0.
(22) Steven M. Ramirez Trustee, Chairman (until 12/20)	1.00	X		X				0.	0.	0.
(23) Stuart E. Siegel, MD Trustee	1.00	X						0.	0.	0.
(24) Theodore Perlman Trustee	1.00	X						0.	0.	0.
(25) Wayne Stingley Trustee	1.00	X						0.	0.	0.
(26) Wendy Davidson Trustee	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Integrigo, LLC, 11 Court Street, Suite 280, Exeter, NH 03833	Donation Box Management and Collection	3,942,746.
McDonald's Corporation 110 N Carpenter, Chicago, IL 60607	Professional services	1,857,789.
Cappgemini America, Inc, 400 Broadacres Drive, Suite 410, Bloomfield, NJ 07003	Website redesign/technology consulting	1,209,665.
Clark Hill PLC, 130 E. Randolph St., Suite 3900, Chicago, IL 60601-6317	Legal Services	371,011.
CSG-NAM, LLC, 11 Court Street, Suite 280, Exeter, NH 03833	Inventory Survey	255,727.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **13**

See Part VII, Section A Continuation sheets



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	224,885.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	90,000.				
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	1,000,000.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	68,894,940.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 321,823.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f		70,209,825.			
	Program Service Revenue	<b>2 a</b>	_____				
<b>2 b</b>		_____					
<b>2 c</b>		_____					
<b>2 d</b>		_____					
<b>2 e</b>		_____					
<b>2 f</b>		All other program service revenue					
<b>2 g</b>		<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		3,620,976.		3,620,976.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>6 d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	20,570,887.			
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses	20,455,813.	29,617.			
<b>7 c</b>	Gain or (loss)	115,074.	-29,617.				
<b>7 d</b>	Net gain or (loss)		85,457.		85,457.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 90,000. of contributions reported on line 1c). See Part IV, line 18		53,100.				
<b>8 b</b>	Less: direct expenses	90,000.					
<b>8 c</b>	Net income or (loss) from fundraising events		-36,900.		-36,900.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>9 c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>10 c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	_____					
	<b>11 b</b>	_____					
	<b>11 c</b>	_____					
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		73,879,358.	0.	0.	3,669,533.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	34,055,821.	34,055,821.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	5,715,155.	5,715,155.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	372,574.	136,321.	59,385.	176,868.
<b>c</b> Accounting .....	146,430.		146,430.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	263,615.			263,615.
<b>f</b> Investment management fees .....	241,562.	127,904.	113,658.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	4,551,196.	2,448,104.	757,776.	1,345,316.
<b>12</b> Advertising and promotion .....	1,184,773.		35,270.	1,149,503.
<b>13</b> Office expenses .....	67,643.	12,636.	3,708.	51,299.
<b>14</b> Information technology .....	1,220,227.	549,626.	217,368.	453,233.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	199,516.	145,045.	23,789.	30,682.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	100,182.	47,524.	686.	51,972.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	128,083.	13,035.		115,048.
<b>23</b> Insurance .....	170,938.	56,136.	114,802.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Donation box expense	4,455,725.	3,365,017.	0.	1,090,708.
<b>b</b> Credit card/bank fees	100,765.		12,681.	88,084.
<b>c</b> Bad debt expense	84,305.		84,305.	0.
<b>d</b> Subscriptions	51,572.	42,038.	5,114.	4,420.
<b>e</b> All other expenses	42,836.	3,768.	10,354.	28,714.
<b>25</b> Total functional expenses. Add lines 1 through 24e	53,152,918.	46,718,130.	1,585,326.	4,849,462.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	9,888,162.	<b>2</b>	15,335,277.
	<b>3</b> Pledges and grants receivable, net .....	15,959,776.	<b>3</b>	13,963,127.
	<b>4</b> Accounts receivable, net .....	37,103.	<b>4</b>	1,115,023.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	400,000.	<b>7</b>	300,000.
	<b>8</b> Inventories for sale or use .....	98,039.	<b>8</b>	156,748.
	<b>9</b> Prepaid expenses and deferred charges .....	528,974.	<b>9</b>	1,396,230.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,871,048.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,145,971.	63,835.	<b>10c</b> 725,077.
	<b>11</b> Investments - publicly traded securities .....	120,254,440.	<b>11</b>	148,230,979.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	11,424,574.	<b>12</b>	12,519,298.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,229,014.	<b>15</b>	1,222,505.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	159,883,917.	<b>16</b>	194,964,264.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,868,220.	<b>17</b>	2,120,249.
	<b>18</b> Grants payable .....	6,755,208.	<b>18</b>	5,331,233.
	<b>19</b> Deferred revenue .....	4,000.	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	54,715.	<b>25</b>	35,081.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,682,143.	<b>26</b>	7,486,563.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	143,677,770.	<b>27</b>	180,559,561.
	<b>28</b> Net assets with donor restrictions .....	7,524,004.	<b>28</b>	6,918,140.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	151,201,774.	<b>32</b>	187,477,701.
<b>33</b> Total liabilities and net assets/fund balances .....	159,883,917.	<b>33</b>	194,964,264.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	73,879,358.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	53,152,918.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	20,726,440.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	151,201,774.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	15,398,953.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	150,534.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	187,477,701.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2020)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	30,405,376.	40,199,906.	44,035,121.	53,774,549.	70,209,825.	238,624,777.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	30,405,376.	40,199,906.	44,035,121.	53,774,549.	70,209,825.	238,624,777.
<b>5</b> 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) .....						23,939,478.
<b>6 Public support.</b> Subtract line 5 from line 4.						214,685,299.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	30,405,376.	40,199,906.	44,035,121.	53,774,549.	70,209,825.	238,624,777.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,138,814.	2,626,296.	2,421,473.	3,478,928.	3,260,976.	13,926,487.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	5,986.	3,203.	198,414.	17.	0.	207,620.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,114,545.	769,095.	814,011.	648,975.	53,100.	3,399,726.
<b>11 Total support.</b> Add lines 7 through 10						256,158,610.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	742,255.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	83.81	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	89.08	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified 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 .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> 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 in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
<b>b</b> Did the activities described in 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

Schedule A, Part II, Line 10, Explanation for Other Income:

Gross income from special fundraising events and gaming

2016 Amount: \$ 1,114,545.

2017 Amount: \$ 769,095.

2018 Amount: \$ 814,011.

2019 Amount: \$ 648,975.

2020 Amount: \$ 53,100.

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

Ronald McDonald House Charities, Inc.

