

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

A For the 2018 calendar year, or tax year beginning and ending B Check if applicable Annual McDonald House Charities, Inc. Number and street (or P.0. box if mail is not delivered to street address) Room/suite	ublic
B Check if applicable Address change Change Change Change Charities, Inc. Doing business as Number and street (or P.0. box if mail is not delivered to street address) Intel Institut I terminated Amended Preturn Amended Pr	<u> </u>
Address change Name Change Change Initial Init	
Name change change Doing business as 36-2934689 Initial return Final territion are and address of principal officer Sheila Musolino Final Application pending Final Pending Final Application pending Final Application pending Final Application pending Final Pendin	
Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 630-623-7048	
Final return/ termin- ated City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60607-2101 F Name and address of principal officer Sheila Musolino Same as C above Chicago	
ated Amended Chicago, IL 60607-2101 Application pending Same as C above City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60607-2101 H(a) Is this a group return for subordinates? Yes Yes (Amended Chicago, IL 60607-2101) Yes (Amended Chicago, IL 60607-2101) H(b) Are all subordinates included? Yes (Amended Chicago, IL 60607-2101)	
F Name and address of principal officer Sheila Musolino H(a) Is this a group return	6,536.
tor subordinates? Yes Hb Are all subordinates included? Yes	
same as C above	X No
Tayleyempt status X 501(c)(3)	□ No
	ns)
J Website: ▶ www.rmhc.org H(c) Group exemption number ▶	
K Form of organization: X Corporation	cile. IL
Part I Summary	
Briefly describe the organization's mission or most significant activities. To create, find and support	
programs that directly improve the health and well-being of children and their families Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) Ta Total unrelated business revenue from Part VIII, column (C), line 12 Ta 229	
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	23
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	100
7 a Total unrelated business revenue from Part VIII, column (C), line 12	9,948.
	7,414.
Prior Year Current Yea	
8 Contributions and grants (Part VIII, line 1h)	
	9,900.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,937,819. 2,354	4,427.
	5,238.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 50,161,155. 147,534	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 28,737,484. 126,717	
7,1	0.
2 The state of the	0.
b Total fundraising expenses (Part IX, column (A), life 14e) b Total fundraising expenses (Part IX, column (D) (Fig 25)	
17 Other expenses (Part IX, column (A), lines 11a 17a 11MA) 1 4 2010 07 11,243,722. 16,397	7 051
17 Other expenses (Part IX, column (A), lines 11a-11d-11live 14 2019 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 39,981,206. 143,114	
19 Revenue less expenses Subtract line 18 from line 12000 10, 179, 949. 4,420	0,062.
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Beginning of Current Year End of Year 141,405,717. 138,355 24 Page 141,405,717. 138,355 25 Page 141,405,717. 138,355 26 Page 141,405,717. 138,355 27 Page 141,405,717. 138,355 28 Page 141,405,717. 138,355 29 Page 141,405,717. 138,355 20 Page 141,405,717. 138,355 20 Page 141,405,717. 138,355 21 Page 141,405,717. 138,355 22 Page 141,405,717. 138,355 23 Page 141,405,717. 138,355 24 Page 141,405,717. 138,355 25 Page 141,405,717. 138,355 26 Page 141,405,717. 138,355 27 Page 141,405,717. 138,355 28 Page 141,405,717. 138,355 29 Page 141,405,717. 138,355 20 Page 141,405,717. 138,355 20 Page 141,405,717. 138,355 21 Page 141,405,717. 138,355 22 Page 141,405,717. 138,355 23 Page 141,405,717. 138,355 24 Page 141,405,717. 138,355 25 Page 141,405,717. 138,355 26 Page 141,405,717. 138,355 27 Page 141,405,717. 138,355 28 Page 141,405,717. 138,355 29 Page 141,405,717. 138,355 20 Page 141,405,717. 13	
21 Total liabilities (Part X, line 26)	
22 Net assets or fund balances Subtract line 21 from line 20	
Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief	ef, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Signature of Oricer 1	
Sign Signature of officer Date	
Here Stacey Bilero, Chief Financial Officer	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check PTIN	
Paid Amber Gazica \$919 If sell-emiployed P01391011	
Preparer Firm's name Ernst & Young, LLP Firm's EIN 34-6565596	
Use Only Firm's address 1101 New York Ave NW	
Washington, DC 20005 Phone no.202-327-6000	17:

	990 (2018) Konaid McDonaid House Chairties, Inc.	<u> </u>	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		, <u>x</u>
1	Briefly describe the organization's mission	-	
	To create, find and support programs that directly improve the health		s)
	and well-being of children and their families		
			 -
2	Did the organization undertake any significant program services during the year which were not listed on the		• • • • • • • • • • • • • • • • • • • •
2	prior Form 990 or 990-EZ?		Yes X No
	•		Yes NO
	If "Yes," describe these new services on Schedule O		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es7	LYes L≛ 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		·-
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total e	kpenses, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$135,028,070. including grants of \$124,669,200.) (Ri	evenue \$	480,472.)
	Support of RMHC Local Chapters worldwide: Ronald McDonald House		
	Charities is a system of independent, separately registered public		
	benefit organizations, referred to as "Chapters" by RMHC. Collectively,		
	Ronald McDonald House Charities, Inc. (RMHC) and the network of local		
	Chapters ascribe to five core values: we are focused on the critical		
	needs of children, we lead with compassion, we celebrate the diversity		
	of our people and our programs, we value our heritage and we operate		
	with accountability and transparency. RMHC ensures delivery of the		
	mission across the globe. As a center of excellence RMHC builds and		
	sustains a robust infrastructure of support to the network of Chapters,		
	including operations, licensing and compliance, finance, risk		
	management, communications, marketing and development. (See Sch O)		
4b	(Code) (Expenses \$ 2,135,961. including grants of \$ 2,048,373.) (Ri	evenue \$	0.)
	Grants and other program services to improve the health and well-being		
	of children: RMHC provides funding to other nonprofit organizations to		
	address the needs of children throughout the world. These efforts are		
	directed towards providing access to quality health care, with a		
	special focus on maternal/child health in Africa, South Asia and Latin		
	America.		
			•
		· · · · · · · · ·	
		•	
4c	(Code) (Expenses \$) (R	evenue \$)
	, (code) (coperated		
			-
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 137,164,031.		-
<u> </u>	A CONTRACTOR OF THE CONTRACTOR	-	

Form 990 (2018) Ronald McDonald House Charities, Inc.

Part IV Checklist of Required Schedules

0ZF 36-2934689	R	\mathcal{D}_{i}	FG.
30-2534005		P	age 3
		Yes	No
	1	х	
candidates for	2	Х	
candidates for	3		х
h) election in effect	4		x
assessments, or			
ave the right to	5		х
ave the right to Schedule D, Part I	6		x
э,			_
s," complete	7		х
	8		х
custodian for ion services?			1
ion services	9		х
ments, permanent	10		x
VII, VIII, IX, or X			
ete Schedule D,			
	11a	х	_
e of its total	11b	x	
e of its total	440		x
ts reported in	11c		<u> </u>
	11d	х	x
Part X t addresses	11e	^	
D, Part X	11f	х	
omplete	12a	х	
optional	10h		x
, paronar	12b 13		х
	14a		х
aising, business, ued at \$100,000			
	14b	х	_
or for any	15	х	
sistance to			Ţ.
on Part IX,	16		Х
	17	_	х
n Part VIII, lines	18	х	
If "Yes,"			
	19	-	X

			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	140
1	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	4.0		х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		"
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		x
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"]
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4	v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	(2018)

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	990 (2018) Ronald McDonald House Charities, Inc. 36-2934689		Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
		,	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		,	l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	·	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04.0	Schedule J	23_	-	 ^-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization minest any proceeds of tax exempt bories beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27	1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			"
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b	-	┢┷
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23	 	
•	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1	<u> </u>	<u> </u>
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		<u> </u>	
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	ļ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,
	If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		ł	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	 	┝╨
30	Note. All Form 990 filers are required to complete Schedule O	38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> 1 36</u>		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	5	1.55	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	히		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		

Form **990** (2018)

(gambling) winnings to prize winners?

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		— .
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b_	Х	<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		\vdash
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x
	any contributions that were not tax deductible as charitable contributions?	- Oa		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		\vdash
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<u>x</u>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required,			
	to file Form 8282?	7c		х
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
,	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ـــــ
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		T T
u	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	<u> </u>		
		Form	1990	(2018)

Ronald McDonald House Charities, Inc. 36-2934689 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Х Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 23 **b** Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 x 4 х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 x a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No x 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a, Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? x a The organization's CEO, Executive Director, or top management official 15a Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶See Schedule 0 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Own website Another's website Upon request ☐ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year

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

Form 990 (2018)

Form 990 (2018) 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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)	l	111126		C)	пре	134	(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless person is both an compensation		'	compensation	amount of				
	week (list any	_			Ī	I		from the	from related organizations	other compensation
	hours for	rdirec	۱			pa		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste			pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	loual		pleye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former		-	organizations
(1) Alan Harris, MD	1.00									
Trustee		х						0.	0.	0.
(2) Alex Dimitrief	1.00		İ			1				
Trustee		х			L.			0,	0.	0.
(3) Alex Rodriguez	1.00									
Trustee		Х	L			$oxed{oxed}$		0.	0.	0.
(4) Andrew J. McKenna	1.00									
Trustee		х						0.	0.	0.
(5) David C. Herman, MD	1.00				l					
Trustee		х				L		0.	0.	0.
(6) Eduardo Sanchez	1.00	Į								1
Trustee		х			L	L	L	0.	0.	0.
(7) Fred Huebner	1.00					İ				
Trustee (until 2/18)		х			L	<u>L</u>	<u> </u>	0.	0.	0.
(8) Gay Simplot	1.00									
Trustee (until 12/18)		х				<u> </u>	ļ	0.	0.	0.
(9) Ginger Hardage	1.00			İ						
Trustee		х					L	0.	0.	0.
(10) Grace Fung Oei	1.00									
Trustee		х	_		_		$oxed{oxed}$	0.	0.	0.
(11) J. Christopher Reyes	1.00									
Trustee		х			$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$			0.	0.	0.
(12) James D. Watkins	1.00									
Trustee		Х	_	ļ				0.	0.	0.
(13) Jan Fields	1.00		1							_
Trustee		Х	_	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	ļ_		L	0.	0.	0.
(14) Javier C. Goizueta	1.00									_
Trustee		х			$oxed{oxed}$		L	0.	0.	0.
(15) Jeffrey Davis	1.00	1							,	_
Trustee	1	х		lacksquare	igspace	\vdash	<u> </u>	0.	0.	0.
(16) Mats Lederhausen	1.00	1							_	_
Trustee		х		oxdot			<u> </u>	0.	0.	0.
(17) Michelle Stephenson	1.00									_
Trustee	I	X	ı	I	1	1	1	0.	0.	0.

832007 12-31-18

Form 990 (2018)

Form 990 (2018) Ronald McDor	ald House C	har	iti	es,	In	c.			36-2934689	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees			ighe	st C	ompensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more erson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) Rick Hernandez	1.00					1	<u> </u>			
Trustee		x						0.	٥.	0.
(19) Sheila Musolino	40.00									
Trustee (until 12/18), Pres. & CEO		x		x				0.	0.	0.
(20) Sheldon Lavin	1.00									
Trustee		х						0.	0.	0.
(21) Steve Easterbrook	1.00									
Trustee		х						0.	0.	0.
(22) Steven M. Ramirez	1.00									
Trustee, Chairman		х		х				0.	0.	0.
(23) Stuart E. Siegel, MD	1.00									
Trustee		х	<u> </u>					0.	0.	0
(24) Theodore Perlman	1.00									
Trustee		х			<u>.</u>			0.	0.	0
(25) Wayne Stingley	1.00						I			
Trustee		x						0.	0.	0
(26) Wendy Davidson	1.00									
Trustee (beg. 12/18)		х		L	<u>L</u>			0.	0.	0.
1b Sub-total							•	0.	0.	0.
c Total from continuation sheets to Part V	/II, Section A							0.	0.	0 .
d Total (add lines 1b and 1c)							▶.	0.	0.	0.

