

**Return of Organization Exempt From Income Tax**

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

**2023**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2023 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return 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> 189,738,607.
City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60607-4106			
<b>F Name and address of principal officer:</b> Katie Fitzgerald same as C above		<b>H(a) Is this a group return for subordinates?</b> ..... Yes <input checked="" type="checkbox"/> No	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or 527		<b>H(b) Are all subordinates included?</b> Yes No	
<b>J Website:</b> www.rmhc.org		If "No," attach a list. See instructions	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation Trust Association Other		<b>H(c) Group exemption number</b>	
<b>L Year of formation:</b> 1977		<b>M State of legal domicile:</b> IL	

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: At RMHC, we provide essential services that remove barriers, strengthen families and promote		
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	21
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	125
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	75,286,529.	103,080,235.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	493,050.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,770,011.	3,462,269.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-480,379.	-695,469.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,576,161.	106,340,085.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	42,146,061.	58,590,856.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	250,731.	521,794.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	5,175,560.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,623,174.	30,153,699.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	67,019,966.	89,266,349.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	12,556,195.	17,073,736.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 212,337,428.	<b>End of Year</b> 254,165,091.
	<b>21</b> Total liabilities (Part X, line 26)	10,885,923.	16,050,307.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	201,451,505.	238,114,784.

**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 Biferò</i>	Date 5/10/2024			
	Stacey Biferò, Chief Financial Officer Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Lindsey Pigg	Preparer's signature <i>Lindsey Pigg</i>	Date 5/10/2024	Check if self-employed <input type="checkbox"/>	PTIN P01268923
	Firm's name Ernst & Young U.S. LLP	Firm's EIN 36-6565596	Phone no. 312-879-2000		
Firm's address 155 North Wacker Drive Chicago, IL 60606					

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: At RMHC, we provide essential services that remove barriers, strengthen families and promote healing when children need healthcare.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 75,793,590. including grants of \$ 58,590,856. ) (Revenue \$ 493,050. ) 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. 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 75,793,590.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

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, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, 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 response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business 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 (21), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Alex Dimitrief Trustee	1.00 0.00	X						0.	0.	0.
(2) Andrew McKenna Trustee (until 2/23)	1.00 0.00	X						0.	0.	0.
(3) Chris Kempczinski Trustee	1.00 0.00	X						0.	0.	0.
(4) David C. Herman, MD Trustee	1.00 0.00	X						0.	0.	0.
(5) Eduardo Sanchez Trustee, Treasurer	1.00 0.00	X		X				0.	0.	0.
(6) Enrique Hernandez, Jr. Trustee	1.00 0.00	X						0.	0.	0.
(7) Ginger Hardage Trustee, Chairman	1.00 0.00	X		X				0.	0.	0.
(8) Grace Fung Oei Trustee	1.00 0.00	X						0.	0.	0.
(9) J. Christopher Reyes Trustee	1.00 0.00	X						0.	0.	0.
(10) James D. Watkins Trustee	1.00 0.00	X						0.	0.	0.
(11) Jan Fields Trustee	1.00 0.00	X						0.	0.	0.
(12) Javier Goizueta Trustee (until 12/23)	1.00 0.00	X						0.	0.	0.
(13) Jeffrey Davis Trustee	1.00 0.00	X						0.	0.	0.
(14) Laura Schumacher Trustee	1.00 0.00	X						0.	0.	0.
(15) Mats Lederhausen Trustee	1.00 0.00	X						0.	0.	0.
(16) Michael Thompson Trustee	1.00 0.00	X						0.	0.	0.
(17) Michelle Stephenson Trustee	1.00 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Nicole Harper Rawlins Trustee	1.00 0.00	X						0.	0.	0.
(19) Stuart E. Siegel, MD Trustee	1.00 0.00	X						0.	0.	0.
(20) Theodore Perlman Trustee	1.00 0.00	X						0.	0.	0.
(21) Walter A. Orenstein, M.D. Trustee (from 4/23)	1.00 0.00	X						0.	0.	0.
(22) Wayne Stingley Trustee	1.00 0.00	X						0.	0.	0.
(23) Wendy Davidson Trustee (from 4/23)	1.00 0.00	X						0.	0.	0.
(24) Katherine Fitzgerald President & CEO (from 3/23)	40.00 0.00			X				0.	0.	0.
(25) Rodney Jordan Chief Operating Officer	40.00 0.00			X				0.	0.	0.
(26) Joanna Sabato Chf. Mktg. & Dev. Officer	40.00 0.00			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 former 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
McDonald's Corporation 110 N Carpenter, Chicago, IL 60607	Professional services	3,924,126.
Integrigo, LLC, 11 Court Street, Suite 280, Exeter, NH 03833	Donation Box Management and Collection	3,541,229.
Cappgemini America, Inc, 400 Broadacres Drive, Suite 410, Bloomfield, NJ 07003	Website and technology consulting	935,636.
The Narrative Group, LLC, 19 West 21st Street, Suite 601, New York, NY 10010	Advertising and promotional services	807,500.
Deloitte Consulting, LLP 4022 Sells Drive, Hermitage, TN 37076	Financial transformation consulting	800,000.