Employer identification number

36-2934689

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  Ronald McDonald House Charities, Inc.	Employer identification number  36-2934689
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 21,688,511.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,053,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Ronald McDonald House Charities, Inc.	Employer identification number  36-2934689
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Auction item _____ _____ _____	\$ 90,000.	02/04/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		2,871,048.	2,145,971.	725,077.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				725,077.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests	145,685.	Cost
(3) Other		
(A) McDonald's Corporation	12,373,613.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,519,298.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Intermediary third party liability (see Part XIII)	35,081.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	35,081.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	94,954,374.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	15,398,953.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	5,767,091.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	201,608.
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-51,074.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	21,316,578.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	73,637,796.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	241,562.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	241,562.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	73,879,358.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	58,678,447.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	5,767,091.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	5,767,091.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	52,911,356.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	241,562.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	241,562.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	53,152,918.

**Part XIII Supplemental Information.**

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

Part X, Line 2:

RMHC is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. However, income, if any, from certain activities not directly related to RMHC's tax-exempt purpose is subject to taxation as unrelated business income. In addition, RMHC qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(1). RMHC believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements. Income taxes for unrelated business income were \$(1,000) and \$38,400 for the years ended December 31, 2020 and 2019, respectively.

**Part XIII** Supplemental Information (continued)

Part XI, Line 2d - Other Adjustments:

Loss on cash surrender value of insurance

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

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

Parts XI and XII, Reconciliation of Revenue and Expenses:

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization  Ronald McDonald House Charities, Inc.	Employer identification number  36-2934689
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean	0	0	Grantmaking		213,280.
East Asia and the Pacific	0	0	Grantmaking		1,101,343.
Europe	0	0	Grantmaking		2,612,450.
Middle East and North Africa	0	0	Grantmaking		20,000.
North America	0	0	Grantmaking		867,059.
Russia and the Neighboring States	0	0	Grantmaking		90,680.
South America	0	0	Grantmaking		769,663.
Sub-Saharan Africa	0	0	Grantmaking		40,680.
<b>3 a</b> Subtotal .....	0	0			5,715,155.
<b>b</b> Total from continuation sheets to Part I .....	0	0			121,485.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			5,836,640.

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

Schedule F (Form 990) 2020

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program services	Chapter support	3,482.
East Asia and the Pacific	0	0	Program services	Chapter support	2,741.
Europe	0	0	Program services	Chapter support	28,918.
Middle East and North Africa	0	0	Program services	Chapter support	4,455.
North America	0	0	Program services	Chapter support	37,583.
North America	0	0	Program services	Chapter capacity building	3,160.
Russia and the Neighboring States	0	0	Program services	Chapter support	640.
South America	0	0	Program services	Chapter support	39,665.
Sub-Saharan Africa	0	0	Program services	Chapter support	841.
<b>Totals</b> .....					121,485.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	See part V - a, d	25,091.	Bank Draft	680.	Surgical Masks	FMV
		Central America and the Caribbean	See part V - a, d	60,091.	Bank Draft	0.		
		Central America and the Caribbean	See part V - a, d	127,418.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	20,000.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	20,000.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	20,000.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	20,000.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	21,000.	Bank Draft	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 78