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

rendered to the organization? If "Yes," complete Schedule J for such person

3 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Integrigo, LLC, 11 Court Street, Suite	Donation Box Management and	
280, Exeter, NH 03833	Collection	4,062,438.
RealWorld Productions, Inc., 4041 Franklin		
Avenue, Western Springs, IL 60558	Event/Training Production	940,532.
Clark Hill PLC, 130 E. Randolph St., Suite		
3900, Chicago, IL 60601-6317	Legal Services	245,127.
Diane J Andreoni, 12783 Highland Shores		
Drive, Sawyer, MI 49125	Marketing and Advertising	243,341.
Capgemini America, Inc., 400 Broadacres		
Drive, Suite 410, Bloomfield, NJ 07003	Technology Consulting	205,420.
2 Total number of independent contractors (including but not limited to those \$100,000 of compensation from the organization ▶ 1.		

See Part VII, Section A Continuation sheets

Form 990 (2018)

Yes

No

36-2934689 Form 990 (2018) Ronald McDonald House Charities, Inc. Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax-under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 353,142. 1 a Federated campaigns b Membership dues 1b Fundraising events 1c 5,523,699, d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 138,158,280 similar amounts not included above 492,468 Q Noncash contributions included in lines 1a-1f \$ 144,035,121 h Total. Add lines 1a-1f **Business Code** 2 a Local Chapter Conference Fees 611430 479,900 479,900 Program Service Revenue f All other program service revenue 479,900 g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 229,948. 2,651,421. 2,421,473. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities 30,015,083 assets other than inventory **b** Less cost or other basis 30,307,064 5,013 and sales expenses <291,981 <5,013 c Gain or (loss) <296,994, <296,994.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 5,523,699. of including \$ contributions reported on line 1c) See 814,011 Part IV, line 18 899,345 b Less direct expenses <85,334 <85,334.> c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 1,000 and allowances 428 b Less cost of goods sold 572 572 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a Settlement Agreement 900099 750,000 750,000. b d All other revenue

12 To

2,789,145. Form **990** (2018)

229,948.

750,000

147,534,686

e Total. Add lines 11a-11d

Total revenue. See instructions

480,472.

36-2934689

Form 990 (2018) Ronal'd McDonald House 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)

D-	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	121,069,030.	121,069,030.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				•
	organizations, foreign governments, and foreign	5 640 540	5 640 540		
_	individuals See Part IV, lines 15 and 16	5,648,543.	5,648,543.	_	
4	Benefits paid to or for members		_		
5	Compensation of current officers, directors,	ì			
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				······································
7	Other salaries and wages		<u>.</u>		
8	Pension plan accruals and contributions (include			•	
_	section 401(k) and 403(b) employer contributions)				· · · · · · · · · · · · · · · · · · ·
9	Other employee benefits		`		
10	Payroll taxes		<u>-</u>		,
11	Fees for services (non-employees)			}	
a	Management	259,880.	86,402.	74,430.	99,048.
b	Legal	197,980.	00,402.	197,980.	33,040.
	Accounting Lobbying	157,500.			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	132,349.	131,934.	415.	
	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	3,823,266.	2,650,927.	108,210.	1,064,129.
12	Advertising and promotion	1,050,979.	14,500.	248,143.	788,336,
13	Office expenses	221,225.	64,323.	19,869.	137,033,
14	Information technology	1,247,974.	609,383.	239,892.	398,699,
15	Royalties				<u>, , , , , , , , , , , , , , , , , , , </u>
16	Occupancy				
17	Travel	1,052,337.	795,145.	106,332.	150,860.
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,312,407.	1,768,969.	54,381.	489,057.
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	62,913.	59,977.	1,604.	1,332,
23	Insurance	156,241.	57,594.	98,647.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Donation box expense	5,481,976.	4,111,482.		1,370,494.
b	Acknowledgement	185,438.	83,877.	788.	100,773.
С	Credit card / bank fees	142,449.		942.	141,507.
d	Subscriptions	23,695.	11,945.	7,657.	4,093.
ļе	All other expenses	45,942.		36,813.	9,129.
25	Total functional expenses. Add lines 1 through 24e	143,114,624.	137,164,031.	1,196,103.	4,754,490.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation.				•
	Check here frollowing SOP 98-2 (ASC 958-720)			(
3201	0 12-31-18				Form 990 (2018

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 8,769,450 12,475,827. 2 Savings and temporary cash investments 11,369,529 10,267,899. 3 Pledges and grants receivable, net 3 14,236. 43,802. Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 500,000. Notes and loans receivable, net 7 56,088 142,916. Inventories for sale or use 8 418 222 9 671,850, Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 2,104,624 10a basis Complete Part VI of Schedule D 95,063. 2,009,561 157,975 10b b Less accumulated depreciation 108,438,222, 101,202,551. 11 11 Investments - publicly traded securities 11,129,783. 11,802,928. 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 1,052,212. 1,152,534. 15 15 Other assets See Part IV, line 11 141,405,717. 138,355,370. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,251,866. 1,323,830. 17 17 Accounts payable and accrued expenses 7,597,902. 9,318,125. 18 18 Grants payable 250,000. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 15,026 35,503. Schedule D 10,677,458. 9,114,794. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 130,952,593. 121,234,552. 27 27 Unrestricted net assets 1,338,330. 6,443,360. 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 132,290,923. 33 127 677 912. Total net assets or fund balances 141,405,717. 138,355,370. Total liabilities and net assets/fund balances

orm	990 (2018) Ronald McDonald House Charities, Inc.	36-2934689		Pag	_{je} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				х			
	•							
1	Totàl revenue (must equal Part VIII, column (A), line 12)	1	147	,534,	686.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	143	,114,	624.			
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	132	,290,	923.			
5	Net unrealized gains (losses) on investments	5	<9	,007,	619.			
6	Donated services and use of facilities	6						
7	Investment expenses	7 ′						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<25,	454.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	127	,677,	912.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>			
1	Accounting method used to prepare the Form 990			Yes	No			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed, separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	on a						
b	Were the organization's financial statements audited by an independent accountant?		2b	х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
c	consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt.						
Ū	review, or compilation of its financial statements and selection of an independent accountant?	,	2c	х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O						
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		t					
Ju	Act and OMB Circular A-133?		3a		х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
	or waster, original training and area area and any area area.		Form	990	(2018)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Nan	ne or	tne organization	Managara Managa	Obamitian Ton					dentification number
Da	irt I	Reason for Public		Charities, Inc.	malata th	o port \ Co	o roots rotron		5-2934689
							e instruction:	<u> </u>	
The 1 2 3 4	organ	nization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state	iurches, or association 170(b)(1)(A)(ii). (a hospital service orga	on of churches described Attach Schedule E (Form anization described in se	d in sectio n 990 or 99 ection 170	n 170(b)(1 90-EZ)) 9 (b)(1)(A)(ii	ı).)(iii). Enter	the hospital's name,
5		An organization operated for		llege or university owner	d or operat	ted by a go	overnmental (unit describ	ped in
_		section 170(b)(1)(A)(iv). (C							
6	x	A federal, state, or local go							
′		An organization that norma		ntial part of its support f	rom a gov	ernmentai	unit or irom t	ne generai	public described in
		section 170(b)(1)(A)(vi). (C		(4)(4)(4)() (Complete Day	. 11.3				
8	\exists	A community trust describe							
9	ш	An agricultural research org	-			•		_	_
		or university or a non-land-quiniversity	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state o	i the colleg	je or
10 11		An organization that normal activities related to its exerincome and unrelated busines see section 509(a)(2). (Co An organization organized	npt functions - subje ness taxable income mplete Part III.)	ct to certain exceptions, (less section 511 tax) fro	and (2) no om busine	more tha sses acqu	n 33 1/3% of ured by the or	its suppor	t from gross investmen
12		An organization organized		•	•			arry out the	e purposes of one or
		more publicly supported or							
		lines 12a through 12d that	=						
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the direc	ctors or truste	ees of the s	supporting
		organization You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	janization supervised	or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	iving
		control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s) You mus	t complete Part IV,	Sections A and C.					
c	:	☐ Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with, a	and functiona	illy integrat	ed with,
		_ its supported organizatio	n(s) (see instructions	s) You must complete F	Part IV, Se	ections A,	D, and E.		
d	ıL	☐ Type III non-functionall:	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organ	ızatıon(s)
		that is not functionally in	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
	_	requirement (see instruct	tions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		☐ Check this box if the organic					ı Type I, Type	II, Type III	
		functionally integrated, o	,.	nally integrated support	ing organi	zation			
		er the number of supported	•						
9		vide the following information (i) Name of supported	n about the supporte	ed organization(s) (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	f monotony	(vi) Amount of other
	,	organization	(11) 2.114	(described on lines 1-10	ın your governi Yes	ng document?	support (see in	-	support (see instructions)
				above (see instructions))	162	140	, ,		
				,					
		• .							
						<u> </u>			
Tot	al			I	1	ı	1		I

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	32,960,280.	31,601,678.	30,405,376.	40,199,906.	44,035,121.	179,202,361.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf		·				
3	The value of services or facilities			,			
	furnished by a governmental unit to					r	
	the organization without charge						
4	Total. Add lines 1 through 3	32,960,280.	31,601,678.	30,405,376.	40,199,906.	44,035,121.	179,202,361.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,896,337.
6	Public support. Subtract line 5 from line 4	A	υ ,		7 -		172,306,024.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	32,960,280.	31,601,678.	30,405,376.	40,199,906.	44,035,121.	179,202,361.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,885,606.	2,720,356.	2,138,814.	2,626,296.	2,421,473.	13,792,545.
9	Net income from unrelated business					•	
	activities, whether or not the					1	
	business is regularly carried on		3,611.	5,986.	3,203.	198,414.	211,214.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	1,361,642.	1,099,469.	1,114,545.	769,095.	814,011.	5,158,762.
11	Total support. Add lines 7 through 10	, ,	lath∕ (1 mgin 45m).	் பெறுவித்து டட்டப் டாட்ட	• /	1 1 1 1	198,364,882.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	1,222,175.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor						<u>▶□</u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (ine 6, column (f) di	vided by line 11, c	olumn (f))		14	86.86 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	85.06 %
16a	33 1/3% support test - 2018. If the d	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				\triangleright x
b	33 1/3% support test - 2017. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check ti	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes				13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	ns box and stop h	ere. Explain in Pai	t VI how the orgar	nization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a j	publicly supported	lorganization		ightharpoons
b	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		=				s •
_			· ·			dula A /Earm 990	

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 be	low, please comp	olete Part II)				· · · · · · · · · · · · · · · · · · ·
Section A. Public Support					_	<u> </u>
Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants ")						
Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that	ļ			/		
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to or expended on its behalf					•	
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received			/			
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organi	zation,
check this box and stop here			· 			▶□
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2018 (li	ne 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves						<u>. </u>
17 Investment income percentage for 20	18 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests 2018. If the			on lino 14, and lin	o 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2017. If the	nd stop here. The organization did r	organization qual not check a box oi	ifies as a publicly s n line 14 or line 19	supported organiz a, and line 16 is m	ation ore than 33 1/3%,	ightharpoons
line 18 is not more than 33 1/3%, cho		_				
20 Private foundation. If the organization	i dia not check a	box on line 14, 19	a, or 190, check t	inis dox and see in	STUCTIONS	

