

Form **990**

Internal Revenue Service

Department of the Treasury

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

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

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

Open to Public Inspection

Α	For the	e 2017 calendar year, or tax year beginning	and	ending										
В	Check if applicab	C Name of organization			D Employer identif	cation number								
X	Addre	ss Ronald McDonald House Charities, Inc.												
	Name chang	reser.			36-293	34689								
	Initial return	Number and street (or P 0, box if mail is not delivered to street addr	Number and street (or P 0. box if mail is not delivered to street address) Room/suite E Telephone number											
	Final return	110 N. Carpenter St.			630-62	23-7048								
	termir ated		·	G Gross receipts \$	85,796,853.									
	Amen				H(a) Is this a group r	eturn								
	Applic	F Name and address of principal officer Sheila Musolino		<u> </u>	for subordinates	s? Yes X No								
	pendi	110 N. Carpenter St., Chicago, IL 60607-2101		ハク	H(b) Are all subordinates i	ncluded? Yes No								
$\overline{\mathbf{T}}$	Tax-ex	empt status	4947(a)(1)	or 252	If "No," attach a	list (see instructions)								
		te: www.rmhc.org	0		H(c) Group exemption									
			her 🕨	L Yea		VI State of legal domicile; IL								
	art I	Summary	<u>1</u>		<u> </u>									
_	1	Briefly describe the organization's mission or most significant activiti	es To cre	ate, fir	nd and support									
Governance		programs that directly improve the health and well-				es_,								
шa	2	Check this box I if the organization discontinued its operation	ons or dispo	sed of mo	re than 25%\ of its net a	ssets								
Š	1	Number of voting members of the governing body (Part VI, line 1a)	•		ر مستقر منظر منظر د د ما	25								
		Number of independent voting members of the governing body (Par	t VI. line 1b)	l⇔I .	4	25								
တ္		Total number of individuals employed in calendar year 2017 (Part V,				9								
Ē		Total number of volunteers (estimate if necessary)	,	Ϊİ		2 100								
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		1	7a	9,703.								
⋖		Net unrelated business taxable income from Form 990-T, line 34			<u> </u>	2,203.								
_			-		Prior Year	Current Year								
Revenue	8	Contributions and grants (Part VIII, line 1h)			30,405,376.	40,199,906.								
	1	Program service revenue (Part VIII, line 2g)			166,000.	67,335.								
	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			6,064,788.	9,937,819.								
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	.)	<u> </u>	34,588.	<43,905.>								
		Total revenue - add lines 8 through 11 (must equal Part VIII, column	•	<u> </u>	36,670,752.	50,161,155.								
_	 	Grants and similar amounts paid (Part IX, column (A), lines 1 3)	/ // / _ / _ /		30,784,315.	28,737,484.								
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.								
Ś	1	Salaries, other compensation, employee benefits (Part IX, column (A)	. lines 5-10)		0.	0.								
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	, ,		50,000.	0.								
ğ		Total fundraising expenses (Part IX, column (D), line 25)	3,840	,036.										
ω		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			10,888,028.	11,243,722.								
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line	25)		41,722,343.	39,981,206.								
	19	Revenue less expenses Subtract line 18 from line 12	,		<5,051,591.	> 10,179,949.								
or Ses				В	Beginning of Current Year	End of Year								
Net Assets Fund Baland	20	Total assets (Part X, line 16)		<u> </u>	123,006,132.	141,405,717.								
AS d B id d id d id d id d	21	Total liabilities (Part X, line 26)			6,370,274.	9,114,794.								
캺	22	Net assets or fund balances Subtract line 21 from line 20			116,635,858.	132,290,923.								
Pi	art II	Signature Block			<u>. </u>									
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompan	ying schedule	s and stater	ments, and to the best of m	y knowledge and belief, it is								
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all info	ormation of w	hich prepare	er has any knowledge.									
		Starry Bilero			5/3/20	18								
Sıg	n	Signature of oricer			Date									
Her	е	Stacey Bifero, Controller												
		Type or print name and title				,								
		Print/Type preparer's name Preparer's signatur	e //		Date Check Check L	PTIN								
Pai		Katherine Kurtzman Katherine	ed P01236691											
	parer	Firm's name Ernst & Young, LLP		/	Firm's EIN	34-6565596								
Use	Only	Firm's address 155 N Wacker Dr.				— :- 								
		Chicago, IL 60606			Phone no 312	-879-2183								
Ma	the If	RS discuss this return with the preparer shown above? (see instruction	ons)			X Yes No								
7320	01 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separa	ite instructi	ons.		Form 990 (2017)								

986 x

	990 (2017) Ronald McDonald House Charities, Inc.	36-293468	9	Page 2
Par	t III Statement of Program Service Accomplishments			- -
	Check if Schedule O contains a response or note to any line in this Part III			Х
1	Briefly describe the organization's mission			
	To create, find and support programs that directly improve the health			
	and well-being of children and their families			
 2	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O	•		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		X Yes	No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured b	/ expenses	į.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other			
	revenue, if any, for each program service reported	no, the total t	JAPO11000, C	A110
4a	(Code) (Expenses \$ 31,395,338. including grants of \$ 25,219,986.) (Revenue		6	7,367.)
Tu	Support of RMHC Local Chapters worldwide: Ronald McDonald House			 '
	Charities is a system of independent, separately registered public		_	
	benefit organizations, referred to as "Chapters" by RMHC. Collectively,			
	Ronald McDonald House Charities Inc. (RMHC) and the network of local			
	Chapters ascribe to five core values: we are focused on the critical			
	needs of children, we lead with compassion, we celebrate the diversity			
	of our people and our programs, we value our heritage and we operate			
	with accountability and transparency. RMHC ensures delivery of the			
			 	
	mission across the globe. As a center of excellence, RMHC builds and			
	sustains a robust infrastructure of support to the network of Chapters,			
	including operations, licensing and compliance, finance, risk			
	management, communications, marketing and development. (See Sch O)			
4b	(Code) (Expenses \$ 3,209,292. including grants of \$ 3,138,646.) (Revenue	\$ et)
	Grants and other program services to improve the health and well-being			
	of children: RMHC provides funding to other nonprofit organizations to			
	address the needs of children throughout the world. These efforts are			
	directed in two areas: access to quality health care, with special			
	focus on oral health in the U.S. and maternal/child health in Africa,			
	South Asia and Latin America.			
				-
4c	(Code) (Expenses \$ 378,852. including grants of \$ 378,852.) (Revenue	ue \$		0.
	Scholarship program: In 2017, RMHC provided 16 multi-year educational			
	-scholarships-for-students-of-Hispanic-descent. RMHC-discontinued_its			
	support of the scholarship program at the end of 2017 in order to			
	deepen its focus on building capacity of its local Chapters and			
	supporting core programs around the world.			
				_
		· · · · · ·		
				
4d	Other program services (Describe in Schedule O)	<u>_</u>		
	(Expenses \$ Including grants of \$) (Revenue \$)	
4e	· · · · · · · · · · · · · · · · · · ·			
	Total program service expenses 34,983,482.		Form 9	90

D	2rt 11/	TCh	acklist	Λf	Peguired	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3_		
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			_
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable.			J
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Па		
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			۱.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	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,	14a		 " -
U	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		Х
		Form	990	(2017)