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

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	See part V - d	25,000.	Bank Draft	680.	Surgical Masks	FMV
		East Asia and the Pacific	See part V - d	30,000.	Bank Draft	680.	Surgical Masks	FMV
		East Asia and the Pacific	See part V - d	35,000.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	35,000.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	105,000.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	125,000.	Bank Draft	0.		
		East Asia and the Pacific	See part V - c, d	149,601.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	167,341.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	325,000.	Bank Draft	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	See part V - d	20,000.	Bank Draft	0.		
		Europe	See part V - d	20,000.	Bank Draft	0.		
		Europe	See part V - d	20,000.	Bank Draft	0.		
		Europe	See part V - d	20,000.	Bank Draft	0.		
		Europe	See part V - d	20,000.	Bank Draft	0.		
		Europe	See part V - d	20,000.	Bank Draft	0.		
		Europe	See part V - d	20,000.	Bank Draft	0.		
		Europe	See part V - d	20,000.	Bank Draft	0.		
		Europe	See part V - d	20,000.	Bank Draft	0.		
		Europe	See part V - d	20,000.	Bank Draft	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	See part V - d	20,000.	Bank Draft	0.		
		Europe	See part V - d	20,000.	Bank Draft	0.		
		Europe	See part V - d	20,000.	Bank Draft	0.		
		Europe	See part V - d	20,000.	Bank Draft	0.		
		Europe	See part V - d	20,000.	Bank Draft	0.		
		Europe	See part V - d	23,500.	Bank Draft	680.	Surgical Masks	FMV
		Europe	See part V - d	25,000.	Bank Draft	0.		
		Europe	See part V - d	35,000.	Bank Draft	0.		
		Europe	See part V - d	40,000.	Bank Draft	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Europe	See part V - b	54,333.	Bank Draft	0.		
		Europe	See part V - d	56,000.	Bank Draft	0.		
		Europe	See part V - d	85,000.	Bank Draft	0.		
		Europe	See part V - d	105,000.	Bank Draft	0.		
		Europe	See part V - d	165,000.	Bank Draft	0.		
		Europe	See part V - b, d	195,000.	Bank Draft	0.		
		Europe	See part V - a, b, d	226,789.	Bank Draft	0.		
		Europe	See part V - d	241,148.	Bank Draft	0.		
		Europe	See part V - d	255,000.	Bank Draft	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Europe	See part V - a, d	275,000.	Bank Draft	0.		
		Europe	See part V - a, d	550,000.	Bank Draft	0.		
		Middle East and North Africa	See part V - d	20,000.	Bank Draft	0.		
		North America	See part V - d	20,000.	Bank Draft	0.		
		North America	See part V - d	20,000.	Bank Draft	0.		
		North America	See part V - d	20,000.	Bank Draft	0.		
		North America	See part V - d	30,000.	Bank Draft	0.		
		North America	See part V - d	30,000.	Bank Draft	0.		
		North America	See part V - d	40,000.	Bank Draft	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		North America	See part V - d	40,000.	Bank Draft	0.		
		North America	See part V - d	50,000.	Bank Draft	0.		
		North America	See part V - a, d	60,000.	Bank Draft	0.		
		North America	See part V - a, d	95,197.	Bank Draft	0.		
		North America	See part V - a, d	100,182.	Bank Draft	680.	Surgical Masks	FMV
		North America	See part V - d	120,000.	Bank Draft	0.		
		North America	See part V - a, d	240,000.	Bank Draft	0.		
		Russia and the Neighboring States	See part V - d	25,000.	Bank Draft	0.		
		Russia and the Neighboring States	See part V - d	65,000.	Bank Draft	680.	Surgical Masks	FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		South America	See part V - d	20,000.	Bank Draft	0.		
		South America	See part V - d	20,000.	Bank Draft	0.		
		South America	See part V - d	20,000.	Bank Draft	0.		
		South America	See part V - d	20,000.	Bank Draft	0.		
		South America	See part V - d	20,000.	Bank Draft	0.		
		South America	See part V - d	20,000.	Bank Draft	0.		
		South America	See part V - a, d	20,091.	Bank Draft	1,360.	Surgical Masks	FMV
		South America	See part V - a, d	30,091.	Bank Draft	680.	Surgical Masks	FMV
		South America	See part V - a, d	30,182.	Bank Draft	680.	Surgical Masks	FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		South America	See part V - d	35,000.	Bank Draft	1,360.	Surgical Masks	FMV
		South America	See part V - a, d	35,182.	Bank Draft	1,360.	Surgical Masks	FMV
		South America	See part V - d	90,000.	Bank Draft	680.	Surgical Masks	FMV
		South America	See part V - a, d	100,182.	Bank Draft	680.	Surgical Masks	FMV
		South America	See part V - a, d	130,774.	Bank Draft	1,360.	Surgical Masks	FMV
		South America	See part V - a, d	170,000.	Bank Draft	0.		
		Sub-Saharan Africa	See part V - d	40,000.	Bank Draft	680.	Surgical Masks	FMV



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

Part I, Line 2:

All grants outside the U.S. were made to Non-U.S. Chapters. RMHC monitors

the use of the funds in the following manner:

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

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

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

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

statements.

Part I, line 3:

Grants and expenditures are reported on the accrual basis of accounting.

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

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

operating support

(b) New Ronald McDonald Family Room programs

(c) Build and support Ronald McDonald Care Mobile Units

(d) New Chapter seed grants, general Chapter operating support, and

capacity building grants to Chapters



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Auction (event type)	(event type)	None (total number)	
Revenue	1	Gross receipts	143,100.		143,100.
	2	Less: Contributions	90,000.		90,000.
	3	Gross income (line 1 minus line 2)	53,100.		53,100.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	90,000.		90,000.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			90,000.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-36,900.

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:

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

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

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

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: Concord Direct

(i) Address of Fundraiser: 92 Old Turnpike Rd, Concord, NH 03301

Schedule G, Part I

As part of the agreement with Concord Direct, RMHC will pay for

expenses associated with fundraising campaigns. The total of these expenses in 2020 was \$11,117, which includes the cost of postage and

**Part IV** Supplemental Information *(continued)*

printing.

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Atlanta RMHC, Inc. 795 Gatewood Road NE Atlanta, GA 30329	58-1295754	501(c)(3)	416,519.	2,000.	FMV	Airline Tickets	See part IV - d
Central New York RMHC, Inc. 1100 East Genesee St. Syracuse, NY 13210	22-2371193	501(c)(3)	298,896.	0.			See part IV - d
Fundacion Infantil Ronald McDonald Puerto Rico, Inc. - 250 Calle Convento - San Juan, PR 00912	66-0468226	501(c)(3)	50,091.	1,480.	FMV	Airline Tickets, Surgical Masks	See part IV - a, d
Institute for Patient- and Family-Centered Care - 6917 Arlington Road, Suite 309 - Bethesda, MD 20814	52-1777133	501(c)(3)	10,000.	0.			See part IV - d
RMH at Maria Fareri at Children's Hospital, Inc. - dba RMH of the Greater Hudson Valley 80 Woods Rd. - Valhalla, NY 10595	35-2181050	501(c)(3)	31,034.	800.	FMV	Airline Tickets	See part IV - d
RMH of Akron, Inc. 141 West State Street Akron, OH 44302	34-1860682	501(c)(3)	30,000.	0.			See part IV - d

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 143.
- 3 Enter total number of other organizations listed in the line 1 table ..... ▶