Part IV | Supporting Organizations

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

Section	A. All	Supporting	Organizations
---------	--------	------------	----------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? 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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	-		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b _		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, ánswer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		 ,
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes 2 (4) Var II	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)			
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		_
	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
-	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class]
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	L	L
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			1
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
_	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u> </u>	 ,
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	•		
•	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
-	supporting organizations)? If "Yes," answer 10b below	10a	<u> </u>	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	401-		
	determine whether the organization had excess business holdings)	10b	L	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 (explain in	Part VI) See instructions.
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1 1		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	`	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			-
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7	_	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	janization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Rar	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	, , , ,		
2	Amounts paid to perform activity that directly furthers exempt	-	1 ,	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s .	
4	Amounts paid to acquire exempt-use assets	•		٠,
5	Qualified set-aside amounts (prior IRS approval required)		ا لا	4
6	Other distributions (describe in Part VI) See instructions	•		
7	Total annual distributions. Add lines 1 through 6	ů.	~	′ 1
8	Distributions to attentive supported organizations to which t	he organization is responsive	· .	
	(provide details in Part VI) See instructions.	ه . 	•	,
9	Distributable amount for 2018 from Section C, line 6	,	,	
10	Line 8 amount divided by line 9 amount			1 , ,
		(i) o	(ii)	y (m) →
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	等的。 第45年 第45年 福祉	学期是在2004年2004年	· · · ·
2 .	Underdistributions, if any, for years prior to 2018 (reason-			以下的 多价值要是数别
•	able cause required explain in Part VI) See instructions		,	
3	Excess distributions carryover, if any, to 2018	企业经济的	数を表示される金銭銀	经 化公司的工程 的
а	From'2013			
b	From 2014 ,	沙沙河		
ċ	From 2015	さき 機能 は 地質 かいい	を有力なからいのを開発を	
d	From 2016	在主题的数据的中华	数をあることを必要に	
е	From 2017	ではのは観響を会合い	が選び、大力等機能に	经验,这里的现在分词
f	Total of lines 3a through e	,	治性的 22个工程。2008	
⊸ g	Applied to underdistributions of prior years	公共3分2000000000000000000000000000000000000		MAKET LA ZAMATAN
h	Applied to 2018 distributable amount			, ,
i ·	Carryover from 2013 not applied (see instructions)			WALLEST CONTROL
<u></u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	,		
4	Distributions for 2018 from Section D;			
	line 7 \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			4 3 4
c	Remainder Subtract lines 4a and 4b from 4			2.5
5	Remaining underdistributions for years prior to 2018, if		:	
	any. Subtract lines 3g and 4a from line 2 For result greater		4.5	
•	than, zero, explain in Part VI. See instructions		The Constitution of the Constitution of the	建筑的企业的企业
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			·
	Part VI See instructions	SAME TO POST OF		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
7 ′	Excess distributions carryover to 2019. Add lines 3	· ' \ · ·		
	and 4c	775.10.7755-8419-03-05-05-05-05-0		
8	Breakdown of line 7	CONTRACTOR OF A CONTRACTOR		
<u>a</u>		M. M. Garage St. C. Marie Co. S. C. C. C. C. C. C. C. C. C. C. C. C. C.		
<u>b</u>		THE PROPERTY AND AND AND AND AND AND AND AND AND AND	BORNES CONTRACTOR	
	Excess from 2016	CONTRACTOR OF SOME		TO ELLO TO CONTROL TO THE PROPERTY OF THE
	Excess from 2017			
Δ.	Excess from 2018	1 727 6 2003 ASSESSMENT OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE	Lo 2.4mの砂ですがないのう。しかとうどしょご名[28]	TORONOS NO TRACTOS. TORRESTAS SECURIOS ANTA

Schedule A (Form 990 or 990-EZ) 2018

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)
Cabadula & Pout II Vinc 10 Employation for Other Income
Schedule A, Part II, Line 10, Explanation for Other Income:
Gross income from special fundraising events and gaming
2014 Amount: \$ 1,361,642.
2015 Amount: \$ 1,099,469.
2016_Amount: \$ 1,114,545.
2017 Amount: \$ 769,095.
2018 Amount: \$ 814,011.
Schedule A, List of Unusual Grants Received:
Description: AbbVie
Date: 05/31/18 Amount: \$100,000,000.
AbbVie, a research-based global biopharmaceutical company, provided a
historic donation of \$100 million to RMHC in 2018. Of this donation,
\$96,292,000 was designated to provide grants to 32 chapters to build
family-centered spaces and to add more than 600 new guest sleeping
rooms in 26 states and at 32 Ronald McDonald Houses. This will allow
for approximately 230,000 additional night stays for pediatric patients
and their families each year, helping RMHC Chapters to meet increasing
demand and serve more families. Additionally, \$3,708,000 was designated
to fund Chapter capacity building programs.
Due to the above unusual grant, which was excluded from Schedule A, the
contributions reported in Schedule A, Part II do not tie to Form 990,
Part VIII Line 1h.

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 **Open to Public** Inspection

Name of the organization

Employer identification number

	Ronald McDonald House Chari		36-2934689			
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fu	nds or Ac	counts.Complete if the		
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6				
		(a) Donor advised funds	(b)	Funds and other accounts		
1	Total number at end of year			1		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor a	dvised fund:	s		
	are the organization's property, subject to the organization's	s exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds cai	n be used on	ily		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purp	ose conferri	ng		
	impermissible private benefit?			Yes No		
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 9	90, Part IV, I	ne 7		
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply)				
	Preservation of land for public use (e.g., recreation or			mportant land area		
	Protection of natural habitat	Preservation of a	certified hist	oric structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the f	orm of a con			
	day of the tax year			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements		<u> </u>	2b		
C	Number of conservation easements on a certified historic sti	, ,	-	2c .		
d	Number of conservation easements included in (c) acquired	after //25/06, and not on a historic st				
_	listed in the National Register		_	2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated b	y the organiz	ation during the tax		
4	Number of states where preparty subject to concentration of	proment is located				
5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe					
3	violations, and enforcement of the conservation easements	• ,	y Or	☐ Yes ☐ No		
6	Staff and volunteer hours devoted to monitoring, inspecting.		conservation			
·		, rialisming or violations, and omorowing		r sussing the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing cons	ervation eas	ements during the year		
-	▶ \$	g · · · · · · · . · · · · · · · · . · · · . · · · · · · · · · · · · · · · · · · ·		3		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section	170(h)(4)(B)((1)		
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and exp	ense statem	ent, and balance sheet, and		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that descr	bes the orga	anization's accounting for		
	conservation easements					
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, o	r Other S	imilar Assets.		
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public ex	thibition, education, or research in furt	herance of p	ublic service, provide, in Part XIII,		
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (A	·				
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance o	of public serv	rice, provide the following amounts		
	relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1			5		
_	(ii) Assets included in Form 990, Part X			5		
2	If the organization received or held works of art, historical tre		ancial gain, p	rovide		
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items				
	Revenue included on Form 990, Part VIII, line 1			\$		
<u>_b</u>	Assets included in Form 990, Part X			\$		

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832051 10-29-18

Schedule D (Form 990) 2018

	70 and a 71 and a 72 and a 72 and a 72 and a 72 and a 72 and a 72 and a 72 and a 72 and a 72 and a 72 and a 72	onald House Cha						6-29346			ge 2
Par	rt III Organizations Maintaining	Collections of A	rt, Hist	orical Tr	easures, o	r Other	Simila	ar Asse	ts (continu	ıed)	
3	Using the organization's acquisition, access	sion, and other record	ds, check	any of the	following that	are a sigi	าเficant เ	use of its	collection	ıtems	
	(check all that apply)										
а	Public exhibition				hange prograr	ns					
b	Scholarly research	•	, [(Other	•						
С	Preservation for future generations										
4	Provide a description of the organization's	collections and expla	ın how th	ey further tl	he organizatio	n's exem	pt purpo	se in Par	: XIII		
5	During the year, did the organization solicit	or receive donations	of art, his	storical trea	sures, or othe	r sımılar a	ssets		_	_	
	to be sold to raise funds rather than to be r	naintained as part of	the orgar	nzation's co	llection?				Yes	<u> </u>	No
Pai	rt IV Escrow and Custodial Arra	ngements. Compl	ete if the	organızatıo	n answered "Y	es" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, P										
1a	is the organization an agent, trustee, custo	dian or other interme	diary for d	contribution	s or other ass	ets not in	cluded	_	_	_	
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XI	I and complete the fo	ollowing t	able							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year				•		1e				
f	Ending balance						1f				
	Did the organization include an amount on	•				-	12		Yes	\vdash	No
_	If "Yes," explain the arrangement in Part XII										
Pai	rt V Endowment Funds. Complete	if the organization a	T -								<u> </u>
		(a) Current year	(b) Pi	nor year	(c) Two years	back (d) Three y	ears back	(e) Four	years b	<u>ack</u>
1a	Beginning of year balance		ļ								
b	Contributions							-			
С	Net investment earnings, gains, and losses					<u></u>	_				
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses									-	
g					<u> </u>						
2	Provide the estimated percentage of the cu	irrent year end balan	ce (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment		%								
	· · · · · · · · · · · · · · · · · · ·	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sh										
3a	Are there endowment funds not in the poss	session of the organiz	zation tha	t are held a	nd administer	ed for the	organiz	ation	г	. 1	
	by									Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(II)		
b	If "Yes" on line 3a(ii), are the related organiz	·							3b		
4	Describe in Part XIII the intended uses of the		owment f	unds							
Pai	rt VI Land, Buildings, and Equip										
	Complete if the organization answer							, 1			
	Description of property	(a) Cost or o			or other	• •	umulate	a	(d) Book	value	
		basis (invest	ment)	pasis	(other)	aepr	eciation				
	Land										
	Buildings										
	·										
	• •				104 504		2 000	E 6 1		05 (163
	Other				,104,624.		2,009,	201.		95,0	
Total	II. Add lines 1a through 1e (Column (d) must	equal Form 990, Par	t X, colun	nn (B), line_1	iuc)					95,0	103.

Schedule D (Form 990) 2018

	(1 01111 000) =010		
Part VII	Investments -	Other Securities.	