Dot the organization operate one or more hospital facilities? If "Yes," complete Schedule II 19%" to the 20st, dut the organization attach a copy of its audited financial statements to this return? 20b ID did the organization report more than \$5,000 of grants or other assistance to any dismestic organization or dismestic organization or dismestic organization report more than \$5,000 of grants or other assistance to any dismestic organization or dismestic organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 17 (* * Yes, "complete Schedule I, Parts I and III 2. III 2		rt IV Checklist of Required Schedules (continued)			age 4
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21c 21c 22c 23c 24c 23c 24c 23c 24c 23c 24c 23c 24c 24c 24c 24d 24c 24d 24c 24d 24c 24d 24d 24c 24d 24	20-	Did the examplation operate one or more boomtel facilities? If "You " complete Schoolide II	00-	Yes	_
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic polywerment on Part IX, column (A), line 2" If "Yes," complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2" If "Yes," complete Schedule I, Parts I and III 23 Did the organization naver "the" to Part IX, less than 4" (A) or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule IX II "No. 9 to Inie 25a bd the organization marks are 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 IX II "No. 9 to Inie 25a bd the organization marks are proceeds of tax exempt bonds beyond a temporary period exception? 24a Did the organization marks and proceeds of tax exempt bonds beyond a temporary period exception? 25b Did the organization marks an excrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Schedule IX II "No. 9 to Inie 25a 24b 24b 24d 24d 24d 24d 24d 24d 24d 25a Schedule IX II "No. 9 to Inie 25a 24d 24d 24d 25a Schedule IX II "No. 9 to Inie 25a 24d 24d 24d 25a Schedule IX II "No. 9 to Inie 25a 25a 25a 25a 25d 24d 25a		•		 	 ^
and meste government on Part IX, column (A), line 1 / If "Yes," complete Schedule I, Parts I and II 2		• • • • • • • • • • • • • • • • • • • •	200	 	┢
22 bit the organization report more than \$5,000 of graints or other assistance to or for domestic individuals on Part IX, counn (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 If "Yes," complete Schedule I, Part I I and former officers, directors, fusitess, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and 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 25s of the organization mentan an escrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bond? 1 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bond? 2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bond? 2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bond? 2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 2 ded 1 december 2 december 31, 2002 of 10 december 31, 2002 of 10 december 31, 2002 of 10 december 32 december 33 december 34 december 3			21	l x	
Part IX, column (A), line 27 if "Yes", complete Schedule I, Parts I and III 3 Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I have 25s b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization mental an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization with a disqualified person during the year? "If "Yes," complete Schedule I, Part I b Is the organization with a disqualified person during the year? "If "Yes," complete Schedule I, Part I b Is the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I b Is the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV as a further or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV as A family immember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV as A family immember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV as A family immember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I	22		<u> </u>		
23 bd the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I as tady of the year, that was issued after December 31, 2002? If "Yes," anoward incomplete Schedule I was issued after December 31, 2002? If "Yes," anoward incomplete Schedule I, I was incomplete Schedule			22	x	
and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		†	
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 "Fes," answer/ines 24b through 2dd and complete Schedule K. If "No", go to him 25a b) Did the organization mantian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? c) Did the organization mantian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25a Section 501(QIS,) 501(QIA), and 501(QI29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization 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-E27 If "Yes," complete Schedule L, Part I is the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereo		-	ŀ		
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 b. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d. Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d. Did the organization by the activities the organizations. Did the organization organization is provided by the activities that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7 If "Yes," complete Schedule L, Part I I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ivin 1 Did the organization receive more than \$25,000 in non cash contribution		Schedule J	23		х
Schedule K. If "No", go to line 25s b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25d 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 in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization on your person during the year? 25b 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, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV at No A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b Did the organization receive more than \$255, complete Schedule L, Part IV 28c 27c 28d Did the organization receive more than \$255, complete Schedule L, Part IV 28d Did the organization receive more than \$255, complete Schedule R, Part II 38d Did the organization receive more than \$255, complete Schedule R, Part II 39d Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule R, Part V, If Yes,	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Dd the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			[
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxexempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 901(c)(3), 501(c)(4), and 501(c)(22) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 is prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 25b July the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officires, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IIV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X and entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c A entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule R, Part IV III A Schedule R, P		· ·	24a	<u> </u>	Х
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d			24b		
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16 Enter the number reported in Box 3 of Form 1096 Enter -0 in not applicable 10 Interest the number of Forms W2-50 encluded in line 1 and Enter of Find on applicable 20 Interest the number of Forms W2-50 encluded in line 1 and Enter of Find On Interest 1 Interest 1 Interest 1 Interest 1 Interest 2 Interest		onesia estatulare a response o mere te any mile in ano r arc v		Vac	No
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
					X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			(00:12

Form 990 (2017) Ronald McDonald House Charities, Inc. 36-2934689 Page

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

	to mile tay tay tay and a second trib on tarriotarious, protessed at a second trib to the first factorior			[_]							
800	Check if Schedule O contains a response or note to any line in this Part VI			X							
<u>Sec</u>	tion A. Governing Body and Management		Vac	No.							
4	Enter the number of voting members of the governing body at the end of the tax year 25		Yes	No							
Id	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.		l								
h	Enter the number of voting members included in line 1a, above, who are independent 1b										
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
2	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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	x							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x							
	6 Did the organization have members or stockholders?										
_	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		х							
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		х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х								
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?	12b	Х								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe] ,									
	ın Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х	<u> </u>							
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>							
15	Did the process for determining compensation of the following persons include a review and approval by independent	1									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	- <u></u>							
	The organization's CEO, Executive Director, or top management official	15a		X							
þ	Other officers or key employees of the organization	15b		X							
_,	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Ì		1							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar-arrangement-with a	100	- <u>-</u> -	<i>-</i> +							
	taxable entity during the year?	16a		-							
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			İ							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b	×	[]							
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100									
17	List the states with which a copy of this Form 990 is required to be filed ▶See Schedule 0										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ulo —								
10	for public inspection. Indicate how you made these available. Check all that apply	avanat	,ic								
	X Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial								
.5	statements available to the public during the tax year.	- miul	J								
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
- -	Stacey Bifero - 847-363-8451										
	110 N. Carpenter St., Chicago, IL 60607-2101										
73200	6 11.28.17	Forn	990	(2017)							

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

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

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

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

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

Check this box if neither the organiza		orga T	aniza			npe	nsat			(E)
(A)	(B)	1	(C) Position			ì		(D)	(E)	(F)
Name and Title	Average hours per	(do	not c	heck	more	than	one	Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an					from	from related	other
	(list any	ğ						the	organizations	compensation
	hours for	Į į	۰		1	ted		organization	(W-2/1099-MISC)	from the
	related	stee	nal trustee		ر ا	bensa		(W-2/1099-MISC)	1	organization
	organizations below	la tr	onal (ploye	E Sa			1	and related
	line)	ndividual trustee or director	Institution	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Aggie Dentice	1.00	┝	=	٦	<u> </u>	Ξ.	4			L
Trustee (until 2/17)		x		l	ĺ			0.	0.	0.
(2) Alan Harris, MD	1.00	Г			T					
Trustee		х			l			0.	0.	0.
(3) Alex Dimitrief	1.00	Г								
Trustee (beg. 3/17)		x	L		}			0.	0.	0.
(4) Alex Rodriguez	1.00									
Trustee		х						0.	0.	0.
(5) Andrew J. McKenna	1.00									
Trustee		х						0.	0.	0.
(6) David C. Herman, MD	1.00									
Trustee		х						0.	0.	0.
(7) Eduardo Sanchez	1.00									
Trustee		Х						0.	0.	0.
(8) Fred Huebner	1.00				ļ					
Trustee		Х	_			L		0,	0.	0.
(9) Gay Simplot	1.00		١.							
Trustee		х	L.					0.	0.	0.
(10) Ginger Hardage	1.00									
Trustee		X		Щ	_			0.	0.	0.
(11) Grace Fung Oei	1.00								'	
Trustee		X				_		0.	0.	0.
(12) J. Christopher Reyes	1,00		1						1	_
Trustee		х			_	_		0.	0.	0,
(13) James D. Watkins	1.00		1	.					_ '	
Trustee, Vice President		х	Щ	х	_	_	_	0.	0.	0.
(14) Jan Fields	1.00									
Trustee		x				<u> </u>		0.	0.	0.
(15) Javier C. Goizueta	1.00									
Trustee		X	Щ	$\vdash \dashv$	<u> </u>	<u> </u>		0.	0.	0.
(16) Jeffrey Davis	1.00								_]	_
Trustee (beg. 3/17)		Х	$\vdash \vdash$	\vdash		_		0.	0.	0.
(17) Mats Lederhausen	1.00			li					آ ۽	
Trustee		X	لــــا	لـــا				0.	0.	0.