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

Schedule I (Form 990) 2020

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMH of Central & Northern New Jersey, Inc. - 131 Bath Ave - Long Branch, NJ 07740-3237	22-2715544	501(c)(3)	50,135.	800.	FMV	Airline Tickets	See part IV - d
RMH of Chapel Hill, Inc. 101 Old Mason Farm Rd. Chapel Hill, NC 27517	56-1413188	501(c)(3)	37,654.	2,000.	FMV	Airline Tickets	See part IV - d
RMH of Charlotte, Inc. 1613 E Morehead Street Charlotte, NC 28207	20-4671570	501(c)(3)	120,000.	1,200.	FMV	Airline Tickets	See part IV - b, d
RMH of Dallas, Inc. 4707 Bengal Street Dallas, TX 75235	75-1609401	501(c)(3)	47,800.	2,000.	FMV	Airline Tickets	See part IV - d
RMH of Danville, Inc. 100 N. Academy Ave. & Trembulak Way Danville, PA 17822-0300	23-2155803	501(c)(3)	30,000.	0.			See part IV - d
RMH of Delaware, Inc. 1901 Rockland Road Wilmington, DE 19803	51-0295320	501(c)(3)	55,000.	1,600.	FMV	Airline Tickets	See part IV - d
RMH of Durham and Wake, Inc. 506 Alexander Ave. Durham, NC 27705	56-1220376	501(c)(3)	60,920.	2,000.	FMV	Airline Tickets	See part IV - d
RMH of Eastern North Carolina at Greenville, Inc. - 529 Moyer Boulevard - Greenville, NC 27834	56-1420505	501(c)(3)	80,000.	1,600.	FMV	Airline Tickets	See part IV - d
RMH of Ft. Worth, Inc. 1001 8th Ave. Fort Worth, TX 76104	75-1754490	501(c)(3)	46,084.	2,000.	FMV	Airline Tickets	See part IV - d

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMH of Galveston, Inc. 301 14th Street Galveston, TX 77550	76-0114962	501(c)(3)	20,000.	1,200.	FMV	Airline Tickets	See part IV - d
RMH of Houston, Inc. 1907 Holcombe Blvd. Houston, TX 77030	74-1984499	501(c)(3)	132,143.	2,000.	FMV	Airline Tickets	See part IV - d
RMH of Mid Michigan, Inc. 121 S. Holmes Street Lansing, MI 48912	38-3279325	501(c)(3)	20,000.	800.	FMV	Airline Tickets	See part IV - d
RMH of New York, Inc. 405 East 73rd St. New York, NY 10021	13-2933654	501(c)(3)	60,071.	2,000.	FMV	Airline Tickets	See part IV - d
RMH of Rochester, Minnesota, Inc. 850 2nd Street SW Rochester, MN 55902	41-1344744	501(c)(3)	27,085.	2,000.	FMV	Airline Tickets	See part IV - d
RMH of Scranton, Inc. 332 Wheeler Avenue Scranton, PA 18510	23-2400153	501(c)(3)	55,000.	0.			See part IV - d
RMH of Southern New Jersey, Inc. 550 Mickle Blvd. Camden, NJ 08103	22-2430393	501(c)(3)	50,150.	1,200.	FMV	Airline Tickets	See part IV - d
RMH of Western Michigan, Inc. 1323 Cedar St NE Grand Rapids, MI 49503-1326	38-2781170	501(c)(3)	20,100.	1,200.	FMV	Airline Tickets	See part IV - d
RMH of Winston-Salem, Inc. 419 S. Hawthorne Rd. Winston-Salem, NC 27103	58-1454715	501(c)(3)	40,000.	1,600.	FMV	Airline Tickets	See part IV - d

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC Bay Area, Inc. 520 Sand Hill Rd. Palo Alto, CA 94304-2001	94-2538615	501(c)(3)	311,628.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC Dayton 555 Valley St. Dayton, OH 45404	31-0964793	501(c)(3)	204,470.	800.	FMV	Airline Tickets	See part IV - d
RMHC In Omaha, Inc. 620 S. 38th Ave. Omaha, NE 68105	47-0755104	501(c)(3)	181,964.	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)	657,148.	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)	365,529.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Amarillo, Inc. 1501 Streit Drive Amarillo, TX 79106	75-1790186	501(c)(3)	49,896.	800.	FMV	Airline Tickets	See part IV - d
RMHC of Ann Arbor, Inc. 1600 Washington Heights Ann Arbor, MI 48104	38-2473817	501(c)(3)	99,873.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of Arkansas, Inc. 1501 West 10th Street Little Rock, AR 72202	71-0525252	501(c)(3)	218,220.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of Arkoma, Inc. 1333 Arapaho Ave Ste C Springdale, AR 72764	73-1563945	501(c)(3)	378,690.	800.	FMV	Airline Tickets	See part IV - a, d

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Augusta, Inc. 1442 Harper Street Augusta, GA 30901	58-1509465	501(c)(3)	105,507.	0.			See part IV - d
RMHC of Bismarck, Inc. P.O. Box 7323 Bismarck, ND 58507	36-3705683	501(c)(3)	41,623.	0.			See part IV - d
RMHC of Burlington, Vermont, Inc. 16 S. Winooski Ave. Burlington, VT 05401	03-0287584	501(c)(3)	108,288.	0.			See part IV - d
RMHC of Central and Northern Arizona, Inc. - 501 E. Roanoke Ave. - Phoenix, AZ 85004	86-0483792	501(c)(3)	361,065.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Central Florida, Inc. 1030 N. Orange Avenue, Ste 105 Orlando, FL 32801	59-3211250	501(c)(3)	457,659.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Central Georgia, Inc. 1160 Forsyth St. Macon, GA 31201	58-2473799	501(c)(3)	89,905.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Central Illinois, Inc. 610 N. 7th Street Springfield, IL 62702-5329	37-1145155	501(c)(3)	195,759.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of Central Indiana, Inc. 435 Limestone St. Indianapolis, IN 46202-2819	35-1497202	501(c)(3)	342,105.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Central Iowa, Inc. 1441 Pleasant St. Des Moines, IA 50314-1794	42-1117423	501(c)(3)	123,444.	1,600.	FMV	Airline Tickets	See part IV - d