Part VII Investments - Other Securities.			-	
Complete if the organization answered "Yes"	on Form 990, Part IV			•
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or end	d-of-year market value
(1) Financial derivatives				•
(2) Closely-held equity interests	366,	923. Cost		١
(3) Other				
(A) McDonald's Corporation	11,436,	005. End-of-Year	Market Value	
(B)				
(C)				
(D)				_
(E)			<u></u>	<u> </u>
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	11,802,	928.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or end	d-of-year market value
(2)	<u> </u>			
(3)				
(4)				
<u>(5)</u> ·			,	
(6)				
(8)			·	
<u>(9)</u>				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.			. =	•
Complete if the organization answered "Yes"		, line 11d See Form 990), Part X, line 15	(h) Dook volve
	Description			(b) Book value
(2)				1
(3)				/
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)			
Part X Other Liabilities.	5 000 0 10			_
Complete if the organization answered "Yes"	on Form 990, Part IV		rm 990, Part X, line 25), '
1. (a) Description of liability		(b) Book value	⊣	
(1) Federal income taxes	7	25 502		
(2) Intermediary third party liability (se	ee rart XIII)	35,503	4	•
(3)			4	
(4)			4	
(5)			4	
(6)			4	
			4	
(8)			_	
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25) 📗	35,503		

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

- organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	144,561,851.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	<9,007,619.	>	
b	Donated services and use of facilities	2b	5,293,242.		
С	Recoveries of prior year grants	2c	6.		
d	Other (Describe in Part XIII)	2d	<25,460.		
е	Add lines 2a through 2d			2e	<3,739,831.
3	Subtract line 2e from line 1			3	148,301,682.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	132,349.		
þ	Other (Describe in Part XIII)	4b	<899,345.		
С	Add lines 4a and 4b			4c	<766,996.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 147		5	147,534,686.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		th Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				140 124 060
1	Total expenses and losses per audited financial statements			_1	149,174,862.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		_	
а	Donated services and use of facilities	2a	5,293,242.		,
b	Prior year adjustments	2b			L
С	Other losses	2c	200 245		
d	Other (Describe in Part XIII)	2d	899,345.		6 100 507
е	Add lines 2a through 2d			2e	6,192,587.
3	Subtract line 2e from line 1			3	142,982,275.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1	122 240		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	132,349.		
	Other (Describe in Part XIII.)	4b		4-	132,349.
_	Add lines 4a and 4b			4c 5	143,114,624.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information.			5	143,114,024.
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	t IV Jungo 1	h and 2h Part V line	1 Part Y	line 2 Part YI
	de the descriptions required for Part II, lines 3, 3, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add			T, I all A	, inte 2, r art Ai,
111103	20 and 4b, and 1 are Air, inices 2d and 45 7 also complete tine part to provide any add				
Part	X, Line 2.				
RMHC	is exempt from federal income tax under Section 501(c)(3) of	the			
Inte	rnal Revenue Code. However, income, if any, from certain activ	rities			
	Alexandra wallahad ba muura'a ban ancemb muunoon in nubingt to to	wation			
not	directly related to RMHC's tax-exempt purpose is subject to ta	Xacion	<u> </u>		
	nrelated business income. In addition, RMHC qualifies for the				
as t	interacted business income. In addition, name quartites for the				
char	itable contribution deduction under Section 170(b)(1)(A) and h	as been			
	Totalic contilibration deducation and boots and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal and the first terminal a	_			
clas	sified as an organization other than a private foundation unde	r			
Sect	ion 509(a)(1). RMHC believes that it has appropriate support f	or any			
tax	positions taken, and as such, does not have any uncertain tax				
					
posi	tions that are material to the financial statements. Income ta	xes for			.
		_			
unre	lated business income were \$5,000 and \$1,000 for the years end	led			<u> </u>
_					
Dece	mber 31, 2018 and 2017, respectively.			O-less:	-i- D /F 000) 0010
83205	1 10-29-18			Schedu	ıle D (Form 990) 2018

Schedule D (Form 990) 2018 Ronald McDonald House Charities, Inc.	" 36-293468	9 Page 5
Part XIII Supplemental Information (continued)		
•		
	<u> </u>	<u> </u>
		•
Part XI, Line 2d - Other Adjustments:		
Loss on cash surrender value of insurance		
	-	
The first of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of t		
Part XI, Line 4b - Other Adjustments:		
Chagial events dimest events		
Special events direct expense		
,		
Part XII, Line 2d - Other Adjustments:		
rate All, line 2d - Other Adjustments.		
Special events direct expense	·	
Special evenus areas of special		
Part X - Other Liabilities, Line 1, Item (2):		
RMHC receives contributions from donors who intended the funds to be used		
		_
by one of its Chapters. In accordance with Generally Accepted Accounting		
Principles, RMHC reports funds held at the end of the year that have not	•	•
yet been distributed to the Chapters as Intermediary Third Party		
Liabilities. RMHC has no discretionary spending authority over the use of		···
these funds, but is merely acting in an agency capacity on behalf of the		<u> </u>
•		
Chapters until the funds are disbursed. These funds are not part of an		
escrow account.		
•		
Danks VI and VII Decembilishing of December and December		
Parts XI and XII, Reconciliation of Revenue and Expenses:		
There are rounding differences when reconciling the numbers per the		
There are rounding differences when reconciling the numbers per the		
audited financial statements, which are rounded to the nearest whole		
addited linancial 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.		
	'7 - 1	
		\
		, ,
	··-	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization					Employer ident	itication number
Ronald McDonald House	Charities I	nc			36-2934689	
			tside the United States. Comple	te if the organ		'Yes" on
Form 990, Part IV			torac and comple			100 011
		n maintain recor	ds to substantiate the amount of its gra	nts and other	assistance,	
	•		the selection criteria used to award the			Yes No
,	·					•
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	tside the
United States						•
3 Activities per Region (T	he following Part	t I, line 3 table c	an be duplicated if additional space is n	eeded.)		_
(a) Region	(b) Number of		1, ,		vity listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	•	gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		specific type (s) in the region	investments
		in the region	recipients located in the region,	01 301 1100	(5) III the region	in the region
Control Amorian and			·			
Central America and the Caribbean		0	Grantmaking			584,728.
the Caribbean	 ^``	-	Grancmaking			304,720.
East Asia and the				,		
Pacific	0	0	Grantmaking			1,506,008.

					•	
Europe	0	0	Grantmaking			1,584,505.
Middle East and						
North Africa	0	0	Grantmaking			50,000.
						1
North America	0	۱ ،	Grantmaking			204,100.
MOTER AMELICA	·		GI difemaking			204,100.
Russia and the	,					
Neighboring States	0	0	Grantmaking			133,220.
						<u> </u>
South America	0	0	Grantmaking			568,380.
						1
Sub-Saharan Africa	0		Grantmaking			1,017,601.
3 a Subtotal	0	0				5,648,542.
b Total from continuation		_				370 164
sheets to Part I	0	0	-			379,164.
c Totals (add lines 3a	1	I	1			1

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Schedule F (Form 990) 2018

Schedule F (Form 990)			arities, Inc.	36-293468	9 Page
Part I Continuation	1	1	1. (Schedule F (Form 990), Part I, line		,
(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
North America	0	0	Fundraising -		2,528
Central America and			-		
the Caribbean	0	0	Program services	Chapter support	8,433
, East Asia and the	,				
Pacific	0	0	Program services	Chapter support	103,327
Europe	0	0	Program services	Chapter support	95,746
			,		
North America) ,	Program services	Chapter support	10,531
NOICH AMELICA	<u> </u>		Trogram Bervices	Chapter Support	20,332
		•	,		
South America	o	0	Program services	Chapter support	69,294
		į			
East Asia and the				Chapter capacity	
Pacific	C	0	Program services	building	1,111
			·		
				Chapter capacity	
Europe		0	Program services	building	6,716
East Asia and the Pacific	, ,		Program services	Chapter education	, 47,222
FACTITO	1	1	FIOSTOW SETATOES	Chapter education	, 41,222
		[
Europe			Program services	Chapter education	16,108
,					
Totals ·	•	,			

Totals

379,164.

Page 2

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 Part II

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	,	Central America and the Caribbean	See part V – g	578,772.Check	check	0.		
		Central America and the Caribbean	See part V - a	956'5	956.Check	0.		
		East Asia and the Pacific	See part V - a	200,000.	200,000,Bank Draft '	0		•
		East Asia and the Pacific	See part V - b	100,000.	Bank Draft	0		
		East Asia and the Pacific	See part V - a	150,000.	Bank Draft	0		
	•	East Asia and the Pacific	See part V - b	100,000.	check	0.		
		East Asia and the Pacific	See part V'- d b	105,988.	Bank Draft	.0		•.
		East Asia and the Pacıfıc	See part V - b	50,277,	50,277.Bank Draft	.0	v	
2 Enter total number of	recipient organizatio	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	foreign country,	recognized as tax-e>	cempt		

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

Enter total number of other organizations or entitles

0 Schedule F (Form 990) 2018

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Schedule F (Form 990)	Ronald N	Ronald McDonald House Charities,	cities, Inc.		36-2934689	589		Page 2
Part II Continuation c	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line	United States.	(Schedule F (Form 9	90), Part II, line 1)) ,	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	See part V - d f	21,971.	Bank Draft	0.		•
		East Asia and the Pacific	See part V - f	1000,0001	100,000.Bank Draft	0.		
r		East Asia and the Pacific	See part V - a	150,000,1	150,000.Bank Draft	0		
		East Asia and the Pacific	See part V - a	150,000,1	150,000.Bank Draft	0.		
		East Asia and the Pacific	See part V - b	52,265.	Bank Draft	0.		
		East Asia and the Pacific	See part V - a	25,000.	25,000.Bank Draft	0.		
		East Asia and the Pacific	See part V – a	300,000	300,000.Bank Draft	0.		
		Europe	See part V - a	99,643.	643.Bank Draft	0.		
		Europe	See part V - b	24,476.	24,476.Bank Draft	0.		,

Schedule F (Form 990)	Ronald N	Ronald McDonald House Charities,	rities, Inc.		36-2934689	689		Page 2
Part II Continuation	of Grants and Other	Continuation of Grants and Other Assistance to Organizations	ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 9	90), Part II, line 1		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Europe	See part V - a	200,000.	200,000.Bank Draft	.0		
		Europe	See part V - ab	41,754.	754.Bank Draft	0.		
		Burope	See part V - a	200,000.	200,000.Bank Draft	0.	:	
		Europe	See part V - b	100,000	100,000.Bank Draft	.0		
		Burope	See part V - d	20,000.	Bank Draft	0		
		Europe	See part V - a	200,000.	200,000.Bank Draft	0.	,	
		Burope	See part V - f.	14,954.	Bank Draft	0.		
		Europe	See part V - f	110,000.	110,000.Bank Draft	.0		
		Burope	See part V - ba	121,653.	121,653.Bank Draft	0.		,

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Ronald

Page 2		(I) Method of valuation (book, FMV, appraisal, other)	, ,	•						,	
	((h) Description of non-cash assistance							,	:	
689	90), Part II, line 1	(g) Amount of non-cash assistance	0	.0	0.	. 0	.0 .	0.	0.	0.	0
36-2934689	Schedule F (Form 9	(f) Manner of cash disbursement	442,024.Bank Draft	Bank Draft	Bank Draft	100,000.Bank Draft	50,100.Bank Draft	133,220.Bank Draft	Bank Draft	78,785.Bank Draft	35,095.Bank Draft
,	United States.	(e) Amount of cash grant	442,024.	50,000	54,000.	100,000	50,100.	133,220.	402,000.	78,785.	35,095.
ities, Inc.	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant	See part V - fa	See part V - f	See part V - b	See part V - b	See part V - fd	See part V - bd	See part V - g	See part V - b	See part V - b
Ronald McDonald House Charities,	Assistance to Organiza	(c) Region	Burope	Middle East and North Africa	, North America	North America	North America	Russia and the Neighboring States	South America	South America	South America
Ronald M	Grants and Other /	(b) IRS code section and EIN (if applicable)							-		
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization									

Page 2		(i) Method of valuation (book, FMV, appraisal, other)			,					
		(i) valuati app								
)	(h) Description of non-cash assistance		•			:		l .	
589	190), Part II, line 1	(g) Amount of non-cash assistance	.0	0.	0.	.0.	.0	0.		
36-2934689	Schedule F (Form 9	(f) Manner of cash disbursement	50,000.Bank Draft	Сћеск	500,000, Bank Draft	, check	съеск	Сћеск		
	United States.	(e) Amount of cash grant	50,000,05	472,601.	000'005	20,000 Check	15,000,	10,000.	-	
ities, Inc.	Continuation of Grants and Other Assistance to Organizations or Entries Outside the United States. (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant	See part V - d	See part V - g	,					
Ronald McDonald House Charities,	Assistance to Organiza	(c) Region	South America	Sub-Saharan Africa	Sub-Saharan Africa	Sub-Saharan Africa	Sub-Saharan Africa	Sub-Saharan Africa		-
Ronald M	f Grants and Other	(b) IRS code section and EIN (if applicable)								
Schedule F (Form 990)	Continuation o	roi								
Schedule	Part II	1 (a) Namı		,			•		 	

Schedule F (Form 990) 2018 Ronald McDonald House Charities, Inc.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed

Page 3

36-2934689

(h) Mefhod of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2018

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

Schedule F (Form 990) 2018

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions
Part I, Line 2:
The majority of grants outside the U.S. were made to Non-U.S. Chapters.
RMHC monitors the use of the funds in the following manner:
-All Chapters must submit a grant request that explains the proposed use
of the funds and must agree in writing that funds received will only be
used for the purposes requested in the grant proposal. RMHC Field
Operations team members work with a specific Chapter and are responsible
for reviewing all grant requests for appropriateness of use and for
subsequent follow-up to determine that funds granted by RMHC to each
respective Chapter have been used for their stated purposes. On an annual
basis, each Chapter must submit a detailed accounting of the use of the
funds received, as well as audited financial statements.
-All grants required to be included on Schedule F that were not made to
Chapters were given to U.S. organizations to be used for foreign
activities. All of these organizations must submit a grant request that
explains the proposed use of the funds and must agree in writing that
funds received will only be used for the purposes requested in the grant
proposal. RMHC team members are responsible for reviewing all grant
requests for appropriateness of use and for subsequent follow-up to
determine that funds granted have been used for their stated purposes. As
part of the follow-up process, team members obtain a quarterly report of
the status of the activities performed with the grant funds and a
performance/outcomes report on the anniversary of their award date. This
report includes a program budget and detailed accounting of the use of
the funds.