732007 11-28-17

Form 990 (2017) Ronald Ref	70			- ·			_					ige c
Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title Avera				Pos heck		than :	one	Reportable	Reportable	Es	tımate	d
	hours per	box	, unie	ss pe	rson	is bot or/trus	h an	compensation	compensation		nount o	of
	week	├	cer ar	l a u	I GOIL	,,, u u s	1007	from	from related	l .	other	
	l (list any hours for	ecto		1	1	Ì		the	organizations	1	pensa	
	related	5 o	, ,	ŀ	ł	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	(om the	
	organizations	nstee	trust	l	8	in Dec		(44-2/1099-101130)		ı ~	anızatı d relate	
	below	la f	tona	١.	g e	S S	<u></u>			1	inizatio	
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			""		
(18) Michelle Stephenson	1.00	┪	_	-	_	Ē						
Trustee		x	\		1			∫ _ 0.	0.			0.
(19) Rick Hernandez	1.00											
Trustee		х				<u> </u>		0.	0.			0.
(20) Sheila Musolino	40.00											
Trustee, President & CEO		x	<u> </u>	х	L	L	L	0.	0.	<u>L</u> _		0.
(21) Sheldon Lavin	1.00	1	}	ł	ì		ł	l.				
Trustee		Х	_	_	L	L	<u> </u>	0.	0.	└ ─		0.
(22) Steve Easterbrook	1.00		Į.		Į	ŀ	1		}	1		
Trustee		X	_	_	ㄴ	L	L.	0.	0.	Ь—		0
(23) Steven M. Ramirez	1.00		}	}	ļ]]	ļ		_
Trustee, Chairman		X	┕	х	L	_	<u> </u>	0.	<u>_</u>	└ ─		0
(24) Stuart E. Siegel, MD	1.00	4	ĺ		1							
Trustee		X	Ļ	L	├-	 _	<u> </u>	0.	0.	├		0
(25) Theodore Perlman	1.00	4	ľ	İ	i	1	l		1	1		_
Trustee		х	L	⊢	┝	├-	<u> </u>	0.	0.	├ —		0
(26) Wayne Stingley	1.00	∤	ł	1	ŀ	{			}	ł		^
Trustee		Х	<u></u>		<u> </u>	L	Ļ	0.	0.	├		0
1b Sub-total								0.	0.	┼		- 0
c Total from continuation sheets to Pa	irt VII, Section A							0	<u> </u>	├──		-
d Total (add lines 1b and 1c) 2 Total number of individuals (including to					h av	٠		<u></u>	<u> </u>	<u> </u>		<u> </u>
_	_	TOSE	isti	eo a	DOV	e) w	no r	eceived more trian \$100	0,000 or reportable			
compensation from the organization		_									Yes	No
3 Did the organization list any former off	ficer director or tr	uste	e ka	2V A	mpl	ovee	or	highest compensated e	employee on			_
line 1a? If "Yes," complete Schedule J			.c, n	.y C		Jy CC	, 01	riighest compendated t	in played an	3		X
4 For any individual listed on line 1a, is the			omn	ens	atio	n an	d ot	her compensation from	the organization		-	
and related organizations greater than	•		•					=		4		Х
5 Did any person listed on line 1a receive									ridual for services		ГП	

rendered to the organization? If "Yes," complete Schedule J for such person 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	Description of services	(C) Compensation
Integrigo, LLC	Donation Box Management and	
11 Court Street Suite 280, Exeter, NH 03833	Collection	609,143.
Capgemini America, Inc, 400 Broadacres		
Drive, Suite 410, Bloomfield, NJ 07003	Technology Consulting	422,166.
Cossette Communications U.S. Inc., 2100		
Drummond St. Montreal (Quebec) H3G 1X1,	Marketing and Advertising	336,729.
Clark Hill PLC, 500 Woodward Avenue Suite		
3500, Detroit, MI 48226	Legal Services	250,944.
Diane J Andreoni		
109 W. Summerset Dr., Phoenix, AZ 85085	Marketing and Advertising	201,147.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	17	
		- 000

See Part VII, Section A Continuation sheets

Form 990 Ronald McDon	36-2934689									
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(D)	(E)	(F)							
Name and title	Average	l , ,			ition			Reportable	Reportable	Estimated
	hours per	(C	heck	(all	that	app	ly)	compensation from	compensation from related	amount of other
	week	l	Ì	1	\	, g		the	organizations	compensation
	(list any	ctor				훁		organization	(W-2/1099-MISC)	from the
	hours for	or dire	۰			ated e		(W-2/1099-MISC)		organizatıon
	related	ustee	fruste	1	e .	Suedi				and related
	organizations below	Individual trustee or director	Institutional trustee	١.	nploy	St CO.	Ļ			organizations
	line)	Individ	instr	Officer	Key employee	Highest compensated employee	Former			
(27) Adele Jamieson	4.00	 		<u> </u>						
Secretary				х				0.	0.	0.
(28) Janet Burton	40.00									
Chief Field Operations Officer	·-		L	х				0.	0.	0.
(29) Jennifer Smith	40.00									
Chief Mktg & Communications Officer		<u> </u>	L	х				0.	0.	0.
(30) Kelly Dolan	40.00									
Chief Development Officer(beg.12/17)		L	_	х	_	<u> </u>	_	0.	0.	0.
(31) Spero Droulias	2.00	ļ		l						
Treasurer	40.00			х	<u> </u>	┝	<u> </u>	0.	0.	0.
(32) Stacey Bifero Controller	40.00	ł	ļ	x				0.	0.	0.
CONCIONA	 		 	_	-				•••	
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		L	L			L	L			
Total to Part VII, Section A, line 1c								I	I	

Га	I V		_			a in this Dort VIII			
) 			Check if Schedule O cont	ains a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 6	а	Federated campaigns	1a	494,781.				
Contributions, Gifts, Grants and Other Similar Amounts	t	b	Membership dues	1b					
S, (С	Fundraising events	1c	5,291,862.				
art		d	Related organizations	1d					
E, C		е	Government grants (contribut	ions) 1e					
rog			All other contributions, gifts, gran						
E E			similar amounts not included abo		34,413,263.				į
ĒΘ			Noncash contributions included in lines		499,694.				
aç	-	_	Total. Add lines 1a-1f			40,199,906.			
_		··	Totall / too in too ru Ti		Business Code			******	
	2 8	2	Local Chapter Conferen	ce Fees	611430	67,335.	67,335.		
vic	_ :	b					-		
Ser		c							
E S		d							
Re									<u> </u>
Program Service Revenue		e f	All other program service reve	2010					
			Total. Add lines 2a-2f	ende		67,335.			
	3	ч.	Investment income (including	dividands inter	oot and	,		·····	
	3		other similar amounts)	dividends, inter	est, and	2,635,999.		9,703.	2,626,296.
	4		Income from investment of ta	v avamnt hand r	ragada	2,000,000			<u> </u>
				x-exempt bond p	oroceeds ►				
	5		Royalties	() Dool	(a) Damanal			··········	
		_	0	(i) Real	(ii) Personal				1
			Gross rents	ļ					
	l.		Less rental expenses		 				
			Rental income or (loss)						
			Net rental income or (loss)	(2) 0	(2 OII)				
	' [;]	а	Gross amount from sales of	(i) Securities	(ıi) Other				
	Ι.		assets other than inventory	42,124,218	-				
	['	D	Less cost or other basis	24 921 500	800				
	ł		and sales expenses	34,821,598					1
			Gain or (loss)	7,302,620		7,301,820.			7,301,820.
	l .		Net gain or (loss)			7,301,620.			7,301,020.
enne	8	а	Gross income from fundraisin		ŀ]
Vel	ļ		including \$5,291		1				į
Other Rev			contributions reported on line	1c) See	750 005				
Ē	.	_	Part IV, line 18	a	$\overline{}$				
ᅙ	ł		Less direct expenses	. b	813,032.	42 027		-	
			Net income or (loss) from fund	-		<43,937.	<u> </u>		<43,937.
	9.	а	Gross income from gaming ac						
		_	Part IV, line 19	а			}		
			Less direct expenses -	b					
			Net income or (loss) from gan	_			 		
	10	а	Gross sales of inventory, less				ŀ		
			and allowances	а					
	ı		Less: cost of goods sold	b	268.				
	<u> </u>	С	Net income or (loss) from sale		<u> </u>	32.	32.		
	<u> </u>	_	Miscellaneous Revenu	ie	Business Code		{	-	ا ا
	11					<u></u>		_	
	ļ	b			ļ				
		C					 		
	l	ď	All other revenue		L			-	ļ
	l .	е	Total. Add lines 11a-11d						0.004.175
	12		Total revenue. See instructions.			50,161,155.	67,367.	9,703.	9,884,179.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns

3600	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	mpiete column (A)	
	Check if Schedule O contains a respor				х
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	21,804,105.	21,804,105.		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	378,852.	378,852.		i
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	<u>6,</u> 554,527.	6,554,527.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	L <u></u>			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		,		
а	Management				
b	Legal	256,313.	123,596.	45,637.	87,080.
С	Accounting	138,698.		138,698.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	131,679.	130,897.	782.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2,918,163.	1,920,256.	134,605.	863,302.
12	Advertising and promotion	1,129,998.	296,453.		833,545.
13	Office expenses	198,065.	38,304.	19,680.	140,081.
14	Information technology	1,811,915.	884,255.	276,985.	650,675.
15	Royalties				
16	Occupancy				
17	Travel	844,345.	698,892.	86,469.	58,984.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	961,818.	413,905.	52,607.	495,306.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	66,645.	49,399.	3,444.	13,802.
23	Insurance	156,929.	53,953.	102,976.	
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Donation box expense	2,161,752.	1,621,314.	0.	540,438.
b	Bad debt expense	260,815.	0.	260,815.	0.
c	Credit card / bank fees	119,751.	0.	2,673.	117,078.
d	Acknowledgement	54,215.	14,474.	4,581.	35,160.
е		32,621.	300.	27,736.	4,585.
25	Total functional expenses. Add lines 1 through 24e	39,981,206.	34,983,482.	1,157,688.	3,840,036.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			_	
	Check here If following SOP 98-2 (ASC 958-720)		<u></u>		Form 990 (2017)

Part	<u>^ </u>	Balance Sheet Check if Schedule O contains a response or not	e to an	v line in this Part Y			
		Crieck if Scriedule O Contains a response of not	e to air	y line in this Fart A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	_			1_	
ı	2	Savings and temporary cash investments			5,834,828.	2	8,769,450
	3	Pledges and grants receivable, net			13,003,048.	3	11,369,529
	4	Accounts receivable, net			1,711.	4	14,236
- 1	5	Loans and other receivables from current and for	rmer o	fficers, directors,			
		trustees, key employees, and highest compensation	ated en	nployees Complete			
j		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pei	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing	:		
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
<u>ا</u> ي		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use		[79,576.	8	56,088
	9	Prepaid expenses and deferred charges			1,154,320.	9	418,222
-	10a	Land, buildings, and equipment cost or other	1 1				
		basis Complete Part VI of Schedule D	10a	2,104,624.			
	b	Less accumulated depreciation	10b	1,946,649.	156,698.	10c	157,975
-	11	Investments - publicly traded securities			90,248,594.	11	108,438,222
-	12	Investments - other securities. See Part IV, line 1	11		11,470,635.	12	11,129,783
•	13	Investments - program-related See Part IV, line	11			13	
-	14	Intangible assets		14			
- [-	15	Other assets See Part IV, line 11		1,056,722.	15	1,052,212	
_ -	16	Total assets. Add lines 1 through 15 (must equ	123,006,132.	16	141,405,717		
	17	Accounts payable and accrued expenses			773,201.	17	1,251,866
•	18	Grants payable			5,567,531.	18	7,597,902
-	19	Deferred revenue				19_	250,000
2	20	Tax-exempt bond liabilities .			20	<u> </u>	
2	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
g 2	22	Loans and other payables to current and former	r officei	rs, directors, trustees,			
₫		key employees, highest compensated employee	es, and	disqualified persons.	THE RESERVE AND ADDRESS OF THE PARTY OF THE		
Liabilities		Complete Part II of Schedule L				22	
- 2	23	Secured mortgages and notes payable to unrela	ated the	rd parties		23	
2	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
2	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	Complete Part X of			
- 1		Schedule D		-	29,542.	25	15,026
	26_	Total liabilities. Add lines 17 through 25		<u> </u>	6,370,274.	26	9,114,794
1		Organizations that follow SFAS 117 (ASC 958	3), ched	k here 🕨 🔼 and 🚶		ļ	
e e		complete lines 27 through 29, and lines 33 ar	id 34.				
E- -:	27—	Unrestricted net assets		_,	113,361,868.	-27-	130,952,593
E la	28	Temporanly restricted net assets			3,273,990.	28	1,338,330
ᅙᆝ	29	-Permanently restricted net assets		~		29	
Ē		Organizations that do not follow SFAS 117 (A	SC 95	8), check here ▶└─┘		İ	
ō		and complete lines 30 through 34.		Ì		-	
; 츛	30	Capital stock or trust principal, or current funds				30	
¥s :	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
∌ 1	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
~ :	33	Total net assets or fund balances			116,635,858.	33	132,290,923
- 1:	34	Total liabilities and net assets/fund balances			123,006,132.	34	141,405,717

	990 (2017) Ronald McDonald House Charities, Inc.	36-2934689		Pag	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
		}			
1	Total revenue (must equal Part VIII, column (A), line 12)			,161,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,981,	
3	Revenue less expenses. Subtract line 2 from line 1	3		,179,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,635,	
5	Net unrealized gains (losses) on investments	5	5	,051,	
6	Donated services and use of facilities	6		57,	534.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		366,	203.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	} }			
	column (B))	10	132	,290,	923.
Par	t XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				ليا
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		П	Yes	No
20	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		2a		
24	Were the organization's financial statements compiled or reviewed by an independent accountant?	d an a	Za		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both	u on a			
	Separate basis, consolidated basis, or both Separate basis Donsolidated basis Both consolidated and separate basis		1 /		
h	Were the organization's financial statements audited by an independent accountant?		2b		
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	to book	20		
	consolidated basis, or both.	ie basis,			
	Separate basis		1 1		
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
·	review, or compilation of its financial statements and selection of an independent accountant?	ie addit,	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edula O	25		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Ju	Act and OMB Circular A-133?	ngio Addit	3a		1
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit	"		
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	00 4441	3ь		
	and the state of t			990 ((2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

		Ronald	McDonald House	Charities, Inc.			}	36	5-2934689
Par	ŧΤ	Reason for Public (Charity Status (A	All organizations must co	mplete thi	s part.) Se	e instructions		
The o	rgan	ization is not a private found							
1 [A church, convention of ch	•	-	-	•)(A)(i).		7
2 [A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))								
з [A hospital or a cooperative		•			i).) i
4		A medical research organization					•	(iii). Enter	the hospital's name.
		city, and state		,,,,				(/-	,
5 [\neg	An organization operated for	or the benefit of a col	llege or university owned	or operat	ted by a go	overnmental u	nıt describ	ed in
•		section 170(b)(1)(A)(iv). (C				, - 5			
6 [\neg	A federal, state, or local gov		nental unit described in s	ection 17	'0(b)(1)(A)	(v)		
7	$\frac{1}{x}$	An organization that norma	~				-	ne deneral	nublic described in
, .		section 170(b)(1)(A)(vi). (Co	-	inda part of its support in	om a gov	ciriliticitai	dille of home	ic general	public described in
8 [\neg	A community trust describe		1VAVvi) (Complete Part	111.4				
9 [Ħ	An agricultural research org				ad in coniii	nction with a	land-grant	college
3 L		or university or a non-land-g							
		university:	rant conege or agric	altare (see mstractions)	Lines the	riarrio, city	, and state of	and coneg	C 0/
10 [\neg	An organization that norma	lly receives: /1) more	than 33 1/3% of its sun	nort from	contributio	ne members	hin fees a	nd gross receipts from
10 1	_	activities related to its exen		·					_
		income and unrelated busin							
		See section 509(a)(2). (Cor		(less section 511 tax) in	iii ousiile	sses acqu	ned by the or	ganization	arter durie 30, 1975
11 [\neg	An organization organized a	-	welv to test for public sa	fety See	section 50	19(a)(4)		
12	=	An organization organized a	•	•			-	arry out the	nurnoses of one or
12		more publicly supported or	•	•					
		lines 12a through 12d that							MOCK THE BOX III
а	Γ_	Type I. A supporting orga	• •	•		•		-	, alvina
4	_	the supported organization	•	•	-				
		organization. You must o			inajonty	or the direc	ctors or truste	es or trie s	adporting
ь	\Box	Type II. A supporting org	•		tion with it	e eunnort	ed organizatio	n(e) hy ha	IVIDO
	_	control or management of	-						
		organization(s) You mus			ame perso	ons that co	ontiol of mane	ige the sup	ported
_		Type III functionally inte	-		ın connec	tion with	and functions	lly integrate	ed with
·	_	ts supported organizatio		- -				ny miegrati	ed willi,
d		Type III non-functionally						rted organi	ization/e)
u	_	that is not functionally int							
		requirement (see instruct	•	- ·	_			a an attent	
е	Г	Check this box if the orga	•					II Type III	
e	_	functionally integrated, or					i type i, type	ii, Type iii	
	-Ent	er the number of supported		•	ing organi.	Zation			
		vide the following information		-					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10	Yes	No No	support (see ir	structions)	support (see instructions)
				above (see instructions))]
							 		