**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 32

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  X

				(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	<b>1a</b>	137,261.				
	<b>b</b>	Membership dues	<b>1b</b>					
	<b>c</b>	Fundraising events	<b>1c</b>	4,209,084.				
	<b>d</b>	Related organizations	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	2,000,000.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	96,733,890.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,608,594.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f			103,080,235.			
Program Service Revenue	<b>2 a</b>	Local Chapter Conference Fees	<b>Business Code</b>	611430	493,050.	493,050.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f			493,050.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)			5,890,673.		5,890,673.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties						
	<b>6 a</b>	Gross rents	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss)						
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
					80,150,129.			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	82,578,533.				
<b>c</b>	Gain or (loss)	<b>7c</b>	-2,428,404.					
<b>d</b>	Net gain or (loss)			-2,428,404.		-2,428,404.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 4,209,084. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		124,520.				
				819,989.				
<b>b</b>	Less: direct expenses	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events			-695,469.		-695,469.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b>	Less: direct expenses	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities							
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b>	Less: cost of goods sold	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d						
<b>12</b>	<b>Total revenue.</b> See instructions			106,340,085.	493,050.	0.	2,766,800.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	50,226,079.	50,226,079.		
<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	8,364,777.	8,364,777.		
<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	813,929.	468,795.	201,252.	143,882.
<b>c</b> Accounting	862,675.	803,192.	59,483.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	521,794.			521,794.
<b>f</b> Investment management fees	395,392.	125,332.	270,060.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	8,605,010.	5,779,143.	1,619,813.	1,206,054.
<b>12</b> Advertising and promotion	5,836,759.	295,543.	5,106,907.	434,309.
<b>13</b> Office expenses	60,343.	12,213.	6,841.	41,289.
<b>14</b> Information technology	2,965,840.	1,487,202.	404,163.	1,074,475.
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	1,819,491.	1,605,762.	157,853.	55,876.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,812,110.	2,682,413.	118,177.	11,520.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	163,356.	1,756.		161,600.
<b>23</b> Insurance	369,916.	75,250.	294,666.	
<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	4,979,209.	3,734,407.		1,244,802.
<b>b</b> Credit card / bank fees	271,260.		3,395.	267,865.
<b>c</b> Subscriptions	132,551.	103,985.	23,026.	5,540.
<b>d</b> Acknowledgement	45,000.	25,241.	13,891.	5,868.
<b>e</b> All other expenses	20,858.	2,500.	17,672.	686.
<b>25</b> Total functional expenses. Add lines 1 through 24e	89,266,349.	75,793,590.	8,297,199.	5,175,560.
<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 <input type="checkbox"/> 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 .....	22,595,649.	<b>2</b>	40,891,885.
	<b>3</b> Pledges and grants receivable, net .....	12,980,901.	<b>3</b>	16,813,736.
	<b>4</b> Accounts receivable, net .....	11,972.	<b>4</b>	162,161.
	<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 .....	100,000.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use .....	95,189.	<b>8</b>	87,821.
	<b>9</b> Prepaid expenses and deferred charges .....	2,941,044.	<b>9</b>	2,893,664.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,542,095.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,542,095.	163,355.	<b>10c</b> 0.
	<b>11</b> Investments - publicly traded securities .....	156,367,038.	<b>11</b>	173,322,509.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	15,919,942.	<b>12</b>	18,617,054.
	<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 .....	1,162,338.	<b>15</b>	1,376,261.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	212,337,428.	<b>16</b>	254,165,091.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,617,143.	<b>17</b>	4,812,302.
	<b>18</b> Grants payable .....	6,251,448.	<b>18</b>	11,227,237.
	<b>19</b> Deferred revenue .....		<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 .....	17,332.	<b>25</b>	10,768.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,885,923.	<b>26</b>	16,050,307.
<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 .....	197,048,117.	<b>27</b>	234,017,765.
	<b>28</b> Net assets with donor restrictions .....	4,403,388.	<b>28</b>	4,097,019.
	<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 .....	201,451,505.	<b>32</b>	238,114,784.
<b>33</b> Total liabilities and net assets/fund balances .....	212,337,428.	<b>33</b>	254,165,091.	



**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>	106,340,085.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	89,266,349.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	17,073,736.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	201,451,505.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	19,329,229.
<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>	260,314.
<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>	238,114,784.

**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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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** (2023)



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	53,774,549.	70,209,825.	77,176,213.	75,286,529.	103,118,271.	379,565,387.
<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 .....	53,774,549.	70,209,825.	77,176,213.	75,286,529.	103,118,271.	379,565,387.
<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) .....						81,965,278.
<b>6 Public support.</b> Subtract line 5 from line 4.						297,600,109.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	53,774,549.	70,209,825.	77,176,213.	75,286,529.	103,118,271.	379,565,387.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3,478,928.	3,260,976.	5,407,124.	4,394,692.	5,890,673.	22,432,393.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	17.					17.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	648,975.	53,100.			124,520.	826,595.
<b>11 Total support.</b> Add lines 7 through 10						402,824,392.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	519,450.
<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 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	73.88 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	75.41 %
<b>16a 33 1/3% support test - 2023.</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 - 2022.</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 - 2023.</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 - 2022.</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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<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) 2023

**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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. 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 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023



**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

2019 Amount: \$ 648,975.

2020 Amount: \$ 53,100.

2023 Amount: \$ 124,520.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2023)

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/>	\$ <u>21,796,569.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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

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

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	
<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 for instructions and the latest information.

OMB No. 1545-0047

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,542,095.	1,542,095.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests	212,623.	End-of-Year Market Value
(3) Other		
(A) McDonald's Corporation	18,404,431.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	18,617,054.	

**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, line 13, col. (B))		

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Intermediary third party liability (see Part XIII)	10,768.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	10,768.

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>	162,896,497.
<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>	19,329,229.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	36,542,273.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	29,982.
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	230,332.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	56,131,816.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	106,764,681.
<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>	395,393.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-819,989.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-424,596.
<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>	106,340,085.

**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>	126,233,218.
<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>	36,542,273.
<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>	819,989.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	37,362,262.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	88,870,956.
<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>	395,393.
<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>	395,393.
<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>	89,266,349.

**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 the tax-exempt purpose of RMHC 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. There were no income taxes for unrelated business income for the years ended December 31, 2023 and 2022.