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Central Ohio, Inc. 711 E Livingston Avenue Columbus, OH 43205	31-0890152	501(c)(3)	454,871.	2,000.	FMV	Airline Tickets	See part IV - b, d
RMHC of Central PA, Inc. 745 W. Governor Rd. Hershey, PA 17033-2304	23-2204761	501(c)(3)	234,967.	1,600.	FMV	Airline Tickets	See part IV - b, d
RMHC of Central Texas, Inc. 1315 Barbara Jordan Blvd Austin, TX 78723	74-2277664	501(c)(3)	299,846.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Charleston, SC, Inc. 81 Gadsden St. Charleston, SC 29401	57-0724845	501(c)(3)	84,391.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of Charlottesville, VA, Inc. 300 9th St. S.W. Charlottesville, VA 22903	54-1160157	501(c)(3)	185,104.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Chicagoland & Northwest Indiana, Inc. - 1301 West 22nd St., Suite 905 - Oak Brook, IL 60523	36-3532553	501(c)(3)	767,863.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Columbia, SC, Inc. 2901 Colonial Drive Columbia, SC 29203	57-0725736	501(c)(3)	108,161.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Connecticut and Western Massachusetts, Inc. - 860 Howard Avenue Suite A - New Haven, CT 06519	04-2971480	501(c)(3)	202,214.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of Corpus Christi, Inc. 3402 Fort Worth St. Corpus Christi, TX 78411	74-2378671	501(c)(3)	67,441.	1,200.	FMV	Airline Tickets	See part IV - d

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Denver, Inc. 1300 East 21st Avenue Denver, CO 80205	84-0728926	501(c)(3)	374,801.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Eastern Iowa and Western Illinois, Inc. - 730 Hawkins Dr. - Iowa City, IA 52246-2509	42-1189783	501(c)(3)	208,261.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of Eastern Montana, Inc. 1144 N. 30th St. Billings, MT 59101-0124	81-0400667	501(c)(3)	80,927.	0.			See part IV - d
RMHC of Eastern Wisconsin, Inc. 8948 Watertown Plank Rd. Milwaukee, WI 53226	39-1433107	501(c)(3)	410,518.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of El Paso, Inc. 300 E. California Ave. El Paso, TX 79902	74-2257357	501(c)(3)	88,421.	800.	FMV	Airline Tickets	See part IV - d
RMHC of Erie, Inc. PO Box 9248 Erie, PA 16505	25-1529707	501(c)(3)	37,719.	0.			See part IV - d
RMHC of Greater Chattanooga, Inc. 200 Central Ave. Chattanooga, TN 37403-1506	62-1327855	501(c)(3)	162,719.	0.			See part IV - d
RMHC of Greater Cincinnati, Inc. 341 Erkenbrecher Avenue Cincinnati, OH 45229	31-0965333	501(c)(3)	237,542.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Greater Houston/Galveston, Inc. - 6300 W Loop South - Bellaire, TX 77401	76-0315037	501(c)(3)	349,126.	0.			See part IV - d

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Greater Las Vegas, Inc. 2323 Potosi St. Las Vegas, NV 89146	94-3108570	501(c)(3)	175,900.	800.	FMV	Airline Tickets	See part IV - d
RMHC of Greater North Texas, Inc. 3625 N. Hall Street, Suite 1100 Dallas, TX 75219	75-2238261	501(c)(3)	358,745.	0.			See part IV - d
RMHC of Greater Washington D.C. Inc. - 3727 14th Street, NE - Washington, DC 20017-3004	52-1132262	501(c)(3)	391,390.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of Hawaii, Inc. 1970 Judd Hillside Rd. Honolulu, HI 96822-2004	99-0222124	501(c)(3)	122,443.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Huntington, Inc. 1500 17th St. Huntington, WV 25701	55-0643445	501(c)(3)	110,372.	0.			See part IV - d
RMHC of Idaho, Inc. 139 E Warm Springs Ave. Boise, ID 83712	94-3030996	501(c)(3)	236,071.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of Indiana-Michiana, Inc. 610 N. Michigan St. Suite 310 South Bend, IN 46601	35-1831691	501(c)(3)	74,659.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Jacksonville, Inc. 824 Children's Way Jacksonville, FL 32207	59-2625008	501(c)(3)	127,435.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Kansas City, Inc. 2502 Cherry Street Kansas City, MO 64108-2751	43-1190760	501(c)(3)	411,709.	2,000.	FMV	Airline Tickets	See part IV - d

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Kentuckiana, Inc. 550 S. First St. Louisville, KY 40202	31-1053467	501(c)(3)	170,678.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Knoxville, Tennessee, Inc. 1705 W. Clinch Ave. Knoxville, TN 37916	58-1510276	501(c)(3)	136,627.	0.			See part IV - d
RMHC of Madison, Inc. 2716 Marshall Court Madison, WI 53705-2256	39-1655790	501(c)(3)	242,921.	0.			See part IV - d
RMHC of Maine, Inc. 250 Brackett Street Portland, ME 04102	22-2912513	501(c)(3)	204,689.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of Marshfield, Inc. 803 W. North St. Marshfield, WI 54449-1819	93-0833012	501(c)(3)	86,136.	0.			See part IV - d
RMHC of Maryland, Inc. 1 Aisquith Street Baltimore, MD 21202	52-1184957	501(c)(3)	179,524.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Memphis, Inc. 535 Alabama Avenue Memphis, TN 38105	62-1220396	501(c)(3)	185,226.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Mid-Missouri, Inc. 3501 Lansing Avenue Columbia, MO 65201	43-1225829	501(c)(3)	188,380.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Mid-Penn Region, Inc. 227 Esau Street Hollidaysburg, PA 16648	25-1665067	501(c)(3)	69,819.	0.			See part IV - d

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Mississippi, Inc. 2524 N. State Street Jackson, MS 39216-4500	63-0906927	501(c)(3)	83,476.	0.			See part IV - d
RMHC of Mobile, Inc. 1626 Springhill Ave. Mobile, AL 36604-1415	63-1181258	501(c)(3)	95,128.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of Nashville, Inc. 2144 Fairfax Ave Nashville, TN 37212	62-1310717	501(c)(3)	262,339.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of New England, Inc. 250 1st Avenue Boston, MA 02129	22-2760752	501(c)(3)	670,051.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of New Mexico, Inc. 1011 Yale Blvd NE Albuquerque, NM 87106	85-0283204	501(c)(3)	94,846.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Norfolk, Inc. 404 Colley Ave Norfolk, VA 23507	54-1139497	501(c)(3)	107,020.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of North Carolina, Inc. 8480 Honeycutt Road Suite 200 Raleigh, NC 27615	56-1452714	501(c)(3)	588,549.	0.			See part IV - d
RMHC of North Central Florida, Inc. - 1600 SW 14th St. - Gainesville, FL 32608	59-1887896	501(c)(3)	137,935.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of Northeast Indiana, Inc. 11109 Parkview Plaza Drive Fort Wayne, IN 46845	35-1950376	501(c)(3)	161,486.	0.			See part IV - d