						1			
			 				 		
	_			 		 			
									Ì
_						 	 		
						i			
Total						 			
	_	Paperwork Reduction Act N	lotice, see the Instr	ructions for Form 990 o	r 990-EZ.	732021 10-	-06-17 Sche	dule A (Fo	rm 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 Ronald McDonald House Charities, Inc. 36-2934689

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	30,943,116.	32,960,280.	31,601,678.	30,405,376.	40,199,906.	166,110,356.
2	Tax revenues levied for the 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						
	the organization without charge						
4	Total. Add lines 1 through 3	30,943,116.	32,960,280.	31,601,678.	30,405,376.	40,199,906.	166,110,356.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		Ì				
	amount shown on line 11,					,	
	column (f)						8,012,602.
	Public support. Subtract line 5 from line 4						158,097,754.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	30,943,116.	32,960,280.	31,601,678.	30,405,376.	40,199,906.	166,110,356.
8	Gross income from interest,						
	dividends, payments received on	ì					
	securities loans, rents, royalties,						
	and income from similar sources	2,853,783.	3,885,606.	2,720,356.	2,138,814.	2,626,296.	14,224,855.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	2,680.		3,611.	5,986.	3,203.	15,480.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,164,419.	1,361,642.	1,099,469.	1,114,545.	769,095.	5,509,170.
11	Total support. Add lines 7 through 10						185,859,861.
12	Gross receipts from related activities,	, etc (see instruction	ons)			12	1,254,616.
13	First five years. If the Form 990 is for	-	first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor ction C. Computation of Publ	here	roomtogo				
							05.06
	Public support percentage for 2017 (olumn (f))		14	85.06 %
	Public support percentage from 2016	•	•			15	84.62 %
168	33 1/3% support test - 2017. If the				14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies		•		1 45 00 4 00 0	, , , , , ,	<u> </u>
C	33 1/3% support test - 2016. If the constant terms The constant terms				line 15 is 33 1/3%	or more, check tr	is box
47.	and stop here. The organization qual		, .		10.10		
17a	10% -facts-and-circumstances tes	_					•
	and if the organization meets the "fac					π VI how the organ	nization
	meets the "facts-and-circumstances"	-	•	• • •	•	4748. 45.	100/
	10% -facts-and-circumstances tes						
	more, and if the organization meets the		-		•		,
40	organization meets the "facts-and-circ		-	•			
10	Private foundation. If the organization	л ав пот спеск а	DOX OR line 13, 16a	i, 100, 1/a, or 1/0		and see instruction edule A (Form 990	
					JULIE	AUTO WILL OH 111 2200	UI 330-ELI 40 /

Schedule A (Form 990 or 990-EZ) 2017 Ronald McDonald House Charities, Inc. 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

Se	ction A. Public Support	clow, picase comp	Siete Tart II.)				
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4) 23 . 3	(5) 25.1		(4/2010	10,25	//
	membership fees received (Do not include any "unusual grants")			li	j		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5					 	
7:	a Amounts included on lines 1, 2, and	,	,	/		1)
ı	3 received from disqualified persons 5 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						
(Add lines 7a and 7b						<u> </u>
_8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2013 🕢	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the businessis regularly carried on		-				
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part, VI)			·			
	Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>	L	<u> </u>	1	1	<u> </u>
- 14	First five years. If the Form 990 is fo	r-the organization?	s first, second, th	ırd, fourth, or fifth	tax year as a sect	on 501(c)(3) organ	ızatıon,
<u></u>	check this box and stop here	lia Company 5					₽└
	ction C. Computation of Publ					Tarl	
15			•	column (f))		15	%
16						16	<u>%</u>
	ction D./Computation of Inve					1421	
17	//			ine 13, column (t))		17	%
18	<i>"</i>				. 45	18 [<u>%</u>
19	a 33 1/3% support tests - 2017. If the						17 IS NOT
	more than 33 1/3%, check this box a						
	b 33 1/3% support tests - 2016. If the						
لہ	/ line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 1	9a, or 19b, check			NO == 000 ==\ == :=
7320	023 10-06-17 -				Sc	nedule A (Form 99	90 or 990-EZ) 2017

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
------------	-----	------------	----------------------

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

	Yes	No
1		
2		
3a		
3b	~~~~	
3c	-	
4a		
4b		
4c		
5a		
5b 5c		
7		
8		
9a		
9a 9b	-	
9c		
10a		
10b]

Sche	dule A (Form 990 or 990 EZ) 2017 Ronald McDonald House Charities, Inc.	36-2934689	Pa	ige 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ł		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	igsquare	
	A family member of a person described in (a) above?	11b	\vdash	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	$ldsymbol{ld}}}}}}} \lgotion {ley \ldsymbol{ley } \log \end \end eta} \log \end \end \end \end \end \end \end \end$	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to)]	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1 1	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	ļ]]	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ļ		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ļ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	<u>L</u>	L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ļ		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	. [
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		i '	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		L
3	By reason of the relationship described in (2), did the organization's supported organizations have a	Į		
	significant voice in the organization's investment policies and in directing the use of the organization's	İ	1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's]]]
	supported organizations played in this regard	3	<u> </u>	L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee ins	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government ent	ity (see instruction	s)	
2_	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	İ		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}	1	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined	1	1.	ا ا
	that these activities constituted substantially all of its activities	2a	1	
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	İ	
	reasons for the organization's position that its supported organization(s) would have engaged in these			[]
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or)]	
u	trustees of each of the supported organizations? Provide details in Part VI.	3a		l ,
b			1	
,	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь	}	,
73202		A (Form 990 or 9	90-EZ	2017

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			
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	\top		
	collection of gross income or for management, conservation, or	1 1		
	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		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	Ì		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	11		
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	1		
	emergency temporary reduction (see instructions)	_6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting ord	janization (see
	inetrictions/	•	., ,	•

Schedule A (Form 990 or 990-EZ) 2017

Par	iv Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	•
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2017			
a	·			
b_	From 2013			
c	From 2014			
d	From 2015			
ее	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years	- <u></u>		
h	Applied to 2017 distributable amount	<u></u>		
	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
_ 7 	Excess distributions carryover to 2018. Add lines 3			
	and 4c.			
8	Breakdown of line 7			
	Excess from 2013	<u> </u>		
	Excess from 2014			
	Excess from 2015		<u></u>	
	Excess from 2016		<u></u>	<u> </u>
е	Excess from 2017			l

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 D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)
Schedule A, Part II, Line 10, Explanation for Other Income:
Gross income from special fundraising events and gaming
2013 Amount: \$ 1,164,419.
2014 Amount: \$ 1,361,642.
2015 Amount: \$ 1,099,469.
2016 Amount: \$ 1,114,545.
2017 Amount: \$ 769,095.

SCHEDULE 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.

2017 'Open to Public Inspection

Name of the organization **Employer identification number** Ronald McDonald House Charities, Inc. 36-2934689 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds ┌ Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017 732051 10-09-17

Sche	dule D (Form 990) 2017 Ronald McDo	nald House Char	ities,	Inc.				36-29346	89	Page 2
	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tr	easures, c	or Othe	r Simil	ar Asse	ts (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following tha	t are a sig	gnificant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	d	ا∟	_oan or excl	hange progra	ams				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	he organizati	on's exen	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	~	ete if the	organizatio	n answered '	"Yes" on	Form 99	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod		lary for	contribution	s or other as	sets not	ncluded			
	on Form 990, Part X?		,						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina t	able.						
	Tres, explain the arrangement in rare xiii	and complete the lo	no wing t	abio					Amount	
c	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e		_	
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990 Part X line	21. for 6	escrow or cu	istodial acco	unt liabili			Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						-,			
Par							0			
	•	(a) Current year		rior year	(c) Two year			years back	(e) Four y	years back
1a	Beginning of year balance	(-/	\\	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-, ,					
b	Contributions									
_	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·	and programs					i				
f	Administrative expenses			-						
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	a. column (a	a)) held as		-			
	Board designated or quasi-endowment	one your one building	%	9, 00.0 (0	-,,					
	Permanent endowment	%								
	Temporarily restricted endowment ▶	^~								
·	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	•	ation tha	at are held a	ınd admıniste	ered for th	ne organi	zation		
-	by								٦.	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?	ı				3b	
4	Describe in Part XIII the intended uses of the	-						_		
-	t VI Land, Buildings, and Equipn									
	Complete if the organization answere	d "Yes" on Form 990), Part I\	/, line 11a S	See Form 990), Part X,	line 10.			
•	Description of property	(a) Cost or o	1		or other		cumulat	ed	(d) Book	value
		basis (investr			(other)		reciation		* *	
1a	Land									
b	Buildings									
c	Leasehold improvements							İ		
	Equipment									
	Other			2	,104,624.		1,946	,649.		157,975.
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10c)			▶		157,975.