**Part XIII** Supplemental Information (continued)

Part XI, Line 2d - Other Adjustments:

Gain on cash surrender value of insurance

Part XI, Line 4b - Other Adjustments:

Special event direct expenses

Part XII, Line 2d - Other Adjustments:

Special event direct expenses

Parts XI and XII, Reconciliation of Revenue and Expenses:

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

**2023**

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		283,621.
East Asia and the Pacific	0	0	Grantmaking		1,192,039.
Europe	0	0	Grantmaking		2,221,368.
Middle East and North Africa	0	0	Grantmaking		11,784.
North America	0	0	Grantmaking		421,964.
Russia and the Neighboring States	0	0	Grantmaking		2,461,187.
South America	0	0	Grantmaking		1,768,424.
Sub-Saharan Africa	0	0	Grantmaking		4,390.
<b>3 a Subtotal</b> .....	0	0			8,364,777.
<b>b Total from continuation sheets to Part I</b> .....	0	0			1,157,080.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			9,521,857.

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

Schedule F (Form 990) 2023

**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
Europe	0	0	Fundraising		55.
East Asia and the Pacific	0	0	Public relations		800.
Europe	0	0	Public relations		1,080.
Middle East and North Africa	0	0	Public relations		255.
North America	0	0	Public relations		2,584.
Central America and the Caribbean	0	0	Program services	Chapter support	2,461.
East Asia and the Pacific	0	0	Program services	Chapter support	304,287.
Europe	0	0	Program services	Chapter support	315,927.
Middle East and North Africa	0	0	Program services	Chapter support	22,595.
North America	0	0	Program services	Chapter support	9,665.
<b>Totals</b> .....					

**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
South America	0	0	Program services	Chapter support	128,068.
Sub-Saharan Africa	0	0	Program services	Chapter support	13,994.
East Asia and the Pacific	0	0	Program services	Chapter capacity building	494.
Europe	0	0	Program services	Chapter capacity building	9,705.
South America	0	0	Program services	Chapter capacity building	4,166.
Central America and the Caribbean	0	0	Program services	Chapter education	4,202.
East Asia and the Pacific	0	0	Program services	Chapter education	113,295.
Europe	0	0	Program services	Chapter education	136,611.
Middle East and North Africa	0	0	Program services	Chapter education	4,068.
North America	0	0	Program services	Chapter education	15,575.
<b>Totals</b> .....					



**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	262,000.	Bank Draft	0.		
		Central America and the Caribbean	See part V - d	13,500.	Bank Draft	0.		
		Central America and the Caribbean	See part V - d	8,121.	Bank Draft	0.		
		East Asia and the Pacific	See part V - a, d	273,390.	Bank Draft	0.		
		East Asia and the Pacific	See part V - a, d	254,195.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	234,628.	Bank Draft	0.		
		East Asia and the Pacific	See part V - b, d	187,230.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	74,780.	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 ..... 53

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

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (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	60,462.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	40,195.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	20,390.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	10,390.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	7,695.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	7,000.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	6,695.	Bank Draft	0.		
		East Asia and the Pacific	See part V - d	5,218.	Bank Draft	0.		
		Europe	See part V - d	450,044.	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	318,557.	Bank Draft	0.		
		Europe	See part V - a, d	279,477.	Bank Draft	0.		
		Europe	See part V - a, d	276,557.	Bank Draft	0.		
		Europe	See part V - a, d	252,284.	Bank Draft	0.		
		Europe	See part V - b, d	200,000.	Bank Draft	0.		
		Europe	See part V - d	75,136.	Bank Draft	0.		
		Europe	See part V - d	58,119.	Bank Draft	0.		
		Europe	See part V - d	55,420.	Bank Draft	0.		
		Europe	See part V - d	54,273.	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 - d	54,125.	Bank Draft	0.		
		Europe	See part V - d	34,261.	Bank Draft	0.		
		Europe	See part V - d	20,984.	Bank Draft	0.		
		Europe	See part V - d	20,258.	Bank Draft	0.		
		Europe	See part V - d	14,800.	Bank Draft	0.		
		Europe	See part V - d	13,705.	Bank Draft	0.		
		Europe	See part V - d	12,468.	Bank Draft	0.		
		Europe	See part V - d	10,500.	Bank Draft	0.		
		Middle East and North Africa	See part V - d	11,784.	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 - a, d	210,000.	Bank Draft	0.		
		North America	See part V - d	70,000.	Bank Draft	0.		
		North America	See part V - d	33,332.	Bank Draft	0.		
		North America	See part V - d	26,000.	Bank Draft	0.		
		North America	See part V - d	24,000.	Bank Draft	0.		
		North America	See part V - d	23,000.	Bank Draft	0.		
		North America	See part V - d	8,332.	Bank Draft	0.		
		North America	See part V - d	6,000.	Bank Draft	0.		
		North America	See part V - d	6,000.	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)
		Russia and the Neighboring States	See part V - a, d	2,461,187.	Bank Draft	0.		
		South America	See part V - a, b, d	404,440.	Bank Draft	0.		
		South America	See part V - b, d	394,876.	Bank Draft	0.		
		South America	See part V - b, d	354,408.	Bank Draft	0.		
		South America	See part V - a, d	285,000.	Bank Draft	0.		
		South America	See part V - a, d	236,644.	Bank Draft	0.		
		South America	See part V - d	45,056.	Bank Draft	0.		
		South America	See part V - d	25,000.	Bank Draft	0.		
		South America	See part V - d	23,000.	Bank Draft	0.		



**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 the 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 the 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 the 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 the 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 the 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 the 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 programs

(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))
		Marathon (event type)	RMHC Global Giving Collective (event type)	None (total number)	
Revenue	1	Gross receipts	2,538,604.	1,795,000.	4,333,604.
	2	Less: Contributions	2,538,604.	1,670,480.	4,209,084.
	3	Gross income (line 1 minus line 2)		124,520.	124,520.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	25,339.	3,865.	29,204.
	7	Food and beverages	135,323.	45,507.	180,830.
	8	Entertainment		32,025.	32,025.
	9	Other direct expenses	550,659.	27,271.	577,930.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			819,989.
11	Net income summary. Subtract line 10 from line 3, column (d)			-695,469.	