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Northeast Kansas, Inc. 825 SW Buchanan St. Topeka, KS 66606-1427	48-1022967	501(c)(3)	50,058.	800.	FMV	Airline Tickets	See part IV - d
RMHC of Northeast Louisiana, Inc. 200 S. Third St. Monroe, LA 71201	72-1022797	501(c)(3)	42,679.	0.			See part IV - d
RMHC of Northeast Ohio, Inc. 10415 Euclid Ave. Cleveland, OH 44106-4709	34-1269123	501(c)(3)	4,379,416.	2,000.	FMV	Airline Tickets	See part IV - a, d
RMHC of Northeastern Ohio, Inc. 6611 Rockside Road, Suite 105 Independence, OH 44131	34-1574291	501(c)(3)	118,384.	0.			See part IV - d
RMHC of Northeastern Pennsylvania, Inc. - 104 South State St. - Clarks Summit, PA 18411	25-1719864	501(c)(3)	142,267.	0.			See part IV - d
RMHC of Northern California, Inc. 2555 49th Street Sacramento, CA 95817	68-0147193	501(c)(3)	261,416.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of Northwest Florida, Inc. 5200 Bayou Blvd. Pensacola, FL 32503	59-2172279	501(c)(3)	114,379.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Northwest Ohio, Inc. 3883 Monroe St. Toledo, OH 43606	34-1349742	501(c)(3)	118,332.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Oklahoma City, Inc. PO Box 7979 Edmond, OK 73083	73-1103242	501(c)(3)	166,339.	1,200.	FMV	Airline Tickets	See part IV - d

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Oregon and Southwest Washington, Inc. - 2620 N. Commercial Avenue - Portland, OR 97227	93-0806912	501(c)(3)	291,671.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Outstate Michigan, Inc. PO Box 534 Hudsonville, MI 49426-0534	38-2826089	501(c)(3)	635,429.	0.			See part IV - d
RMHC of Pittsburgh and Morgantown, Inc. - 451 44th St. - Pittsburgh, PA 15201	25-1320272	501(c)(3)	331,989.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Richmond, Virginia, Inc. 2330 Monument Ave. Richmond, VA 23220	52-1359486	501(c)(3)	174,466.	800.	FMV	Airline Tickets	See part IV - d
RMHC of Rochester, NY, Inc. 333 Westmoreland Dr. Rochester, NY 14620	16-1271311	501(c)(3)	227,945.	1,600.	FMV	Airline Tickets	See part IV - b, d
RMHC of San Antonio, Texas, Inc. 4847 Charles Katz San Antonio, TX 78229	74-2140528	501(c)(3)	235,524.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of San Diego, Inc. 2929 Children's Way San Diego, CA 92123	95-3251490	501(c)(3)	155,857.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Siouxland, Inc. 2500 Nebraska St. Sioux City, IA 51104	42-1369988	501(c)(3)	61,531.	800.	FMV	Airline Tickets	See part IV - d
RMHC of South Dakota, Inc. 825 S. Lake Avenue Sioux Falls, SD 57104	46-0371152	501(c)(3)	99,298.	0.			See part IV - d

Schedule I (Form 990)

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

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RMHC of South Florida, Inc. 1145 NW 14 Terrace Miami, FL 33136	59-1899866	501(c)(3)	346,727.	1,600.	FMV	Airline Tickets	See part IV - d
RMHC of South Louisiana, Inc. 4403 Canal Street New Orleans, LA 70119	72-0882569	501(c)(3)	126,906.	800.	FMV	Airline Tickets	See part IV - d
RMHC of Southeastern Michigan, Inc. - 4707 St. Antoine Street Ste 200 - Detroit, MI 48201	38-2182406	501(c)(3)	314,130.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Southern Arizona, Inc. 2155 E. Allen Road Tucson, AZ 85719-1501	95-3526934	501(c)(3)	191,681.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Southern California, Inc. 4560 Fountain Avenue Los Angeles, CA 90029	95-3167869	501(c)(3)	1,165,402.	2,000.	FMV	Airline Tickets	See part IV - a, d
RMHC of Southern Colorado, Inc. 4223 Royal Pine Dr Colorado Springs, CO 80920	84-1013843	501(c)(3)	117,712.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of Southern West Virginia, Inc. - 910 Pennsylvania Ave. - Charleston, WV 25302	55-0631080	501(c)(3)	141,799.	0.			See part IV - d
RMHC of Southwest Florida, Inc. 16100 Roserush Court Fort Myers, FL 33908	11-3704163	501(c)(3)	186,190.	800.	FMV	Airline Tickets	See part IV - d
RMHC of Southwest Virginia, Inc. 2224 S. Jefferson St. Roanoke, VA 24014	54-1244769	501(c)(3)	84,975.	0.			See part IV - d

Schedule I (Form 990)

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

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RMHC of St. Louis, Inc. 3450 Park Avenue St. Louis, MO 63104	43-1160478	501(c)(3)	1,232,239.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Tallahassee, Inc. 712 East 7th Avenue Tallahassee, FL 32303	59-2794505	501(c)(3)	62,632.	0.			See part IV - d
RMHC of Tampa Bay, Inc. 35 Davis Blvd Tampa, FL 33606	59-1835985	501(c)(3)	758,090.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of Temple, Texas, Inc. 2415 South 47th St. Temple, TX 76504	74-2345274	501(c)(3)	88,295.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of the Bluegrass, Inc. PO Box 22414 Lexington, KY 40522-2414	61-0986164	501(c)(3)	169,025.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of the Capital Region, Inc. 139 S. Lake Avenue Albany, NY 12208-3256	22-2356004	501(c)(3)	176,884.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of the Carolinas, Inc. 706 Grove Rd Greenville, SC 29605	57-0844123	501(c)(3)	176,120.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of the Central Valley, Inc. 9161 Randall Way Madera, CA 93638	94-2864490	501(c)(3)	108,815.	0.			See part IV - d
RMHC of the Coastal Empire, Inc. 4710 Waters Ave. Savannah, GA 31404	58-1630107	501(c)(3)	127,575.	800.	FMV	Airline Tickets	See part IV - d