Financial derivatives	Complete if the organization answered "Yes		11b See Form 990, Part X, lin	ne 12.
Closely-held equity interests 321,078. Cost	(a) Description of security or category (including name of security			
(A) McDonald's Corporation) Financial derivatives			
10, 808,705; End-of-Year Market Value) Closely-held equity interests	321,078.	Cost	
(B) (C) (C) (E) (E) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E		10 000 705		
(C) (D) (E) (F) (G) (H) (A) (Cot (t)) must equal form 990, Part X, cot (B) line 12.) (A) (B) Description of investments (B) Book value (C) Method of valuation Cost or end-of-year market value (B) Description of investments (B) Book value (C) Method of valuation Cost or end-of-year market value (D) Book value (E) Method of valuation Cost or end-of-year market value (D) Book value (E) Method of valuation Cost or end-of-year market value (D) Book value (E) Method of valuation Cost or end-of-year market value (D) Book value (E) (E		10,808,705.	End-of-Year Market	Value
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(#) (Lic) (b) must equal Form 990, Part X, col. (8) line 12.)		-		
(b) must equal Form 990, Part X, col. (B) line 12.)				<u></u>
Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (f)		11,129,783		
Complete if the organization answered "Yes" on Form 990, Part IX, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1)			<u> </u>	
(a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (9) (1) (17) (8) (9) (1) (10) (b) invist equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) 1at. (Column (b) must equal Form 990, Part X, col. (B) line 15) art X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (see Part XIII) 15, 026. (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (1) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (1) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (1) (1) (2) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (1) (1) (2) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (1) (1) (2) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (10) (11) (11) (12) (13) (14) (15) (15) (16) (16) (17) (17) (18) (18) (19) (19) (10) (10) (11) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (16) (17) (16) (17) (s" on Form 990. Part IV. line	11c. See Form 990. Part X. lin	e 13
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value		<u> </u>	<u></u>	
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(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) Intermediary third party liability (see Part XIII)			11d. See Form 990, Part X, III	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line 15) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) Intermediary third party liability (see Part XIII) 15,026. (3) (4) (6) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line 25)		ay becompain		(b) Book value
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(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line 15) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) Intermediary third party liability (see Part XIII) - 15,026. (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line 15) art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) Intermediary third party liability (see Part XIII)		·		
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(a) Description of liability (b) Book value (1) Federal income taxes (2) Intermediary third party liability (see Part XIII-)	eart X Other Liabilities.			
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2 Intermediary third party liability (see Part XIII)15,026. (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		(b) Book value —	
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
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(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
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(9) tal. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
tal. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(ma 25)	15 026	
				1-1
THE STREET COUNTY OF EDUCATION TO A DOCTION CONSISTS OF SECTION OF SECTION AND ASSESSMENT ASSESSMEN				

Par	t XI Reconciliation of Revenue per Audited Financial Stateme		levenue 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	60,265,874.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			i i	
а	Net unrealized gains (losses) on investments	2a	5,051,379.		
b	Donated services and use of facilities	2b	4,687,137.		
С	Recoveries of prior year grants	2c	383,109.	1 1	
d	Other (Describe in Part XIII)	2d	<16,906.	<u> </u>	
е	Add lines 2a through 2d			2e	10,104,719.
3	Subtract line 2e from line 1			3	50,161,155.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	50,161,155.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per	Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<u> </u>			
1	Total expenses and losses per audited financial statements			1	44,610,809.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		1 1	
	Donated services and use of facilities	2a	4,629,603.		
Þ	Prior year adjustments	2b		1 1	
C	Other losses	2c		1 1	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,629,603.
3	Subtract line 2e from line 1			3	39,981,206.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		{	
þ		4b		dl	
	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TXIII Supplemental Information.			5	39,981,206.
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	+ IV lungo 1h or	ad 2h Part V line	4: Part V	line 2. Part VI
	de the descriptions required for Part II, lines 3, 5, 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			4, Fart A,	illie 2, Fart XI,
111103	20 and 40, and 1 art Air, lines 20 and 40 Also complete this part to provide any doc	antional informe			
					
Part	X, Line 2:				
					
RMHC	is exempt from federal income tax under Section 501(c)(3) of	the			
Inte	ernal Revenue Code. However, income, if any, from certain activ	rities			
not	directly related to RMHC's tax-exempt purpose is subject to ta	axation			
as u	unrelated business income. In addition, RMHC qualifies for the				
ahaa	sitable gentribution deduction under Costion 170/b)/1)/3) and)	aa baan			
спал	itable contribution deduction under Section 170(b)(1)(A) and h	las been			
clas	sified as an organization other than a private foundation unde	ar			
	britted as an organization other than a private rounderen and				
Sect	ion 509(a)(1). RMHC believes that it has appropriate support f	for anv			
tax	positions taken, and as such, does not have any uncertain tax				
posi	tions that are material to the financial statements. Income ta	axes for			
			-		
unre	elated business income were less than \$2,000 for the years ende	ed			
			: _		
Dece	ember 31, 2017 and 2016.				
73205	4 10-09-17			Schedul	e D (Form 990) 2017

Schedule D (Form 990) 2017 Ronald McDonald House Charities, Inc.	36-2934689	Page 5
Part XIII Supplemental Information (continued)		
		_
Part XI, Line 2d - Other Adjustments:		
Loss on cash surrender value of insurance		
Part X - Other Liabilities, Line 1, Item (2):		
RMHC receives contributions from donors who intended the funds to be used		
by one of its Chapters. In accordance with Generally Accepted Accounting		
Principles, RMHC reports funds held at the end of the year that have not		
yet been distributed to the Chapters as Intermediary Third Party		
Liabilities. RMHC has no discretionary spending authority over the use of		
these funds, but is merely acting in an agency capacity on behalf of the		
Chapters until the funds are disbursed. These funds are not part of an		
escrow account.		
Parts XI and XII, Reconciliation of Revenue and Expenses:		
There are rounding differences when reconciling the numbers per the		
audited financial statements, which are rounded to the nearest whole		
thousand (\$1,000) dollar increment, back to the numbers per Form 990,		
which are rounded to the nearest whole dollar (\$1) increment.		-

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

rearrie of the organization					Employer Ident	ilication number
Ronald McDonald House	Charities, I	nc.			36-2934689	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	te if the organ	ization answered	"Yes" on
Form 990, Part IV				·		· · · · · · · · · · · · · · · · · · ·
			ds to substantiate the amount of its gra			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	stance? X	Yes No
2 For grantmakers. Desc	unbain Dant V tha					A control Alban
United States	inde in Part V the	e organization s	procedures for monitoring the use of its	s grants and o	ther assistance of	itside the
	he following Part	t I. line 3 table ca	an be duplicated if additional space is n	needed)		
(a) Region			(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a pro-	gram service,	expenditures for and
	in the region	agents, and independent contractors	gram services, investments, grants to		specific type	investments
		in the region	recipients located in the region)	OI Service	(s) in the region	ın the region
			·			
Central America and						
the Caribbean	0	o	 Grantmaking			626,282.
East Asia and the						
Pacific	0	0	Grantmaking			1,280,550.
Europe	o	0	Grantmaking			1,385,943.
						-
Middle East and						
North Africa	0	0	Grantmaking			25,000.
North America	0	0	Grantmaking			539,744.
Russia and the						
Neighboring States		0	 Grantmaking			93,200.
Meighboring beates			Granchaking			33,200.
South America	0	0	Grantmaking			1,342,611.
South Asia		0	Grantmaking			205,707.
3 a Sub-total	0	0	D. Can Salura Ling			5,499,037.
b Total from continuation						1
sheets to Part I	0	0				1,640,608.
c Totals (add lines 3a					····	

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

Schedule F (Form 990) 2017

			arities, Inc.	36-29346	89 Page 1
Part I Continuation	n of Activitie	s per Regio	n.(Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Grantmaking		1,055,490.
North America	0	0	Fundraising		155.
South Asia	0	0	Fundraising		11,114.
South America			Public relations		6,703.
South America			Fubile Telacions		0,100.
Sub-Saharan Africa	C	0	Public relations		717.
Central America and the Caribbean		0	Program services	Chapter support	14,165.
East Asia and the	(0	Program services	Chapter support	31,492.
Europe	(0	Program services	Chapter support	66,689.
Middle East and North Africa		00	Program services	Chapter support	5,898.
North America		0 0	Program services	Chapter support	6,828.
Tabala	-				
Totals	1	1	<u> </u>		