**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))
		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

(i) Name of Fundraiser: GoodUnited, Inc.

(i) Address of Fundraiser: 804 Meeting St, Suite 101, Charleston, SC 29403

(ii) Activity: Find and engage with supporters on social media to generate

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

(i) Name of Fundraiser: Campbell & Company

(i) Address of Fundraiser: 1 East Wacker Dr, Suite 2100, Chicago, IL 60601

(ii) Activity: Provide consulting services for fundraising activities

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 2023 was \$24,957 which includes the cost of postage and printing.

As part of the agreement with GoodUnited, Inc., RMHC will pay for expenses associated with fundraising campaigns. The total of these expenses in 2023 was \$58,200 which includes the cost of software platform fees.

**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

**2023**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Atlanta RMHC, Inc. 795 Gatewood Road NE Atlanta, GA 30329	58-1295754	501(c)(3)	1,241,189.	2,000.	FMV	Airline Tickets	See part V - a, d
Central New York RMHC, Inc. 1100 East Genesee St. Syracuse, NY 13210	22-2371193	501(c)(3)	938,017.	1,200.	FMV	Airline Tickets	See part V - a, d
RMH of Chapel Hill, Inc. 101 Old Mason Farm Rd. Chapel Hill, NC 27517	56-1413188	501(c)(3)	30,104.	1,600.	FMV	Airline Tickets	See part V - d
RMH of Dallas, Inc. 4707 Bengal Street Dallas, TX 75235	75-1609401	501(c)(3)	15,332.	2,000.	FMV	Airline Tickets	See part V - d
RMH of Danville, Inc. 24 Trembulak Way Danville, PA 17821	23-2155803	501(c)(3)	22,918.	0.			See part V - d
RMH of Ft. Worth, Inc. 1001 8th Ave. Fort Worth, TX 76104	75-1754490	501(c)(3)	29,000.	2,000.	FMV	Airline Tickets	See part V - d

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 129.