SCHEDULE G (Form 990 or 990-EZ)

'Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

ame of the organization Ronald McDona	ld House Charities, Inc.					36-2934689	ntification number
Fundraising Activities. Correquired to complete this part		red "Y	es" or	n Form 990, Part IV,	line 1		filers are not
1 Indicate whether the organization raised a	e Solicitat f Solicitat g Special ral agreement with any individual VII) or entity in connection with p ials or entities (fundraisers) pursu	tion of i tion of g fundra (includ	non-govern sing o ing o onal f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iII) fundra have cu or cont contribu	stody rol of	(iv) Gross receipts from activity	to (o	Amount paid ir retained by) fundraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							
						-	
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otal			•				
List all states in which the organization is or licensing	s registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration
- 4 m							
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				,			
HA For Paperwork Reduction Act Notice	see the Instructions for Form	990 or	990-1		Sche	dule G (Form 9	990 or 990-EZ) 201

832081 10-03-18

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

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		•				(add col (a) through
				Golf Outing	2	col (c))
e R			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	3,332,773.	1,417,730.	1,587,207.	6,337,710.
	2	Less Contributions	2,731,071.	1,223,280.	1,569,348.	5,523,699.
	3	Gross income (line 1 minus line 2)	601,702.	194,450.	17,859.	814,011.
	4	Cash prizes				
	5	Noncash prizes		7,672.		7,672.
sesuec	6	Rent/facility costs		177,400.		177,400.
Direct Expenses	7	Food and beverages	172,383.	4,233.		176,616.
۵	8	Entertainment	135,000.	31,474.		166,474.
	9	Other direct expenses	323,672.	29,652.	17,859.	371,183.
	10	Direct expense summary Add lines 4 through			>	899,345.
	11	Net income summary Subtract line 10 from li			<u> </u>	<85,334.
Pa	ıπ		answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a	<u> </u>	(b) Pull tabs/instant		(d) Total gaming (add
υne	٠		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
Si	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	_	011				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	' from line 1, column (d)		> _	
		ter the state(s) in which the organization condi				
		the organization licensed to conduct gaming a		states?		└── Yes └── No
b) If '	'No," explain				
	_	dt oto oto				
		ere any of the organization's gaming licenses re 'Yes," explain	,	_	year?	Yes No
	_					
	_					
8320	82 1	0-03-18			Schedule G (Fo	rm 990 or 990-EZ) 2018

Sch	nedule G (Form 990 or 990 EZ) 2018 Ronald McDonald House Charities, Inc.	36-2934689	Page 3
	Does the organization conduct gaming activities with nonmembers?	Y	es 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?	Y	es L No
13	Indicate the percentage of gaming activity conducted in	, ,	
	a The organization's facility	13a	%
ı	h An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds	
	Name		
	Address ▶		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es No
ı	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt	
	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		
	, <u> </u>		
	Director/officer Employee Independent contractor		
	Mandatory distributions		
;	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Y	'es 🔲 No
	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent		es140
	organization's own exempt activities during the tax year > \$	iii die	
Pá	art]IV. Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	, and Part III, line	es 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions		
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Schedule G	G (Form 990 or 990-EZ)	Ronald McDonald House Charities	, Inc.	36-2934689	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	rmation (continued)			
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SCHEDULE (Form 990)

Department of the Treasury

Part

Internal Revenue Service

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

► Attach to Form 990.

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

Open to Public

OMB No 1545-0047

Inspection

2

2018

Employer identification number 36-2934689 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 Ronald McDonald House Charities, Inc. General Information on Grants and Assistance Name of the organization

X Yes 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States criteria used to award the grants or assistance? Part II

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if addition	onal space is need	led			
1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Ann & Robert H. Lurie Children's	,						
Hospital of Chicago - 225 E $_{ m Chicago}$ Ave Rox 4 - Chicago II.							
60611	36-2170833	501(c)(3)	.000,03	.0			See part IV - g
Atlanta RMHC, Inc.							
795 Gatewood Road NE	58-1295754	501(0)(3)	399 461	2 000 PMV	PMV	Airline Tickets	See part IV - f
(100)			7				
Central New York RMHC, Inc.							
1100 East Genesee St.						Airline	
Syracuse, NY 13210	22-2371193	501(c)(3)	187,745.	1,200.FMV	FMV	Tickets	See part IV - f
	-			`			
Family Health Centers of Southwest					,		
Florida, Inc 2256 Heitman							
Street - Fort Myers, FL 33901-3744	59-1741273 501(c)(3)	501(c)(3)	0.	81,922.FMV	FMV	Care Mobile	See part IV - c

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

35-1972384 501(c)(3)

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

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See part IV

Care Mobile

419,403.FMV

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- fd

See part IV

Arrline Pickets

400. FMV

45,060

501(c)(3)

66-0468226

Parkview Health System Inc 10501 Corporate Drive Fort Wayne, IN 46845

Fundacion Infantil Ronald McDonald Puerto Rico, Inc. - 250 Calle Convento - San Juan, PR 00912 Schedule I (Form 990) (2018)

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	the United States (Schedule I (Form 990), Part II)
Ronald McDonald House Charities, Inc.	of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)
el (Form 990) Ronald McDonal	Continuation of Grants and Other
Schedul	Part II

(a) Name and address of organization or government	(b) EIN	(c) IRC section_ if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Philadelphia RMH, Inc. 3925 Chestnut St Philadelphia, PA 19104	23-7377505	501(c)(3)	12,778,513.	2,000,	ЕМУ	Airline Tickets	See part IV - f a
RMH of Akron, Inc. 141 West State Street Akron, OH 44302	34-1860682	501(c)(3)	500,240.	2,000,	FMV	Airline Tickets	See part IV - f a
RMH of Cleveland, Inc. 10415 Euclid Ave. Cleveland, OH 44106-4709	34-1269123	501(c)(3)	25,000.	2,000,	FMV	Airline Tickets	See part IV - f
RMH of Dallas, Inc. 4707 Bengal Street Dallas, TX 75235	75-1609401	501(c)(3)	4,701,793.	2,000,	FMV	Airline Tickets	See part IV - f a
RMH of Eastern North Carolina at Greenville, Inc 529 Moye Boulevard - Greenville, NC 27834	56-1420505	501(c)(3)	1,438,434.	1,600.	PMV	Airline Tickets	See part IV - fa
RMH of Ft. Worth, Inc. 1001 8th Ave. Fort Worth, TX 76104	75-1754490	501(c)(3)	17,077.	2,000,	FMV	Airline Tickets	See part IV - f
RMH of Houston, Inc. 1907 Holcombe Blvd. Houston, TX 77030	74-1984499	501(c)(3)	3,576,033.	2,000.	FMV	Airline Tickets	See part IV – fa
RMH of Long Island, Inc. 267-07 76th Avenue New Hyde Park, NY 11040	11-2764747	501(c)(3)	105,130.	6,600.	VMA	Airline Tickets, Hospitality Carte	See part IV - f b
RMH of New York, Inc. 405 East 73rd St.' New York, NY 10021	13-2933654	501(c)(3)	50,205.	2,000.	FMV	Arrline Tickets	See part IV - f
							Schedale l'(Form 990)

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	of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	
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[cDonald	dother As	
Ronald McDonald House Charities	Grants and	
e I (Form 990)	Continuation of	
Schedule	Part II	

(a) Name and address of (b) EIN (c) IRC section organization or government (h) EIN (f) Method of responsible cash grant non-cash valuation	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	(book, FMV, appraisal, other)		
RMH of Rochester Minnesota Inc.			,				
850 2nd Street SW						Airline	•
Rochester, MN 55902	41-1344744	501(c)(3)	3,509,459.	1,600.FMV	PMV	Tickets	See part IV - fa
Cart Coak sed Clina							•
520 Sand Hill Rd						Airline	
Palo Alto, CA 94304-2001	94-2538615	501(c)(3)	365,712.	2,000.	FMV	Tickets	See part IV - f d
620 S. 38th Ave.						Airline	•
. g	47-0755104	501(c)(3)	620,953.	1,600 FMV	ЭMV	Tickets	See part IV - f a
RMHC OI Alabama, Inc.						air]ine	
4th Avenue ngham AL 3	63-0753358	501(c)(3)	194,969,	2,000.	FMV	Tickets	See part IV - f
RMHC of Amarillo, Inc.							
1501 Streit Drive						Airline	
Amarillo, TX 79106	75-1790186	501(c)(3)	233,846.	800.	FMV	Tickets	See part IV - f
						Airline	
RMHC of Ann Arbor, Inc.						Tickets,	
1600 Washington Heights						Hospitality	,
Ann Arbor, MI 48104	38-2473817	501(c)(3)	179,774.	6,600.	FMV	Carte	See part IV - f a
DMUC of artenges Inc							
1501 West 10th Street						Airline	
Little Rock, AR 72202	71-0525252	501(c)(3)	105,230.	1,600.	FMV	Tickets	See part IV – f
						\$ 5 7 8	
1333 Arapano Ave Ste C					į	aiittii	4
Springdale, AR 72764	73-1563945	501(c)(3)	81,986.	400.	FMV	Tickets	See part IV - I
RMHC of Augusta Inc.			-			,	
1442 Harper Street	•					Airline	·
Augusta, GA 30901	58-1509465	501(c)(3)	45,147.	1,200.FMV	PMV	Tickets	See part IV - f
							Schedule I (Form 990)