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of the Four States, Inc. 3402 South Jackson Joplin, MO 64804	43-1758397	501(c)(3)	73,527.	800.	FMV	Airline Tickets	See part IV - d
RMHC of the Inland Northwest 1015 W. 5th Avenue Spokane, WA 99204-3001	91-1176115	501(c)(3)	234,299.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of the Intermountain Area, Inc. - 935 East South Temple - Salt Lake City, UT 84102-1411	74-2386043	501(c)(3)	210,895.	2,000.	FMV	Airline Tickets	See part IV - d
RMHC of the Ohio Valley, Inc. 3540 Washington Avenue Evansville, IN 47714	35-1748468	501(c)(3)	152,452.	0.			See part IV - d
RMHC of the Ozarks, Inc. 949 E. Primrose St. Springfield, MO 65807-5257	43-1371143	501(c)(3)	268,344.	0.			See part IV - d
RMHC of the Philadelphia Region 3925 Chestnut St Philadelphia, PA 19104	23-7377505	501(c)(3)	793,171.	2,000.	FMV	Airline Tickets	See part IV - a, d
RMHC of the Red River Valley, Inc. 4757 Agassiz Xing S Fargo, ND 58104	45-0365598	501(c)(3)	83,891.	0.			See part IV - d
RMHC of the Rio Grande Valley, Texas, Inc. - 1720 Treasure Hills Blvd - Harlingen, TX 78550	74-2656780	501(c)(3)	105,055.	800.	FMV	Airline Tickets	See part IV - d
RMHC of the Southwest, Inc. 3413 - 10th Street Lubbock, TX 79415	75-1915179	501(c)(3)	159,717.	1,200.	FMV	Airline Tickets	See part IV - d

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of TriState, Inc. 240 Berger Road Paducah, KY 42001	61-1224406	501(c)(3)	136,732.	0.			See part IV - d
RMHC of Tulsa, Inc. 6102 S. Hudson Ave. Tulsa, OK 74136-2020	73-1313892	501(c)(3)	112,877.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC of West Georgia, Inc. 1959 Hamilton Rd. Columbus, GA 31904	58-2065776	501(c)(3)	54,776.	800.	FMV	Airline Tickets	See part IV - d
RMHC of Western Montana 3003 Fort Missoula Rd. Missoula, MT 59804	47-2261447	501(c)(3)	60,927.	0.			See part IV - d
RMHC of Western New York, Inc. 780 W. Ferry St. Buffalo, NY 14222	22-2438932	501(c)(3)	125,475.	800.	FMV	Airline Tickets	See part IV - b, d
RMHC of Western Washington & Alaska, Inc. - 5130 40th Avenue NE - Seattle, WA 98105-3055	91-1061043	501(c)(3)	409,901.	2,000.	FMV	Airline Tickets	See part IV - a, d
RMHC of Western WI & Southeastern MN, Inc. - 2700 National Drive, Suite 100 - Onalaska, WI 54650	39-1794402	501(c)(3)	547,339.	0.			See part IV - d
RMHC of Wichita, Inc. 551 N Hillside, Ste 100 Wichita, KS 67214	48-0918101	501(c)(3)	104,810.	1,200.	FMV	Airline Tickets	See part IV - d
RMHC, Northern Nevada, Inc. 323 Maine Street Reno, NV 89502	94-2863819	501(c)(3)	280,325.	800.	FMV	Airline Tickets	See part IV - a, d

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC, Upper Midwest, Inc. 818 Fulton St SE Minneapolis, MN 55414	41-1313107	501(c)(3)	561,386.	2,000.	FMV	Airline Tickets	See part IV - d
Southern Appalachian RMHC, Inc. 418 N. State of Franklin Rd. Johnson City, TN 37604	62-1578123	501(c)(3)	129,964.	0.			See part IV - d

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

Part I, Line 2:

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 funds.

**Part IV Supplemental Information**

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 2020, and the majority of the tickets were donated to the Chapters for general operating support.



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
McDonald's Corporation	See Part V	2,093,986.	See Part V		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: McDonald's Corporation

(b) Relationship Between interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: RMHC has no paid employees. The

day-to-day operations of the Charity are run by employees of McDonald's

Corporation. McDonald's Corporation donates the majority of the cost of

the employee services to RMHC. For the remaining services, RMHC has an

agreement with McDonald's Corporation whereby it reimburses the Company

for the services at cost.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	58,223.	Market quotations
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( Airline tckts )	X	1	160,000.	FMV/Sales Price
26 Other ( Auction item )	X	1	90,000.	FMV
27 Other ( Surgical mask )	X	1	13,600.	FMV
28 Other ( )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

Schedule M, Part I, Column (b):

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

Ronald McDonald House Charities, Inc.

Employer identification number

36-2934689

Form 990, Part I, Lines 5 and 6:

RMHC has no paid employees. The day-to-day operations of the Charity  
are run by employees of McDonald's Corporation. McDonald's Corporation  
donates the majority of the cost of the employee services to RMHC. For  
the remaining services, RMHC has an agreement with McDonald's  
Corporation whereby it reimburses the Company for the services at cost.  
In addition, numerous other volunteers assist with various fundraising  
events and other administrative and program support. The number of  
volunteers varies at any given time, but RMHC estimates the total  
number of volunteers to be approximately 100.