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

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

Schedule I (Form 990) 2023

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMH of Mid Michigan, Inc. 121 S. Holmes Street Lansing, MI 48912	38-3279325	501(c)(3)	451,443.	800.	FMV	Airline Tickets	See part V - b, d
RMH of New York, Inc. 405 East 73rd St. New York, NY 10021	13-2933654	501(c)(3)	333,527.	2,000.	FMV	Airline Tickets	See part V - b, d
RMH of Rochester, Minnesota, Inc. 850 2nd Street SW Rochester, MN 55902	41-1344744	501(c)(3)	713,604.	2,000.	FMV	Airline Tickets	See part V - d
RMH of Scranton, Inc. 332 Wheeler Avenue Scranton, PA 18510	23-2400153	501(c)(3)	21,918.	0.			See part V - d
RMHC Bay Area, Inc. 520 Sand Hill Rd. Palo Alto, CA 94304-2001	94-2538615	501(c)(3)	560,414.	202,000.	FMV	Airline Tickets, Care Mobile	See part V - a, c, d
RMHC Dayton 555 Valley St. Dayton, OH 45404	31-0964793	501(c)(3)	326,705.	800.	FMV	Airline Tickets	See part V - d
RMHC Greater Houston 1907 Holcombe Blvd. Houston, TX 77030	74-1984499	501(c)(3)	615,137.	2,000.	FMV	Airline Tickets	See part V - a, d
RMHC In Omaha, Inc. 620 S. 38th Ave. Omaha, NE 68105	47-0755104	501(c)(3)	237,354.	1,600.	FMV	Airline Tickets	See part V - a, d
RMHC New York Metro, Inc. 267-07 76th Avenue New Hyde Park, NY 11040	11-2764747	501(c)(3)	1,217,416.	1,600.	FMV	Airline Tickets	See part V - 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Alabama, Inc. 1700 4th Avenue South Birmingham, AL 35233-1810	63-0753358	501(c)(3)	1,129,272.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Amarillo, Inc. 1501 Streit Drive Amarillo, TX 79106	75-1790186	501(c)(3)	51,342.	800.	FMV	Airline Tickets	See part V - d
RMHC of Ann Arbor, Inc. 1600 Washington Heights Ann Arbor, MI 48104	38-2473817	501(c)(3)	207,849.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Arkansas, Inc. 1501 West 10th Street Little Rock, AR 72202	71-0525252	501(c)(3)	2,651,508.	1,600.	FMV	Airline Tickets	See part V - a, d
RMHC of Arkoma, Inc. 1333 Arapaho Ave Ste C Springdale, AR 72764	73-1563945	501(c)(3)	116,405.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of Augusta, Inc. 1442 Harper Street Augusta, GA 30901	58-1509465	501(c)(3)	51,360.	0.			See part V - d
RMHC of Bismarck, Inc. P.O. Box 7323 Bismarck, ND 58507	36-3705683	501(c)(3)	24,171.	0.			See part V - d
RMHC of Burlington, Vermont, Inc. 16 S. Winooski Ave. Burlington, VT 05401	03-0287584	501(c)(3)	99,318.	0.			See part V - d
RMHC of Central and Northern Arizona, Inc. - 501 E. Roanoke Ave. - Phoenix, AZ 85004	86-0483792	501(c)(3)	398,851.	2,000.	FMV	Airline Tickets	See part V - 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Central Florida, Inc. 1030 N. Orange Avenue, Ste 105 Orlando, FL 32801	59-3211250	501(c)(3)	633,261.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Central Georgia, Inc. 1160 Forsyth St. Macon, GA 31201	58-2473799	501(c)(3)	92,707.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Central Illinois, Inc. 610 N. 7th Street Springfield, IL 62702-5329	37-1145155	501(c)(3)	197,846.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Central Indiana, Inc. 435 Limestone St. Indianapolis, IN 46202-2819	35-1497202	501(c)(3)	705,675.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Central Iowa, Inc. 1441 Pleasant St. Des Moines, IA 50314-1794	42-1117423	501(c)(3)	94,909.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Central Ohio, Inc. 711 E Livingston Avenue Columbus, OH 43205	31-0890152	501(c)(3)	880,036.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Central PA, Inc. 745 W. Governor Rd. Hershey, PA 17033-2304	23-2204761	501(c)(3)	121,282.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Central Texas, Inc. 1315 Barbara Jordan Blvd Austin, TX 78723	74-2277664	501(c)(3)	362,391.	1,600.	FMV	Airline Tickets	See part V - b, d
RMHC of Charleston, SC, Inc. 81 Gadsden St. Charleston, SC 29401	57-0724845	501(c)(3)	109,936.	1,200.	FMV	Airline Tickets	See part V - 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Charlottesville, VA, Inc. 300 9th St. S.W. Charlottesville, VA 22903	54-1160157	501(c)(3)	128,541.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of Chicagoland & Northwest Indiana, Inc. - Tripp Avenue at Airmail Road PO Box 7002 - Hines, IL 60141	36-3532553	501(c)(3)	1,723,797.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Columbia, SC, Inc. 2901 Colonial Drive Columbia, SC 29203	57-0725736	501(c)(3)	95,198.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of Connecticut and Western Massachusetts, Inc. - 860 Howard Avenue Suite A - New Haven, CT 06519	04-2971480	501(c)(3)	215,645.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Denver, Inc. 1300 East 21st Avenue Denver, CO 80205	84-0728926	501(c)(3)	273,630.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Eastern Iowa and Western Illinois, Inc. - 730 Hawkins Dr. - Iowa City, IA 52246-2509	42-1189783	501(c)(3)	225,941.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Eastern Montana, Inc. 1144 N. 30th St. Billings, MT 59101-0124	81-0400667	501(c)(3)	91,916.	0.			See part V - d
RMHC of Eastern North Carolina, Inc. - 529 Moye Boulevard - Greenville, NC 27834	56-1420505	501(c)(3)	161,379.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Eastern Wisconsin, Inc. 8948 Watertown Plank Rd. Milwaukee, WI 53226	39-1433107	501(c)(3)	388,313.	2,000.	FMV	Airline Tickets	See part V - 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of El Paso, Inc. 300 E. California Ave. El Paso, TX 79902	74-2257357	501(c)(3)	478,483.	800.	FMV	Airline Tickets	See part V - d
RMHC of Erie, Inc. PO Box 9248 Erie, PA 16505	25-1529707	501(c)(3)	32,164.	0.			See part V - d
RMHC of Greater Charlotte, Inc. 1613 E Morehead Street Charlotte, NC 28207	20-4671570	501(c)(3)	228,197.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of Greater Chattanooga, Inc. 200 Central Ave. Chattanooga, TN 37403-1506	62-1327855	501(c)(3)	332,382.	0.			See part V - d