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Schedule i (Form 990) Ronald McDonald House Charities, Inc. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990). Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990). Part II	ld House Chari Assistance to Go	ties, Inc.	rizations in the Ur	uted States (Sched	Jule I (Form 990). Pa		36-2934689 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Baltimore, Inc. 635 W. Lexington Street Baltimore, MD 21201	52-1184957	501(c)(3)	1,685,048.	1,600.	VMT	Arrline Tickets	See part IV - f a d
RMHC of Beaumont, Inc. 3000 West Cedar Beaumont, TX 77702	76-0450065	501(c)(3)	10,459.	0			See part IV - f
RMHC of Bismarck, Inc. P.O. Box 7323 Bismarck, ND 58507	36-3705683	501(c)(3)	17,755.	0		,	See part IV – f
RMHC of Burlington, Vermont, Inc. 16 S. Winooski Ave. Burlington, VT 05401	03-0287584	501(c)(3)	. 18,269.	800	FMV	Airline Tickets	See part IV - f .
RMHC of Central and Northern Arizona, Inc 501 E. Roanoke Ave Phoenix, AZ 85004	86-0483792	501(c)(3)	356,366.	2,000.F	FMV	Airline Tickets	See part IV - f
RMHC of Central Florida, Inc. 1030 N. Orange Avenue, Ste 105 Orlando, FL 32801	59-3211250	501(c)(3)	1,983,400.	2,000.	FMV .	Airline Tickets	See part IV - f a
RMHC of Central Georgia, Inc. 1160 Forsyth St. Macon, GA 31201	58-2473799	501(c)(3)	4,058,982.	800.	FMV	Airline Tickets	, See part IV – f a
RMHC of Central Illinois, Inc. 610 N. 7th Street Springfield, IL 62702-5329	37-1145155	501(c)(3)	3,637,289.	800.	FMV	Airline Tickets	See part IV - f a
RMHC of Central Indiana, Inc. 435 Limestone St. Indianapolis, IN 46202-2819	35-1497202	501(c)(3)	337,608.	2,000.FMV	MV	Airline Tickets	See part IV – f
			J,				Schedule l'(Form 990)

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	ganizations in the United States (Schedule I (Form 990), Part II)
Ronald McDonald House Charities, Inc.	r Assistance to Governments and Org
Form 990) Ronald	Continuation of Grants and Othe
Schedul	Part II

(a) Name and address of conganization or government (b) EIN (c) IRC section or ganization or government (d) EIN (d) EIN (e) IRC section (d) Amount of (e) Amount of (f) Method of (f) Method of (f) Method of (g) IRC section (d) Amount of (e) Amount of (f) Method of (g) IRC section (d) Amount of (f) Method of (g) IRC section (d) Amount of (f) Method of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) IRC section (d) IRC section (d) Amount of (g) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IRC section (d) IR	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Central Iowa, Inc. 1441 Pleasant St. Des Moines, IA 50314-1794	42-1117423	501(c)(3)	2,431,394.	800.	PMV	Airline Tickets	See part IV - f a
RMHC of Central Ohio, Inc. 711 E Livingston Avenue Columbus, OH 43205	31-0890152	501(c)(3)	313,941.	2,000.	FMV	Airline Tickets	See part IV - f d
RMHC of Central PA, Inc. 745 W. Governor Rd. Hershey, PA 17033-2304	23-2204761	501(c)(3)	148,110.	1,600.FMV	FMV	Airline Tickets	See part IV - f
RMHC of Central Texas, Inc. 1315 Barbara Jordan Blvd Austin, TX 78723	74-2277664	501(c)(3)	129,695,	1,200.	PMV	Airline Tickets	See part IV - f
RMHC of Charleston, SC, Inc. 81 Gadsden St. / Charleston, SC 29401	57-0724845	501(c)(3)	41,646.	1,200.	FMV	Airline Tickets	See part IV - f
RMHC of Charlottesville, VA, Inc. 300 9th St. S.W. Charlottesville, VA 22903	54-1160157	501(c)(3)	65,970.	5,800	ЕМУ	Airline Tickets, Hospitality Carte	See part IV - f
RMHC of Chicagoland & Northwest Indiana, Inc 1301 West 22nd St., Suite 905 - Oak Brook, IL 60523	36-3532553	501(c)(3)	2,994,588.	8,947.	FMV	Arrline Tickets, Equipment, Hosp. Carte	See part IV – fda
RMHC of Columbia, SC, Inc. 2901 Colonial Drive Columbia, SC 29203	57-0725736	501(c)(3)	85,923.	800.	ΛМа	Airline Tickets	See part IV - f
RMHC of Connecticut and Western Massachusetts, Inc 860 Howard Avenue Suite A - New Haven, CT 06519	04-2971480	501(c)(3)	275,341.	1,600.FMV	РМV	Airline Tıckets	See part IV - f
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Schedule (form 990) Ronald McDonald House Charities, Inc.	ld House Chari Assistance to Go	ities, Inc.	nizations in the U	nited States (Sche	d Organizations in the United States (Schedule I (Form 990), Part II.)	;	36-2934689 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Corpus Christi, Inc. 3402 Fort Worth St. Corpus Christi, TX 78411	74-2378671	501(c)(3)	39,267.	1,200.	FMV	Airline Tickets	See part IV - f
RMHC of Denver, Inc. 1300 East 21st Avenue Denver, CO 80205	84-0728926	501(c)(3)	327,158.	2,000.	FMV	Airline Tickets	See part IV - f
RMHC of Eastern Iowa and Western Illinois, Inc 730 Hawkins Dr Iowa City, IA 52246-2509	42-1189783	501(c)(3)	172,514.	1,600.	, FMV	Arrline Tickets	See part IV – f
RMHC of Eastern Montana, Inc. 1144 N. 30th St. Billings, MT 59101-0124	81-0400667	501(c)(3)	1,008,475.	0.			See part IV - f a
RMHC of Eastern New England, Inc. 3 Industrial Drive, #6 Windham, NH 03087	22-2760752	501(c)(3)	360,184.	1,781.	FMV	Airline Tickets, Equipment	See part IV - fd
RMHC of Eastern Wisconsin, Inc. 8948 Watertown Plank Rd. Milwaukee, WI 53226	39-1433107	501(c)(3)	402,666.	2,000.	ЛМА	Airline Tickets	See part IV - f
RMHC of El Paso, Inc. 300 E. California Ave. El Paso, TX 79902	74-2257357	501(c)(3)	81,617.	400.	FMV	Airline Tickets	See part IV - f
RMHC of Erie, Inc. PO Box 9248 Erie, PA 16505	25-1529707	501(c)(3)	28,048.	0.	,		See part IV – f
RMHC of Greater Chattanooga, Inc. 200 Central Ave. Chattanooga, TN 37403-1506	62-1327855	501(c)(3)	110,032.	1,200.FMV	ьму	Airline Tickets	See part IV - f Schedule i(Form 990)
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Ronald McDonald House Charities, Inc.	in of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form
Schedule I (Form 990) Ronald Mo	Part II Continuation of Grants and Other Assistance to Govern
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(a) Name and address of							
organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose.of grant or assistancé
RMHC of Greater Cincinnati, Inc. 341 Erkenbrecher Avenue Cincinnati OH 45229	31-0965333	501(c)(3)	14 071 198	2 000 EMV		Airline Tickets	See bart IV - f a
ater Houston/Galveston, W Loop South - X 77401		501(c)(3)	443,385.	. 000°.		lity	See part IV - f d
s Vegas, Inc.	94-3108570	501(c)(3)	191,800.	8008	FMV	Airline Tickets	See part IV - fd
th Texas, Inc. , Suite 1100	75-2238261	501(c)(3)	477,344.	0			See part IV – f
RMHC of Greater Washington D.C. Inc 3727 14th Street, NE - Washington, DC 20017-3004 53	52-1132262	501(c)(3)	520,296.	1,600.	FMV	Aırline Tickets	See part IV - fb
aii, Inc. illside Rd. I 96822-2004	99-0222124	501(c)(3)	42,851.	2,532.	PMV	Equipment	See part IV - df
	55-0643445	501(c)(3)	119,326.	800.	PMV	Airline Tickets	See part IV - f d
Inc. 13 Ave.	94-3030996	501(c)(3)	5,210,498.	8008	FMV	Airline Tickets	See part IV - f a b
RMHC of Indiana-Michiana, Inc. 610 N. Michigan St. Suite 310 South Bend, IN 46601	35-1831691	501(c)(3)	70,053.	800.FMV		Airline Tickets	See part IV - f

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

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

(a) Name and address of conganization or government or government (b) EIN (c) IRC section (d) Amount of cash grant or government (f) Method of cash grant or government (h) Method of cash grant or government (h) Method of (f) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) Method of (h) M	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Jacksonville, Inc. 824 Children's Way Jacksonville, FL 32207	59-2625008	501(c)(3)	65,618.	2,000.	PMV	Airline Tickets	See part IV - f
RMHC of Kansas City, Inc. 2502 Cherry Street Kansas City, MO 64108-2751	43-1190760	501(c)(3)	233,454.	2,000.	FMV	Airline Tickets	See part IV - f d
RMHC of Kentuckiana, Inc. 550 S. First St. Louisville, KY 40202	31-1053467	501(c)(3)	12,081,621.	1,600.	PMV	Airline Tickets	See part IV - f a
RMHC of Knoxville, Tennessee, Inc. 1705 W. Clinch Ave. Knoxville, TN 37916	58-1510276	501(c)(3)	133,277.	0008	> FMV	Airline Tickets	See part IV - f
RMHC of Madison, Inc. 2716 Marshall Court Madison, WI 53705-2256	39-1655790	501(c)(3)	1,152,067.	8 800	ЕМУ	Aırline Tıckets	See part IV - f a
RMHC of Mahoning Valley & Western PA, Inc 4900 Market Street - Boardman, OH 44512	34-1748911	501(c)(3)	28,679.	.0	,		See part IV - f
RMHC of Maine, Inc. 250 Brackett Street Portland, ME 04102	22-2912513	501(c)(3)	252,965.	1,600.	PMV	Airline Tickets	See part IV - f
RMHC of Marshfield, Inc. 803 W. North St. Marshfield, WI 54449-1819	93-0833012	501(c)(3)	39,356.	4 004	FMV	Airline Tıckets	See part IV - f
RMHC of Memphis, Inc. 535 Alabama Avenue Memphis, TN 38105	62-1220396	501(c)(3)	159,461.	2,000,	FMV	Airline Tickets	See part IV - f
							Schedule I (Form 990)

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	of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)
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el(Form 990) Ronald McDonald House	Continuation of Grants and Oth
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(a) Name and address of (b) EIN (c) IRC section (d) Amount of organization or government cash grant	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(e) Amount of (f) Method of non-cash valuation assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Mid-Missouri, Inc. 3501 Lansing Avenue Columbia, MO 65201	43-1225829	501(c)(3)	57,784.	8008	FMV	Airline Tickets	See part IV - f
RMHC of Mid-Penn Region, Inc. 227 Esau Street Hollidaysburg, PA 16648	25-1665067	501(c)(3)	78,956.	0			See part IV - f
RMHC of Mississippi, Inc. 2524 N. State Street Jackson, MS 39216-4500	63-0906927	501(c)(3)	97,785.	8008	FMV	Airline Tickets	See part IV - f
RMHC of Mobile, Inc. 1626 Springhill Ave. Mobile, AL 36604-1415	63-1181258	501(c)(3)	70,394.	1,600,1	FMV	Airline Tickets	See part IV - f
RMHC of Nashville, Inc. 2144 Fairfax Ave Nashville, TN 37212	62-1310717	501(c)(3)	512,344.	1,600,	FMV	Airline Tickets	See part IV - f a
RMHC of New Mexico, Inc. 1011 Yale Blvd NE Albuquerque, NM 87106	85-0283204	501(c)(3)	112,785.	1,200.	FMV	Arrline Tickets	See part IV - f
RMHC of Norfolk, Inc. 404 Colley Ave Norfolk, VA 23507	54-1139497	501(c)(3)	85,710.	800.	FMV	Airline Tickets	See part IV - f
RMHC of North Carolina, Inc. 8480 Honeycutt Road Suite 200 Raleigh, NC 27615	56-1452714	501(c)(3)	682,684.	0.			See part IV - f
RMHC of North Central Florida, Inc 1600 SW 14th St Gainesville, FL 32608	59-1887896	501(c)(3)	65,618.	1,600.	PMV	Airline Tickets	See part IV - f
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Schedule I (Form 990) Ronald McDonald House Charities, Inc. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	d House Chari Assistance to Go	ties, Inc.	nizations in the Ur	nited States (Sche	edule I (Form 990), Par	36	6-2934689 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Northeast Indiana, Inc. 11109 Parkview Plaza Drive Fort Wayne, IN 46845	35-1950376	501(c)(3)	79,699.	400.	PMV	Airline Tickets	See part IV - f
RMHC of Northeast Kansas, Inc. 825 SW Buchanan St. Topeka, KS 66606-1427	48-1022967	501(c)(3)	34,880.	400.	FMV	Airline Tickets	See part IV – f
RMHC of Northeast Louisiana, Inc. 200 S. Third St. Monroe, LA 71201	72-1022797	501(c)(3)	30,275.	0.			See part IV - f
RMHC of Northeastern Ohio, Inc. 6611 Rockside Road, Suite 105 Independence, OH 44131	34-1574291	501(c)(3)	264,923.	0.			See part IV - f
RMHC of Northeastern Pennsylvania, Inc 104 South State St Clarks Summit, PA 18411	25-1719864	501(c)(3)	145,160.	(See part IV - f
RMHC of Northern California, Inc. 2555 49th Street Sacramento, CA 95817	68-0147193	501(c)(3)	267,649,	1,600,	FMV	Airline Tickets	See part IV - f
RMHC of Northwest Florida, Inc. 5200 Bayou Blvd. Pensacola, FL 32503	59-2172279	501(c)(3)	75,116.	1,200.	FMV	Airline Tickets	See part IV - f
RMHC of Northwest Ohio, Inc. 3883 Monroe St. Toledo, OH 43606	34-1349742	501(c)(3)	359,533.	800.	PMV	Airline Tickets	See part IV - f a
RMHC of Oklahoma City, Inc. PO Box 7979 Edmond, OK 73083	73-1103242	501(c)(3)	2,547,777.	1,200.FMV	EMV	Airline Tickets	See part IV - f a
							Schedule I (Form 990)