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

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

(1) Ronald McDonald House: RMHC provided grants totaling \$3,270,863 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 \$654,333  
for new Ronald McDonald Family Room programs, which offer a home-like  
environment within the walls of the hospital. Ronald McDonald Family  
Rooms provide families of hospitalized children with a place to refresh  
and relax while remaining near their child's bedside.

(3) Ronald McDonald Care Mobile: RMHC developed and continues to support  
mobile pediatric health care services to children in underserved areas

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
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of the world by funding the capital build for all new Ronald McDonald Care Mobiles with support totaling \$139,093. 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 \$42,653,841:

(a)Capacity Building: RMHC is committed to strengthening the global system of the Chapters, by providing "capacity building" grants and programmatic support to help each Chapter achieve a high level of excellence in management and operations, and to help them effectively and efficiently fulfill their mission. Activities include, among others: resource development; sharing best practices to improve all aspects of the organization; strategic planning; technology upgrades; ongoing training and education of board, staff, and volunteers to encourage excellence in delivering programs, fundraising and administrative practices; investment in environmental sustainability activities such as energy audits, water and waste efficiency projects at Ronald McDonald House programs; facilitation of networking opportunities; and developing local fundraising capabilities to grow resources and meet new and expanding program needs.

(b)General RMHC and Other Program Support: RMHC provides expertise in all aspects of the three core program operations, other program development, and nonprofit management for its Chapters worldwide. Support also includes general program support grants.

Form 990, Part VI, Section A, line 2:

Trustee and Officer relationships:

-Sheila Musolino, Rick Hernandez, Mahrukh Hussain, Manish Yadav, Chris

Kempczinski and Kelly Dolan, who are McDonald's Officers and Trustees, have

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
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business relationships with each other and with the following McDonald's employees, licensees, and suppliers: Stacey Bifero, Janet Burton, Joanna Sabato, Sheldon Lavin, Theodore Perlman, J. Christopher Reyes, Alex Rodriguez, Eduardo Sanchez, Wayne Stingley, Nicole Enearu, and Michael Thompson.

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

-J. Christopher Reyes has a business relationship with Michelle Stephenson.

Form 990, Part VI, Section B, line 11b:

The Board retains the services of an independent CPA firm to review the Form 990 before it is filed with the IRS. Once the firm has approved a draft of the form, the RMHC Chief Financial Officer presents it to the audit committee. After review and approval of the Form 990 by the audit committee, copies of the complete Form 990 and all accompanying schedules are provided to the remainder of the Board and Officers prior to filing it with the IRS.

Form 990, Part VI, Section B, Line 12c:

Trustees, Officers, and key volunteers are annually required to complete a Conflict of Interest disclosure statement as a precursor to their service to RMHC. Potential conflicts are logged with and monitored by the Secretary of the Board and reviewed by a committee of the Board. Interested parties are not allowed to participate in Board discussions or vote on corresponding related party matters.

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

RMHC does not have any employees and does not compensate any Trustees or Officers. As a result, per the Form 990 instructions, questions 15a and

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
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15b, which relate to the process for determining compensation, are marked

"No."

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

AL, 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 for the three most recent years on its website and provides copies of its Form 1023 upon request.

Form 990, Part VI, Section C, Line 19:

RMHC posts its By-Laws, Conflict of Interest Policy, and Audited Financial Statements on its website.

Form 990, Part VI, Section B, Line 10a:

Ronald McDonald House Charities is a system of independent, separately registered public benefit organizations, referred to as "Chapters" by

RMHC. However, it does not have legal control over these Chapters.

Each Chapter must separately incorporate under the laws of its own 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. In December, 2020, the Chief Marketing and Development Officer, Kelly Dolan, became the President and CEO of RMHC.

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
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## Form 990, Donated Goods and Services:

RMHC receives support from McDonald's Corporation (McDonald's) consisting of the free use of its facilities, equipment, materials, and the majority of employee services. The free goods and services provided by McDonald's partially defray certain costs that RMHC would otherwise incur for program service, fundraising, and management and general expenditures. Certain management services, such as financial, fundraising, marketing, and program services, are provided free of charge by employees of McDonald's. Although the value of these goods and services is required to be included in RMHC's audited financial statements, some of it must be excluded from Form 990. The IRS specifically excludes donations of services and the use of facilities and equipment from total revenues in Part VIII and total expenses in Part IX of Form 990. In 2020, the total amount that was excluded from Form 990 was \$5,767,091 of which \$5,579,334 was donated services and use of facilities and equipment provided by McDonald's.

## Form 990, Part IX, Line 11f:

As a service to its U.S. Chapters, RMHC pays the financial advisory services and administrative cost of an investment program that allows participating Chapters access to highly diversified investment options that might otherwise not be available to them.

## Form 990, Part IX, Line 24a:

The RMHC Donation Box program inside McDonald's restaurants is the Charity's largest on-going fundraiser. There are RMHC Donation Boxes at McDonald's restaurants where customers can deposit their change for the benefit of RMHC. The collection of RMHC Donation Box funds from

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
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McDonald's restaurants throughout the United States is centralized under one vendor management company, Integrigo, LLC. All collection revenue is sent to RMHC from Integrigo, and RMHC pays Integrigo all collection fees. RMHC then remits 75% of the funds collected (net of 75% of the fees incurred) directly to each U.S. RMHC Chapter.

Form 990, Part XI, line 9, Changes in Net Assets:

Recoveries of prior year grants	201,608.
Loss on cash surrender value of insurance	-51,074.
Total to Form 990, Part XI, Line 9	150,534.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Ronald McDonald House Charities Russia, Inc. 26 Valovaya St Moscow, RUSSIA 115054	Operate a Ronald McDonald House for families with sick children	Russia	501(c)(3)		Ronald McDonald House Charities, Inc.	X	
Ronald McDonald Gyermeksegely Alapitvány Magyar Tagozat, Soroksari ut 30-34., Budapest, HUNGARY 1095	Operate a Ronald McDonald House for families with sick children	Hungary	501(c)(3)		Ronald McDonald House Charities, Inc.	X	

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

Schedule R (Form 990) 2020



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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

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

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