RMHC of Greater Cincinnati, Inc. 341 Erkenbrecher Avenue Cincinnati, OH 45229	31-0965333	501(c)(3)	360,804.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Greater Delaware, Inc. 1901 Rockland Road Wilmington, DE 19803	51-0295320	501(c)(3)	216,498.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Greater Houston/Galveston, Inc. - 6300 W Loop South - Bellaire, TX 77401	76-0315037	501(c)(3)	628,353.	0.			See part V - d
RMHC of Greater Las Vegas, Inc. 2323 Potosi St. Las Vegas, NV 89146	94-3108570	501(c)(3)	181,623.	100,800.	FMV	Airline Tickets, Care Mobile	See part V - c, d
RMHC of Greater North Texas, Inc. 3625 N. Hall Street, Suite 1100 Dallas, TX 75219	75-2238261	501(c)(3)	565,920.	0.			See part V - 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Greater Washington D.C. Inc. - 3727 14th Street, NE - Washington, DC 20017-3004	52-1132262	501(c)(3)	515,082.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Hawaii, Inc. 1970 Judd Hillside Rd. Honolulu, HI 96822-2004	99-0222124	501(c)(3)	85,968.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of Huntington, Inc. 1500 17th St. Huntington, WV 25701	55-0643445	501(c)(3)	156,248.	0.			See part V - d
RMHC of Idaho, Inc. 139 E Warm Springs Ave. Boise, ID 83712	94-3030996	501(c)(3)	520,724.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Indiana-Michiana, Inc. 610 N. Michigan St. Suite 310 South Bend, IN 46601	35-1831691	501(c)(3)	256,152.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of Jacksonville, Inc. 824 Children's Way Jacksonville, FL 32207	59-2625008	501(c)(3)	108,369.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Kansas City, Inc. 2502 Cherry Street Kansas City, MO 64108-2751	43-1190760	501(c)(3)	301,382.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Kentuckiana, Inc. 550 S. First St. Louisville, KY 40202	31-1053467	501(c)(3)	520,587.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Knoxville, Tennessee, Inc. 1705 W. Clinch Ave. Knoxville, TN 37916	58-1510276	501(c)(3)	149,203.	0.			See part V - 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Madison, Inc. 2716 Marshall Court Madison, WI 53705-2256	39-1655790	501(c)(3)	224,428.	0.			See part V - d
RMHC of Maine, Inc. 250 Brackett Street Portland, ME 04102	22-2912513	501(c)(3)	305,555.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Marshfield, Inc. 803 W. North St. Marshfield, WI 54449-1819	93-0833012	501(c)(3)	144,996.	0.			See part V - d
RMHC of Maryland, Inc. 1 Aisquith Street Baltimore, MD 21202	52-1184957	501(c)(3)	283,747.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Memphis, Inc. 535 Alabama Avenue Memphis, TN 38105	62-1220396	501(c)(3)	1,108,183.	1,600.	FMV	Airline Tickets	See part V - a, d
RMHC of Mid-Missouri, Inc. 1000 W Nifong Blvd Bldg 5, Ste 110 - Columbia, MO 65203	43-1225829	501(c)(3)	656,819.	1,200.	FMV	Airline Tickets	See part V - a, b, d
RMHC of Mid-Penn Region, Inc. P.O. Box 672 Altoona, PA 16603	25-1665067	501(c)(3)	56,384.	0.			See part V - d
RMHC of Mississippi, Inc. 2524 N. State Street Jackson, MS 39216-4500	63-0906927	501(c)(3)	139,487.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of Mobile, Inc. 1626 Springhill Ave. Mobile, AL 36604-1415	63-1181258	501(c)(3)	238,655.	1,600.	FMV	Airline Tickets	See part V - 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Nashville, Inc. 2144 Fairfax Ave Nashville, TN 37212	62-1310717	501(c)(3)	676,311.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of New England, Inc. 45 Gay Street, #318 Providence, RI 02905	22-2760752	501(c)(3)	700,660.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of New Mexico, Inc. 1011 Yale Blvd NE Albuquerque, NM 87106	85-0283204	501(c)(3)	76,301.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Norfolk, Inc. 404 Colley Ave Norfolk, VA 23507	54-1139497	501(c)(3)	197,270.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of North Central Florida, Inc. - 2121 SW 16th Street - Gainesville, FL 32608	59-1887896	501(c)(3)	358,369.	1,600.	FMV	Airline Tickets	See part V - a, d
RMHC of Northeast Indiana, Inc. 11109 Parkview Plaza Drive Fort Wayne, IN 46845	35-1950376	501(c)(3)	154,926.	0.			See part V - d
RMHC of Northeast Kansas, Inc. 825 SW Buchanan St. Topeka, KS 66606-1427	48-1022967	501(c)(3)	39,871.	800.	FMV	Airline Tickets	See part V - d
RMHC of Northeast Ohio, Inc. 10415 Euclid Ave. Cleveland, OH 44106-4709	34-1269123	501(c)(3)	877,987.	2,000.	FMV	Airline Tickets	See part V - a, d
RMHC of Northeastern Pennsylvania, Inc. - 104 South State St. - Clarks Summit, PA 18411	25-1719864	501(c)(3)	155,644.	0.			See part V - 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Northern California, Inc. 2555 49th Street Sacramento, CA 95817	68-0147193	501(c)(3)	210,175.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Northwest Florida, Inc. 5200 Bayou Blvd. Pensacola, FL 32503	59-2172279	501(c)(3)	279,561.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of Northwest Ohio, Inc. 3883 Monroe St. Toledo, OH 43606	34-1349742	501(c)(3)	207,982.	540,778.	FMV	Airline Tickets, Care Mobile	See part V - c, d
RMHC of Oklahoma City, Inc. PO Box 7979 Edmond, OK 73083	73-1103242	501(c)(3)	156,186.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of Oregon and Southwest Washington, Inc. - 2620 N. Commercial Avenue - Portland, OR 97227	93-0806912	501(c)(3)	290,341.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Pittsburgh and Morgantown, Inc. - 451 44th St. - Pittsburgh, PA 15201	25-1320272	501(c)(3)	474,314.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Richmond, Virginia, Inc. 2330 Monument Ave. Richmond, VA 23220	52-1359486	501(c)(3)	390,696.	1,200.	FMV	Airline Tickets	See part V - a, d
RMHC of Rochester, NY, Inc. 333 Westmoreland Dr. Rochester, NY 14620	16-1271311	501(c)(3)	121,738.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of San Antonio, Texas, Inc. 4847 Charles Katz San Antonio, TX 78229	74-2140528	501(c)(3)	568,618.	2,000.	FMV	Airline Tickets	See part V - 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of San Diego, Inc. 2929 Children's Way San Diego, CA 92123	95-3251490	501(c)(3)	338,654.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Siouxsland, Inc. 2500 Nebraska St. Sioux City, IA 51104	42-1369988	501(c)(3)	33,122.	800.	FMV	Airline Tickets	See part V - d