Schedule F (Form 990) Part I Continuation			narities , Inc . n-(Schedule F (Form 990), Part I, line :	36-29346	89 Page
				· · · · · · · · · · · · · · · · · · ·	T
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and the			•		1
Neighboring States	0	0	Program services	Chapter support	581
South America	0	0	Program services	Chapter support	58,596
South Asia	0	0	Program services	Chapter support	6,983
Sub-Saharan Africa	0	0	Program services	Chapter support	18,191
Europe	0	0	Program services	Chapter capacity building	12,798
•					12,750
North America	0	0	Program services	Chapter capacity building	10,917
Russia and the					
Neighboring States	0	0	Program services	Chapter capacity building	10,407
Central America and					
the Caribbean	0	0	Program services	Chapter education	22,704
East Asia and the					101.055
Pacific	0	0	Program services	Chapter education	101,879
Europe	0	0	Program services	Chapter education	64,701
Totals	.				

Totals

1,640,608.

Schedule F (Form 990) 2017 Ronald McDonald House Charities, Inc.

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

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance o. 0 ö ٥. 0 ٥. ö ö cash disbursement (f) Manner of 22,500.Bank Draft 25,000.Bank Draft 25,000.Bank Draft 205,000.Bank Draft 15,000.Bank Draft 15,000.Bank Draft 25,000.Bank Draft 397,393.Check of cash grant (e) Amount (d) Purpose of and the Caribbean See part V - f a **.** р and the Caribbean See part V - f see part V - f See part V - f grant See part V -See part V ee part V See part V and the Caribbean East Asia and the East Asia and the Sast Asia and the East Asia and the East Asia and the Central America Central America Central America (c) Region acific Pacific acific Pacific Pacific (b) IRS code section and EIN (if applicable) (a) Name of organization

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 N

·3 Enter total number of other organizations or entitles

120

Schedule F (Form 990) 2017

Schedule F (Form 990)	Ronald M	Ronald McDonald House Charities, nd Other Asistance to Organizations or	(Form 990) Ronald McDonald House Charities, Inc. Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, Inc. 1)	United States.	36-2934689 (Schedule F (Form 990)	589 (90). Part II. line 1		Page 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	н н	East Asia and the Pacific	See part V - f	3.000,25	35,000.Bank Draft	•0		
	н н	East Asia and the	See part V - f	15,000,	15,000.Bank Draft	0		
	шц	East Asia and the Pacific	See part V - f	15,000,	15,000,Bank Draft	0		
	<u>н</u> А	East Asia and the Pacific	See part V - f	3,000,08	30,000.Bank Draft	•0		
	ш А	East Asia and the	See part V - f	35,000,Check	Jheck	0		
	н н	East Asia and the Pacific	See part V - f	15,000.	15,000.Bank Draft	0		
	н н	East Asia and the	See part V - fb	122,500.	122,500.Bank Draft	0		
	. н н	East Asia and the	See part V - f	35,000,1	35,000,Bank Draft	0		
	in Di	East Asia and the	See part V - f	25,000.	25,000,Bank Draft	0		

Schedule F (Form 990)	Ronald 1	Ronald McDonald House Charities,	rities, Inc.		36-2934689	589		Page 2
Part II Continuation o	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 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	(i) Method of valuation (book, FMV, appraisal, other)
		ia and the	!			•		
		Pacific	See part V - f	25,000.	25,000.Bank Draft	0		
		East Asia and the Pacific	See part V - f	22,500.	22,500.Bank Draft	.0		
		East Asia and the Pacific	See part V - f	12,500.	12,500.Bank Draft	•0		
		East Asia and the Pacific	See part V - f	15,000.	15,000. Bank Draft	.0		
		ia and the	See part V - f	17,000.1	17,000.Bank Draft	0		;
		East Asia and the Pacific	See part V - fa	285,000.	285,000.Bank Draft	.0		
		East Asia and the Pacific	See part V - fa	290,300.	Bank Draft	0		
No considera		East Asia and the Pacific	See part V - f	15,000.	15,000,Bank Draft	0.		
		East Asia and the Pacific	See part V - f	25,000.	25,000.Bank Draft	0		

Part.II Continuation o	of Grants and Other	and Other Assistance to Organizations or	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	e 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	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	See part V - f	42,500.	42,500.Bank Draft	.0		
		East Asia and the		22,500.	Bank Draft	0		
		East Asia and the	See part V - f	25,750.	25,750.Bank Draft	0		
		East Asia and the	See part V - f	25,000.	Bank Draft	0.		•
		East Asia and the	See part V - f	25,000.	25,000.Bank Draft	0.		
		Burope	See part V - f	22,500.	Bank Draft	0		
		Europe	See part V - f	15,000.	15,000.Bank Draft	0.		
		Europe	See part V - f	15,000,Check	Check	0		
		Europe	See part V - f	15,000.Check	Check	0		
732182 04-01-17		-	38	, m		i i		•

Schedule F (Form 990)	Ronald &	Ronald McDonald House Charities,	rities, Inc.		36-2934689	89		Page 2
Part II Continuation o	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 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	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	See Dart V - fb	61 796.1	796. Bank Draft	0		
		Europe	See part V - f	25,000,0	25,000,Bank Draft	0		
	,	Burope	See part V - f	15,000.	000.Bank Draft	0		
		Europe	See part V - af	75,505.	Bank Draft	0		
		Europe	See part V - f	15,000.	15,000,Bank Draft	0		
		Europe	See part V - f	15,000.	15,000,Bank Draft	.0		
		Europe	See part V - f	15,000.1	000. Bank Draft	0		
		Europe	See part V - f	22,500.	22,500.Bank Draft	0.		
		Europe	See part V - f	15,000.Check	Check	0		

Part II Continuation o	of Grants and Other	nd Other Assistance to Organizations or	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	e United States.	(Schedule F (Form 990)	90), Part II, line 1)	1 1	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	See part V - f	15,000,Check	Check	.0		
		Burope	- A	15,000,	Bank Draft	0		
		Burope	See part V - f	15,000.	15,000,Bank Draft	0		
		Burope	See part V - f	22,500.	500.Bank Draft	0.		
		Europe	See part V - f	15,000,Check	спеск	0		
		Europe	See part V - f	15,000,Check	спеск	0.		
		- Europe	See part V - f.	22,500.	Bank Draft	0		
		Europe	See part V - f	15,000.	15,000, Bank Draft	0		
		gurope	See part V - f	15,000.	Сћеск	0		
732182 04-01-17			40					,

of Grants	Ronald M	Ronald McDonald House Charities, and Other Assistance to Organizations or	(Form 990) Ronald McDonald House Charities, Inc. Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	36-2934689 Schedule F (Form 990)	89 90), Part II, line 1		Page 2
(b) IRS code section and EIN (if applicable)		(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	See part V - f	12,000,1	15,000.Bank Draft	0.		
		Burope	See part V - f	15,000,	000.Bank Draft	0		
Щ		Burope	See part V - f	15,000.	15,000.Bank Draft	0.		
	1 21	Europe	See part V - fa	85,040.8	85,040.Bank Draft	0.		
<u> </u>		edozng	See part V - f	15,000 check	check	0		
າສ	اير	edozng	See part V - f	15,000.E	000.Bank Draft	0.		
18	ا بر	Europe	See part V - f	22,500.	Bank Draft	0.		
Ĭ		Europe	See part V - f	22,500.	22,500.Bank Draft	0.		
<u> </u>		Europe	See part V – f	15,000,	15,000 Bank Draft	0.		