Schedul Part II	hedule I (Form 990) Ronald McDonald House Charities art II Continuation of Grants and Other Assistance to Govern	onald McDonald House Charities, Inc. and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Oregon and Southwest Washington, Inc 2620 N. Commercial Avenue - Portland, OR 97227	93-0806912	501(c)(3)	1,048,132.	2,000.	РМУ	Aırlıne Tıckets	See part IV – f a
RMHC of Outstate Michigan, Inc. PO Box 534 Hudsonville, MI 49426-0534	38-2826089	501(c)(3)	454,263.	0.			See part IV – f
RMHC of Pittsburgh and Morgantown, Inc 451 44th St Pittsburgh, PA 15201	25-1320272	501(c)(3)	406,525.	2,000.E	PMV	Airline Tickets	See part IV - f
RMHC of Richmond, Virginia, Inc. 2330 Monument Ave. Richmond, VA 23220	52-1359486	501(c)(3)	120,972.	400.	FMV	Airline Tickets	See part IV - f
RMHC of Rochester, NY, Inc. 333 Westmoreland Dr. Rochester, NY 14620	16-1271311	501(c)(3)	75,262.	9,600,	РМV	Airline Tickets, Hospitality Carte	See part IV – f
RMHC of San Antonio, Texas, Inc. 4803 Sid Katz San Antonio, TX 78229	74~2140528	501(c)(3)	4,760,927.	2,000.	FMV	Airline Tickets	See part IV – f a
RMHC of San Diego, Inc. 2929 Children's Way San Diego, CA 92123	95-3251490	501(c)(3)	183,465.	3,486.	FMV	Aırlıne Tickets, Equipment	See part IV - fd
RMHC of Siouxland, Inc. 2500 Nebraska St. Sloux City, IA 51104	42-1369988	501(c)(3)	25,046.	400, FMV	FMV	Airline Tickets	See part IV – f
RMHC of South Dakota, Inc. 825 S. Lake Avenue Sioux Falls, SD 57104	46-0371152	501(c)(3)	76,408.	0.			See part IV - f Schedule I(Form 990)

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Schedule I (Form 990) Ronald McDonald House Charities, Inc.	d House Chari Assistance to Go		nizations in the Ur	nited States (Sche	Organizations in the United States (Schedule I (Form 990), Part II)		36-2934689 Page 1
(a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of South Florida, Inc. 1145 NW 14 Terrace Miami, FL 33136	59-1899866	501(c)(3).	409,113.	7,000,7	АМУ	Airline Tickets, Hospitality Carte	See part IV - f
RMHC of South Louisiana, Inc. 4403 Canal Street New Orleans, LA 70119	72-0882569	501(c)(3)	195,450.	8008	FMV	Airline Tickets	See part IV - f
RMHC of Southeastern Michigan, Inc 4707 St. Antoine Street Ste 200 - Detroit, MI 48201	38-2182406	501(c)(3)	212,282.	1,200.	FMV	, Airline Tickets	See part IV - f
RMHC of Southern Arizona, Inc. 2155 E. Allen Road Tucson, AZ 85719-1501	95-3526934	501(c)(3)	82,103.	1,200.FMV	, W.	Airline Tickets	See part IV - f
RMHC of Southern California, Inc. 4560 Fountain Avenue Los Angeles, CA 90029	95-3167869	501(c)(3)	1,405,081.	2,000.FMV	му	Airline Tickets	See part IV - f a
RMHC of Southern Colorado, Inc. 311 North Logan Colorado Springs, CO 80909	84-1013843	501(c)(3)	5,114,414.	5,800	FMV	Airline Tickets, Hospitality Carte	See part IV - f a
RMHC of Southern West Virginia, Inc 910 Pennsylvania Ave Charleston, WV 25302	55-0631080	501(c)(3)	133,028.	0.			See part IV - f
RMHC of Southwest Florida, Inc. 16100 Roserush Court Fort Myers, FL 33908	11-3704163	501(c)(3)	271,790.	4004	FMV	Airline Tickets	See part IV - f
RMHC of Southwest Virginia, Inc. 2224 S. Jefferson St. Roanoke, VA 24014	54-1244769	, 501(c)(3)	82,910.	800,FMV	λΝλ	Airline Tickets	See part IV - f
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Schedule (Form 990) Ronald McDonald House Charities, Inc. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	ld House Chari Assistance to Go	ties, Inc. wernments and Organ	nizations in the Ur	nted States (Sche	dule I (Form 990), Pa	,	36-2934689 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of St. Louis, Inc. 3450.Park Avenue St. Louis, MO 63104	43-1160478	501(c)(3)	336,245.	5,609.1	PMV	Airline Tickets, Equipment	See part IV - fd b
712 East 7th Avenue Tallahassee, FL 32303	59-2794505	501(c)(3)	28,9217.	400.	FMV	Airline Tickets	see part IV - f
RMHC of Tampa Bay, Inc. 35 Davis Blvd Tampa, FL 33606	59-1835985	501(c)(3)	209,270.	2,000.		Airline Tickets	See part IV – f
RMHC of Temple, Texas, Inc. 2415 South 47th St. Temple, TX 76504	74-2345274	501(c)(3)	69,444.	800	VM3	, Airline Tickets	See part IV – f
RMHC of the Bluegrass, Inc. PO Box 22414 Lexington, KY 40522-2414	61-0986164	501(c)(3)	90,644.	800	FMV	Airline Tickets	See part IV - f
RMHC of the Capital Region, Inc. 139 S. Lake Avenue Albany, NY 12208-3256	22-2356004	501(c)(3)	169,634.	1,200.	, , , , , , , , , , , , , , , , , , ,	Airline Fickets	See part IV - f
RMHC of the Carolinas, Inc. 706 Grove Rd Greenville, SC 29605	57-0844123	501(c)(3)	739,327.	1,200.	FMV	Airline Tickets	See part IV - f a b
RMHC of the Central Valley, Inc. 9161 Randall Way Madera, CA 93638	94-2864490 '501(c)(3)	501(c)(3)	114,606.	800.	FMV	Airline Tickets	See part IV – f
RMHC of the Coastal Empire, Inc. 4710 Waters Ave. Savannah, GA 31404	58-1630107	501(c)(3)	66,373.	800.	ЕМУ	Airline Tickets	See part IV - f
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Schedule I (Form 990) Ronald McDonald House Charities, Inc. Part II Continuation of Grants and Other Assistance to Governments an	d House Char.	ities, Inc. overnments and Organ	nizations ın the Ur	nited States (Sche	d Organizations in the United States (Schedule I (Form 990), Part II.)		36-2934689 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of the Four States, Inc. 3402 South Jackson Joplin, MO 64804	43-1758397	501(c)(3)	36,507.	400.	ΔИЗ	Airline Tickets	See part IV - f
RMHC of the Inland Northwest 1015 W. 5th Avenue Spokane, WA 99204-3001	91-1176115	501(c)(3)	6,196,393.	1,690.	FMV	Airline Tickets, Equipment	See part IV - fd a b
RMHC of the Intermountain Area, Inc 935 East South Temple - Salt Lake City, UT 84102-1411	74-2386043	501(c)(3)	176,989.	2,000.FMV	PMV	Arrline Tickets	See part IV - f
RMHC of the Miami Valley Region, Inc 555 Valley St Dayton, OH	31-0964793	501(c)(3)	241,521.	800.	FMV	Airline Tickets	See part IV - f b
RMHC of the New York Tri-State Area, Inc 111 Wood Ave South, Ste 400 - Iselin, NJ 08830	22-3188156	501(c)(3)	977,420.	· o			See part IV - f
RMHC of the Ohio Valley, Inc. 3540 Washington Avenue Evansville, IN 47714	35-1748468	501(c)(3)	253,847.	5,400.	FMV	Aırlıne Tickets, Hospitality Carte	See part IV – f a
RMHC of the Ozarks, Inc. 949 E. Primrose St. Springfield, MO 65807-5257	43-1371143	501(c)(3)	117,804.	1,200.	Λ Ν Α	Airline Tickets	See part IV - f
RMHC of the Philadelphia Region, Inc C/O Tierney 200 South Broad Street, 10th Fl - Philadelphia, PA 19102	23-2705170	501(c)(3)	507,295.	0.0			See part IV - f d
RMHC of the Red River Valley, Inc. 4757 Agassiz Xing S Fargo, ND 58104	45-0365598	501(c)(3)	382,933.	0.			See part IV - f a
							Schedule I (Form 990)

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el (Form 990) Ronald McDonald House Charities, Inc.	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part)
le I (Form 990)	Continuation
Schedu	Part

(a) Name and address of c) EIN (c) IRC section or government if applicable	(b) EIN		on (d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of the Rio Grande Valley, Texas, Inc 1720 Treasure Hills Blvd - Harlingen, TX 78550	74-2656780	501(c)(3)	89,654.	2,370.	ΔИЗ	Aırline Tickets, Equipment	See part IV - fd
RMHC of the Southwest, Inc. 3413 - 10th Street Lubbock, TX 79415	75-1915179	501(c)(3)	92,933.	800.	FMV	Airline Tıckets	See part IV - f
RMHC of TriState, Inc. 240 Berger Road Paducah, XY 42001	61-1224406	501(c)(3)	94,252.	0.			See part IV - f
RMHC of Tulsa, Inc. 6102 S. Hudson Ave. Tulsa, OK 74136-2020	73-1313892	501(c)(3)	106,902.	1,200.	FMV	Arrline Tickets	See part IV - f
RMHC of West Georgia, Inc. 1959 Hamilton Rd. Columbus, GA 31904	58-2065776	501(c)(3)	29,952.	5,400.	FMV	Airline Tickets, Hospitalıty Carte	See part IV - f
RMHC of Western Montana 3003 Port Missoula Rd. Missoula, MT 59804	47-2261447	501(c)(3)	1,202,454.	0.		X.	See part IV - f a
RMHC of Western New York, Inc. 780 W. Ferry St. Buffalo, NY 14222	22-2438932	501(c)(3)	78,452.	800.	ЕМУ	Airline Tickets	See part IV - f
RMHC of Western Washington & Alaska, Inc 5130 40th Avenue NE - Seattle, WA 98105-3055	91-1061043	501(c)(3)	155,777.	2,981.	лма.	Airline Tickets, Equipment	See part IV - fd
RMHC of Western WI & Southeastern MN, Inc 2700 National Drive, Suite 100 - Onalaska, WI 54650	39-1794402	501(c)(3)	177,357.	0	·		See part IV – f
•							Schedule I (Form 990)