RMHC of South Dakota, Inc. 825 S. Lake Avenue Sioux Falls, SD 57104	46-0371152	501(c)(3)	64,185.	0.			See part V - d
RMHC of South Florida, Inc. 1145 NW 14 Terrace Miami, FL 33136	59-1899866	501(c)(3)	452,021.	1,600.	FMV	Airline Tickets	See part V - d
RMHC of South Louisiana, Inc. 210 State Street New Orleans, LA 70118	72-0882569	501(c)(3)	764,804.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of Southeastern Michigan, Inc. - 4707 St. Antoine Street Ste 200 - Detroit, MI 48201	38-2182406	501(c)(3)	388,441.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of Southern Arizona, Inc. 2155 E. Allen Road Tucson, AZ 85719-1501	95-3526934	501(c)(3)	360,843.	540,972.	FMV	Airline Tickets, Care Mobile	See part V - c, d
RMHC of Southern California, Inc. 4560 Fountain Avenue Los Angeles, CA 90029	95-3167869	501(c)(3)	1,592,688.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Southern Colorado, Inc. 4223 Royal Pine Dr Colorado Springs, CO 80920	84-1013843	501(c)(3)	70,388.	1,200.	FMV	Airline Tickets	See part V - 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Southern West Virginia, Inc. - 910 Pennsylvania Ave. - Charleston, WV 25302	55-0631080	501(c)(3)	175,586.	0.			See part V - d
RMHC of Southwest Florida, Inc. 16100 Roserush Court Fort Myers, FL 33908	11-3704163	501(c)(3)	106,367.	800.	FMV	Airline Tickets	See part V - d
RMHC of Southwest Virginia, Inc. 2224 S. Jefferson St. Roanoke, VA 24014	54-1244769	501(c)(3)	114,764.	0.			See part V - d
RMHC of St. Louis, Inc. 3450 Park Avenue St. Louis, MO 63104	43-1160478	501(c)(3)	2,897,746.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Tallahassee, Inc. 712 East 7th Avenue Tallahassee, FL 32303	59-2794505	501(c)(3)	30,039.	0.			See part V - d
RMHC of Tampa Bay, Inc. 35 Davis Blvd Tampa, FL 33606	59-1835985	501(c)(3)	792,339.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of Temple, Texas, Inc. 2415 South 47th St. Temple, TX 76504	74-2345274	501(c)(3)	78,744.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of the Bluegrass, Inc. PO Box 22414 Lexington, KY 40522-2414	61-0986164	501(c)(3)	384,505.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of the Capital Region, Inc. 139 S. Lake Avenue Albany, NY 12208-3256	22-2356004	501(c)(3)	190,066.	1,200.	FMV	Airline Tickets	See part V - 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of the Carolinas, Inc. 706 Grove Rd Greenville, SC 29605	57-0844123	501(c)(3)	180,134.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of the Central Valley, Inc. 9161 Randall Way Madera, CA 93638	94-2864490	501(c)(3)	116,606.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of the Coastal Empire, Inc. 4710 Waters Ave. Savannah, GA 31404	58-1630107	501(c)(3)	72,146.	800.	FMV	Airline Tickets	See part V - d
RMHC of the Four States, Inc. 3402 South Jackson Joplin, MO 64804	43-1758397	501(c)(3)	115,995.	800.	FMV	Airline Tickets	See part V - d
RMHC of the Inland Northwest 1028 West 5th Avenue Spokane, WA 99204	91-1176115	501(c)(3)	196,938.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of the Intermountain Area, Inc. - 935 East South Temple - Salt Lake City, UT 84102-1411	74-2386043	501(c)(3)	720,439.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of the Ohio Valley, Inc. 3540 Washington Avenue Evansville, IN 47714	35-1748468	501(c)(3)	560,291.	0.			See part V - d
RMHC of the Ozarks, Inc. 949 E. Primrose St. Springfield, MO 65807-5257	43-1371143	501(c)(3)	667,351.	0.			See part V - c, d
RMHC of the Philadelphia Region 3925 Chestnut St Philadelphia, PA 19104	23-7377505	501(c)(3)	1,087,578.	2,000.	FMV	Airline Tickets	See part V - 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of the Piedmont Triad, Inc. 419 S. Hawthorne Rd. Winston-Salem, NC 27103	58-1454715	501(c)(3)	328,097.	1,600.	FMV	Airline Tickets	See part V - b, d
RMHC of the Red River Valley, Inc. 4757 Agassiz Xing S Fargo, ND 58104	45-0365598	501(c)(3)	74,237.	0.			See part V - d
RMHC of the Southwest, Inc. 3413 - 10th Street Lubbock, TX 79415	75-1915179	501(c)(3)	147,773.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of the Triangle, Inc. 506 Alexander Ave. Durham, NC 27705	56-1220376	501(c)(3)	330,294.	2,000.	FMV	Airline Tickets	See part V - d
RMHC of TriState, Inc. 240 Berger Road Paducah, KY 42001	61-1224406	501(c)(3)	362,459.	0.			See part V - d
RMHC of Tulsa, Inc. 6102 S. Hudson Ave. Tulsa, OK 74136-2020	73-1313892	501(c)(3)	113,199.	1,200.	FMV	Airline Tickets	See part V - d
RMHC of Western Montana 3003 Fort Missoula Rd. Missoula, MT 59804	47-2261447	501(c)(3)	70,227.	0.			See part V - d
RMHC of Western New York, Inc. 780 W. Ferry St. Buffalo, NY 14222	22-2438932	501(c)(3)	144,112.	800.	FMV	Airline Tickets	See part V - d
RMHC of Western Washington & Alaska, Inc. - 5130 40th Avenue NE - Seattle, WA 98105-3055	91-1061043	501(c)(3)	225,975.	2,000.	FMV	Airline Tickets	See part V - 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Wichita, Inc. 551 N Hillside, Ste 100 Wichita, KS 67214	48-0918101	501(c)(3)	82,975.	1,200.	FMV	Airline Tickets	See part V - d
RMHC South Texas 3402 Fort Worth St. Corpus Christi, TX 78411	74-2378671	501(c)(3)	146,164.	1,200.	FMV	Airline Tickets	See part V - d
RMHC West Michigan, Inc. 1323 Cedar St NE Grand Rapids, MI 49503-1326	38-2781170	501(c)(3)	584,600.	1,200.	FMV	Airline Tickets	See part V - a, d
RMHC, Northern Nevada, Inc. 323 Maine Street Reno, NV 89502	94-2863819	501(c)(3)	42,846.	800.	FMV	Airline Tickets	See part V - d
RMHC, Upper Midwest, Inc. 818 Fulton St SE Minneapolis, MN 55414	41-1313107	501(c)(3)	611,409.	2,000.	FMV	Airline Tickets	See part V - d
Southern Appalachian RMHC, Inc. 418 N. State of Franklin Rd. Johnson City, TN 37604	62-1578123	501(c)(3)	134,879.	0.			See part V - 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.