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(a) Name and address of (b) EIN (c) IRC section (d) Amount of organization or government (a) EIN (b) EIN (c) IRC section (d) Amount of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
RMHC of Wichita, Inc.				t			,
1110 N. Emporia				c c		Airline	4
Wichita, KS 67214-2863	48-0918101	501(c)(3)	/33,560.	000	\W.	TICKELS	see part Iv - r a
RMHC Northern Nevada Inc.						ı	
323 Maine Street						Airline	
Reno, NV 89502	94-2863819	501(c)(3)	42,286.	800.FMV	FMV	Tickets	See part IV - f
RMHC, Upper Midwest, Inc.				,			
818 Fulton St SE						Airline	
Minneapolis, MN 55414	41-1313107	501(c)(3)	457,537.	2,000.FMV	FMV	Tickets	See part IV - f
out Own reidneleark mandthoo					•	,	
710 N Ctato of Branklin DA		,				air]ine	
Tobacca Cit: mw 22504	, , , , , , , , , , , , , , , , , , , ,	701/01/03/	711 837	ADD AND	ΩMΩ.	nirine, Tiokota	Geo nart TV - f
Johnson Cicy, IN 3/604	C7T0/CT-70	001(0)(3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00#	Y III Y	TTCVECS	>
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			•				Schedüle I (Form 990)

Schedule I (Form 990) (2018) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 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 (d) Amount of non-cash assistance 63 (c) Amount of cash grant Chapters are required to submit audited financial statements that support the use of the funds granted. All other grantees are required to submit a performance/outcomes report on the anniversary of their award date. This report includes a program budget and detailed accounting of the use of (a) New and expanding Ronald McDonald House programs and ongoing (b) Number of recipients Part II, Column (h), Purpose of Grant: (a) Type of grant or assistance Part I, Line 2: 832102 11-02-18 Part IV funds

Page 2

36-2934689

Ronald McDonald House Charities, Inc.

Schedule I (Form 990) (2018)

Part III

Schedule I (Form 990) Ronald McDonald House Charities, Inc.	36-2934689	Page 2
Part IV Supplemental Information		
	,	
operating support	<u> </u>	·
(h) you haveld were all movies have		•
(b) New Ronald McDonald Family Room programs		
(c) Build and support Ronald McDonald Care Mobile Units		
	 -	
(d) Capacity Building grants to Chapters		
(f) General operating support for Chapters	 -	
(g) Grants to improve the health and well-being of children		
(g) Grants to improve the hearth and well-being of children		
Part II, Column (g), Description of non-cash assistance:		
RMHC received a donation of airline tickets from Southwest Airlines		 -
during 2018, and the majority of the tickets were donated to the		
during 2010, and the majority of the tickets were donated to the		
Chapters for general operating support.		
		
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Ronald McDonald House Charities, Inc.

36-2934689 Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Method of determining Check if amounts reported on applicable contributions or noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 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 Intellectual property 8 54 295 Market quotations Х 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 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 216,023.FMV/Sales Price (Auction items 81 х 25 Other -160,000.FMV X Airline tckts 26 Other X 52,400.FMV RMHC Bags 27 Other > 9,750.FMV RMHC Bears х Other -28 Number of Forms 8283 received by the organization during the tax year for contributions 29 0 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. х 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a х b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018 Ronald McDonald House Charities, Inc.	≟ 36-2 934689	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information	ind 33, and whether the ca combination of both. A	organization
,		
Schedule M, Part I, Column (b):		<u> </u>
RMHC is reporting the number of contributions received from donors, not	····	
the number of items received.		_
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Schedule M (Form 990) 2018

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SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

*Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

Ronald McDonald House Charities, Inc.	36-2934689
Form 990, Part I, Lines 5 and 6.	
RMHC has no paid employees. The Charity's day-to-day operations are run	
by employees of McDonald's Corporation, whose time is donated to RMHC.	
In addition, numerous other volunteers assist with various fundraising	
events and other administrative and program support. The number of	
volunteers varies at any given time, but RMHC estimates the total	
number of volunteers to be approximately 100.	
Form 990, Part III, Line 4a, Program Service Accomplishments:	
Following are the activities conducted by RMHC to support the Chapters:	
(1)Ronald McDonald House: RMHC provided grants totaling \$99,847,679 for	
new and expanding Ronald McDonald House programs. The Ronald McDonald	
House provides comfort, support and resources for families with sick	
children.	
(2)Ronald McDonald Family Room: RMHC provided grants totaling	
\$1,764,361 for new Ronald McDonald Family Room programs, which offer a	
home-like environment within the walls of the hospital. Ronald McDonald	
Family Rooms provide families of hospitalized children with a place to	
refresh and relax while remaining near their child's bedside.	
(3)Ronald McDonald Care Mobile: RMHC developed and continues to support	
mobile pediatric health care services to children in underserved areas	
of the world by funding the capital build for all new Ronald McDonald	
Care Mobiles with support totaling \$601,487. In addition to primary and	
specialty medical care, health education, and oral health services, the	
program links children to other community and social service resources.	
(4)RMHC Local Chapter Support and Grants totaling \$32,814,543:	Cabadida O /F 000 c- 000 E7\ /0040\
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-EŹ) (2018)	Page 2
Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
rooms in 26 states and at 32 Ronald McDonald Houses. This will allow	
for approximately 230,000 additional night stays for pediatric patients	
and their families each year, helping RMHC Chapters to meet increasing	
demand and serve more families. Additionally, \$3,708,000 was designated	
to fund Chapter capacity building programs.	
Form 990, Part IX, Line 11f:	
As a service to its U.S. Chapters, RMHC pays the financial advisory	
services and administrative cost of an investment program that allows	
participating Chapters access to highly diversified investment options	
that might otherwise not be available to them.	
Form 990, Part IX, Line 24a:	
The RMHC Donation Box program inside McDonald's restaurants is the	
Charity's largest on-going fundraiser. There are RMHC Donation Boxes at	
McDonald's restaurants where customers can deposit their change for the	
benefit of RMHC. The collection of RMHC Donation Box funds from	
McDonald's restaurants throughout the United States is centralized	
under one vendor management company, Integrigo, LLC. All collection	
revenue is sent to RMHC from Integrigo, and RMHC pays Integrigo all	
collection fees. RMHC then remits 75% of the funds collected (net of	
75% of the fees incurred) directly to each U.S. RMHC Chapter.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Recoveries of prior year grants 6.	
Loss on cash surrender value of insurance -25,460.	
Total to Form 990, Part XI, Line 9 -25,454.	Schedule O (Form 990 or 990-EZ) (2018)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33 ► Attach to Form 990. Ronald McDonald House Charities, Inc. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

2018

OMB No 1545-0047

Open to Public Inspection

Employer identification number 36-2934689

Direct controlling 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. $\boldsymbol{\varepsilon}$ End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) 1 Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

יישים איים איים איים איים איים איים איים							
(a)	(q)	(0)	(p)	(e)	£)	(b)) (2/h)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 312(UA controlled	IZ(UX 13) olled
of related organization		foreign country)	section	status (if section	entity	entity?	ty?
				501(c)(3))		Yes	No
Ronald McDonald House Charities Russia, Inc. Operate a Ronald	Operate a Ronald McDonald				Ronald McDonald		
26 Valovaya St	House for families with			**	House Charities,		
Moscow, RUSSIA 115054	sick children	Russia	501(c)(3)		Inc.	×	
Ronald McDonald Gyermeksegely Alapitvany	Operate a Ronald McDonald			,	Ronald McDonald		
Magyar Tagozat, Soroksari ut 30-34.,	House for families with	1			House Charities,	,	
Budapest, HUNGARY 1095	sick children	Hungary	501(c)(3)		Inc.	×	
-							

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Schedule R (Form 990) 2018

Page 2

36-2934689

Sociale R (Form 990) 2018 Ronald McDonald House Charities, Inc.

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

(j) (k) General or Percentage managing ownership partner? Yes No			ا ر '	elated	Section 512(b)(13) controlled entity?	•	1.			0) 2018
Perc				lore				•		8 E
(j) General or managing partner? Yes No				one or n	(h) Percentage ownership				•	e R (For
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			:	, because it had	(g) Share of Perend of year assets					Schedule R (Form 990) 2018
(h) Disproportionate allocations? Yes No				IV, line 34					-	
(g) Share of end-of-year assets V		•		m 990, Part	(f) Share of total income					
Sha end-c		···		 es" on For	(e) Type of entrty (C corp, S corp, or trust)					
(f) Share of total Income				answered "Ye						
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				he organization	(d) Direct controlling entity					
Predomir (related excluded fi				mplete if t	Legal domicile (state or foreign country)					74
(d) Direct controlling entity				oration or Trust. Co	(b) Primary activity				,	
(c) Legal domicile (state or foreign country)	,			as a Corpo	Prim					
(b) Primary activity				ganizations Taxable a	Z c					
(a) Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization					832162 10-02-18

Page 3

36-2934689

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	S S
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?	is with one or more re	elated organizations listed	ın Parts II-IV?		_
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•			1a	×
b Gift, grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan quarantees to or for related organization(s)				1d	×
e Loans or loan quarantees by related organization(s)				1e	×
f Dividends from related organization(s)				=	×
g Sale of assets to related organization(s)				1g	×
				=	×
i Exchange of assets with related organization(s)				; =	×
j Lease of facilities, equipment, or other assets to related organization(s)				-ţ-	×
k Lease of facilities equipment, or other assets from related organization(s)				*	×
	anization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			£	×
 Sharing of paid employees with related organization(s) 				9	×
a Bombi reamont hard to related organization(s) for exhances				ot ot	×
				19	×
					:
				÷ 4	×
S Other transfer of cash of property month elacted organization for information on who must complete this line including covered relationships and transaction thresholds	t etelomorate mode	her line and and and and	relationships and transaction thresholds	2	-
	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Involved	
(1					
(£)					
(4)					
(5)					
(9)				:	
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

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	Gene mana part	Yes No										L									 	\Box
(3)	Dispropor- Code V-UBI General or Percentage tonate amount in box 20 managing ownership allocations? of Schedule K-1 partner?	(Form 1065)						,							`							
	ate a	£							<u> </u>			 T										_
E	Dispro trons attocats	Yes No																				
(6)	Share of end-of-year	assets		3							•										 	
(£)	•	ıncome								•												
(a)	Are all 501(c)(3) 61 orgs ?	Yes No										L	 									
	partne 501	اع ا		\dashv				 	ļ			 L	 	 _			L					
(Đ)	Predominant income (related, unrelated, excluded from fax unc	sections 512-514)	t																	1		
(c)	ë ë	country)								,												
(q)	ctivity																					
(a) (b) (c) (d)	Name, address, and EIN of entity										,											

Schedule R (Form 990) 2018

Schedule R	(Form 990) 2018 Ronald McDonald House Charities, Inc.	36-2934689	Page 5
Part VII	(Form 990) 2018 Ronald McDonald House Charities, Inc. Supplemental Information.		
	Provide additional information for responses to questions on Schedule R. See instructions.		
,	1 Tortale additional information for Teaponaces to questions on Conceder 17 Coc management		
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