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

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

**Part IV Supplemental Information**

operating support

(b) New Ronald McDonald Family Room programs

(c) Build and support Ronald McDonald Care Mobile programs

(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 2023, and the tickets were donated to the Chapters for general

operating support.

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

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

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> .....						\$						

**Part III Grants or Assistance Benefiting Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

**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
(1) McDonald's Corporation	See Part V	4,155,093.	See Part V		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

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: The day-to-day operations of the

Charity are performed by employees of McDonald's Corporation that are

dedicated to RMHC and who work under the direction of the independent

governing board of Ronald McDonald House Charities, Inc. McDonald's

Corporation, as part of its commitment to support RMHC donates certain

staff positions, benefits, and human resource support without charge to

the charity, therefore, McDonald's Corporation indirectly supervises

personnel. For other professional services, RMHC has an agreement with

McDonald's Corporation to compensate them for duties performed.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

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	9	1,448,594.	Market quotations
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( Airline tickets )	X	1	160,000.	FMV/Sales Price
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

**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)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Ronald McDonald House Charities, Inc.

Employer identification number

36-2934689

Form 990, Part I, Line 1, Description of Organization Mission:

healing when children need healthcare.

Form 990, Part I, Lines 5 and 6:

The day-to-day operations of the Charity are performed by employees of

McDonald's Corporation that are dedicated to RMHC and who work under

the direction of the independent governing board of Ronald McDonald

House Charities, Inc. McDonald's Corporation, as part of its commitment

to support RMHC donates certain staff positions, benefits, and human

resource support without charge to the charity. In addition, numerous

other volunteers assist with various fundraising events and other

administrative and program support. The number of volunteers varies at

any given time, but RMHC estimates the total number of volunteers to be

approximately 125.

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

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

(1) Ronald McDonald House: RMHC provided grants totaling \$5,612,863 for

new and expanding Ronald McDonald House programs. The Ronald McDonald

House program provides comfort, support and resources for families with

children who are sick.

(2) Ronald McDonald Family Room: RMHC provided grants totaling

\$1,950,000 for new Ronald McDonald Family Room programs, which offer a

quiet place within the walls of the hospital. Ronald McDonald Family

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
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Room programs provide families with children in the hospital with a place to rest and recharge while remaining near their child's bedside.

(3) Ronald McDonald Care Mobile: RMHC developed and funded the capital build for all new Ronald McDonald Care Mobile programs with support totaling \$1,390,957. Ronald McDonald Care Mobile programs bring dental, medical and health care resources to underserved communities around the world.

(4) RMHC Local Chapter Support and Grants totaling \$49,637,036. RMHC provides expertise in all aspects of the three core program operations, other program development, and nonprofit management for its Chapters worldwide. Support also includes general program support grants. RMHC is committed to strengthening the global system of Chapters, by providing such grants and programmatic support to help each Chapter achieve a high level of excellence in management and operations, and to help them effectively and efficiently fulfill their mission. Activities include, among others: resource development; sharing best practices to improve all aspects of RMHC; strategic planning; technology upgrades; ongoing training and education of board, staff, and volunteers to encourage excellence in delivering programs, fundraising and administrative practices; investment in environmental sustainability activities such as energy audits, water and waste efficiency projects at Ronald McDonald House programs; facilitation of networking opportunities; and developing local fundraising capabilities to grow resources and meet new and expanding program needs.

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

Trustee and Officer relationships:

-Katherine Fitzgerald, Enrique Hernandez Jr., Angela Steele, and Chris

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
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Kempczinski, who are McDonald's Officers and Trustees, have business relationships with each other and with the following McDonald's employees, licensees, and suppliers: Stacey Bifero, Joanna Sabato, Rodney Jordan, Theodore Perlman, J. Christopher Reyes, Eduardo Sanchez, Wayne Stingley, Nicole Harper Rawlins, and Michael Thompson.

-Alex Dimitrief has a business relationship with Mats Lederhausen.

Form 990, Part VI, Section A, line 3:

The day-to-day operations of the Charity are performed by employees of McDonald's Corporation that are dedicated to RMHC and who work under the direction of the independent governing board of Ronald McDonald House Charities, Inc. McDonald's Corporation, as part of its commitment to support RMHC donates certain staff positions, benefits, and human resource support without charge to the charity, therefore, McDonald's Corporation indirectly supervises personnel.

Form 990, Part VI, 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

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
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to RMHC. Potential conflicts are logged with and monitored by the Secretary of the Board and reviewed by a committee of the Board. Interested parties are not allowed to participate in Board discussions or vote on corresponding related party matters.

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

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

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

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

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

RMHC posts copies of its Form 990 and Form 990-T (if applicable) for the three most recent years on its website and provides copies of its Form 1023 upon request.

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

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

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

Ronald McDonald House Charities is a system of independent, separately registered public benefit organizations, referred to as "Chapters" by RMHC. RMHC does not have legal control over these Chapters, except the

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
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related tax-exempt organizations disclosed in Schedule R, Part II.

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

Form 990, Part VII

The President and CEO of RMHC holds a non-voting Trustee position on the Board of Trustees.

Form 990, Donated Goods and Services:

RMHC receives support from McDonald's Corporation (McDonald's) that includes certain employee services, benefits, human resource support and use of its facilities and equipment without cost to the Charity.

The donated goods and services provided by McDonald's partially defray certain costs that RMHC would otherwise incur. Although the value of these goods and services is required to be included in the audited financial statements of RMHC, 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 2023, the total amount that was excluded from Form 990 was \$36,542,273 of which \$6,313,323 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.

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Form 990, Part IX, Line 24a:

The RMHC Donation Box program inside McDonald's restaurants is one of the Charity's largest on-going fundraisers. There are RMHC Donation Boxes at McDonald's restaurants where customers can deposit their change for the benefit of RMHC. The collection of RMHC Donation Box funds from McDonald's restaurants throughout the United States is centralized 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 collection fees incurred) directly to each U.S. RMHC Chapter.

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

Gain on cash surrender value of insurance	230,332.
Recovery of prior year expenses	29,982.
Total to Form 990, Part XI, Line 9	260,314.

**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

**2023**

**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 Gyermeksegely Alapítvány Magyar Tagozat, Soroksári út 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	
Ronald McDonald Lastentalosaatio Oksakoskenpolku 6 Helsinki, FINLAND 00250	Operate a Ronald McDonald House for families with sick children	Finland	501(c)(3)		Ronald McDonald House Charities, Inc.	X	





**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Ronald McDonald Gyermeksegely Alapítvány Magyar Tagozat	B	12,468.	Cash
(2) Ronald McDonald Lastentalosaatio	B	2,284.	Cash
(3)			
(4)			
(5)			
(6)			