ان. ا	Ronald M	Ronald McDonald House Charities,	rities, Inc.		36-2934689	683		Page 2
Part II Continuation o	of Grants and Other	Assistance to Organiz	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	e United States.	Schedule F (Form 9	90), Part II, line 1)	J	
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
						,		
		Europe	See part V - f	15,000.	15,000.Bank Draft	0		
		Europe	See part V - f	15,000.	Bank Draft	0		
		Europe	See part V - f	15,000.	15,000.Bank Draft	0		
		Burope	See part V - f	15,000.	Check	0.		
		Europe	See part V - £	.000,29	65,000.Bank Draft	0		
		Europe	See part V – f	22,500.	22,500.Bank Draft	0		
						.,		
		Europe	See part V - f	20,000.	Bank Draft	0	į	
		Europe	See part V - f	35,000.	35,000 Bank Draft	0		
		Burope	See part V - f	15,000.	15.000, Bank Draft	.0		
:								,
732182 04-01-17			42	6				

<u>е</u>	Ronald A	Ronald McDonald House Charities,	rities, Inc.		36-2934689	189		Page 2
Part II Continuation o	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 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	(i) Method of valuation (book, FMV, appraisal, other)
		Burobe	See bart V - f	18 102	18 102 Bank Draft	0		
			- A	40,000.	40,000.Bank Draft	.0		
- 77 700		Europe	See part V - fb	125,000.E	125,000.Bank Draft	.0		
		Europe	See part V - f	22,500.	22,500.Bank Draft	0		
		ədoıng	See part V - f	12,500.	12,500,Bank Draft	.0		
		edozna	See part V - £	300,000	30,000.Bank Draft	.0		
		Burope	See part V - f	12,500.E	Bank Draft	0		
		Europe	See part V - f	12,500.	12,500.Bank Draft	0.		-
		Europe	See part V - f a	198,000.	198,000.Bank Draft	0		

Page 2	(i) Method of valuation (book, FMV, appraisal, other)									
	(h) Description of non-cash assistance									
689	(g) Amount of non-cash assistance	0	0	0.	0	0.	0.	0.	0.	6
36-2934689	(Schedule F (Form 5) (f) Manner of cash disbursement	500. Bank Draft	500. Bank Draft	500. Bank Draft	Bank Draft	22,500.Bank Draft	500. Bank Draft	15,000 Bank Draft	25,000. Bank Draft	15,000,Bank Draft
	United States. (e) Amount of cash grant	12,500.	12,500.	22,500.E	25,000.E	22,500.	22,500.	15,000.	25,000.	15,000.
rities, Inc.	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 99U), Part II, line 1) (b) IRS code section and EIN (if applicable) (c) Region grant assistance	See part V - f	See part V – f	See part V - f	See part V - f	See part V - f	See part V - f	See part V - f	See part V - f	See part V - f
Ronald McDonald House Charities	(ssistance to Organiza	Middle East and	Middle East and North Africa	North America	North America	North America	North America	 	North America	North America
Ronald M	(b) IRS code section and EIN (if applicable)	2 2	- E Z		-					
T.	Part II Continuation of 1 (a) Name of organization									

Part II Continuation o	of Grants and Other	Assistance to Organiz	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	e United States.	(Schedule F (Form 9	90), Part II, line 1)		
	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	See part V - f	15,000,	15,000,Bank Draft	.0		
		North America	See part V - f	22,500,Check	Check	0		
		North America	See part V - f	15,000.	15,000.Bank Draft	0		
		North America	See part V - fa	38,744.	744.Bank Draft	0		
		North America	See part V - f	25,000.	25,000.Bank Draft			
		North America	See part V - f	137,500.	137,500,Bank Draft	0		
		North America	See part V - f	27,500.	27,500.Bank Draft	o		
		North America	See part V - f	111,000.	.000. Bank Draft	o		
		Russia and the Neighboring States	See part V - f	22 500	22 500 Bank Draft	0		

Schedule F (Form 990)	Ronald M	Ronald McDonald House Charities,	rities, Inc.		36-2934689	189		Page 2
nation o	of Grants and Other A	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, IIne 1)	United States.	Schedule F (Form 9	90), Part II, line 1)	.1	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Russia and the						
	z vi	Neighboring States	See part V - f	70,700.	70,700.Bank Draft	0		
	- α	South America	See part V - g	642,400.	,400.Bank Draft	0		
		South America	See part V - f	15,000.	15,000.Bank Draft	0		
		South America	See part V - f	15,000.	000.Bank Draft	0		
	o,	South America	See part V - f	15,000.	15,000.Bank Draft	0		
	J.	South America	See part V - f	15,000.	Bank Draft	0		
	VI	South America	See part V - f	15,000.	15,000.Bank Draft	0		
	V	South America	See part V - f	15,000.	15,000. Bank Draft	.0		
		South America	See part V - f b	141,500.	141,500.Bank Draft	0.		

监	Ronald M	Ronald McDonald House Charities,	rities, Inc.		36-2934689	89		Page 2
Part II Continuation o	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 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	(i) Method of valuation (book, FMV, appraisal, other)
		South America	See Dart V - fb	235 000	235 000 Bank Draft	0		
		South America	See Dart V - f	37 500	37 500 Bank Draft	0		
		South America	1	77,711.	77,711.Bank Draft	.0		
		South America	See part V - f	22,500.	Bank Draft	0		
		South America	See part V – f d	58,500,	58,500,Bank Draft	0.		
		South America	See part V - f	22,500.	22,500.Bank Draft	.0		
a dear settlemente		South America	See part V - f	15,000.	000.Bank Draft	0.		
		South Asia	See part V - g	50,000,check	theck	0.		
		South Asia	See part V - fb	105,707.	105,707.Bank Draft	0.		

Page 2		(i) Method of valuation (book, FMV, appraisal, other)		~					
		(i) Me valuation apprai	<u>.</u>					 	
į	((h) Description of non-cash assistance						,	
689	990), Part II, line 1	(g) Amount of non-cash assistance	0.	0	0.	0.			
36-2934689	Schedule F (Form 9	(f) Manner of cash disbursement	50,000.Bank Draft	theck	500,000.Bank Draft	27,500.Bank Draft		,	
,	United States.	(e) Amount of cash grant	20,000,05	527,990. Check	500,000	27,500,			
rities, 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 - g	See part V - g	See part V - g	See part V - f			
Ronald McDonald House Charities,	ssistance to Organiza	(c) Region	South Asia	Sub-Saharan Africa	Sub-Saharan Africa	Sub-Saharan Africa	-		
Ronald M	Grants and Other	(b) IRS code section and EIN (if applicable)	0	- V. 6	53 &	VI &	-		
Schedule F (Form 990)	Part II Continuation of	(a) Name of organization							

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. Schedule F (Form 990) 2017

Page 3

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

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 Ronald McDonald House Charities, Inc.	36-2934689 Page 5
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f)	(accounting method, amounts of
investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting	
(estimated number of recipients), as applicable. Also complete this part to provide any addition	nal 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:	
ARMS MONICOIS the use of the funds in the following manner:	
-All Chapters must submit a grant request that explains the proposed use	
The property was a state of the property and the property	
of the funds and must agree in writing that funds received will only be	
used for the purposes requested in the grant proposal, U.S. Field	
Operations team members, who are unpaid volunteers, work with a specific	
Chapter and are responsible for reviewing all grant requests for	
appropriateness of use and for subsequent follow-up to determine that	
funds granted by RMHC to each respective Chapter have been used for their	
Italias granted by kmac to each respective Chapter have been used for their	
stated purposes. On an annual basis, each Chapter must submit a detailed	
person perpendict, on an amount public, cash chapter made bubble a decarred	
accounting of the use of the funds received, as well as audited financial	
	
statements.	
-Nearly all grants required to be included on Schedule F that were not	
and to Chartens were siven to H.C. emparications to be used for fourier	
made to Chapters were given to U.S. organizations to be used for foreign	
activities. All of these organizations must submit a grant request that	
explains the proposed use of the funds and must agree in writing that	
funds received will only be used for the purposes requested in the grant	
proposal. RMHC team members, who are unpaid volunteers, are responsible	
for reviewing all grant requests for appropriateness of use and for	
subsequent follow-up to determine that funds granted have been used for	
blade should be seen as the fallow on business they have	
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 desired with	
the grant funds and a performance/outcomes report on the anniversary of	
	
their award date. This report includes a program budget and detailed	
	·
and the second s	

SCHEDULE G

Department of the Treasury

(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.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

	Go to www.irs.gov/Form990	for the	<u>e late:</u>	st instructions.			nspection
Name of the organization Ronald McDi	onald House Charities, Inc.				1	Employer ide 36-2934689	ntification number
	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,			Z filers are not
Indicate whether the organization rais a	sed funds through any of the following Solicitates for Solicitates government with any individual Part VII) or entity in connection with providuals or entitles (fundraisers) pursu	tion of tion of fundra (inclui	non-g gover alsing ding o ional t	overnment grants nment grants events fficers, directors, trui undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	to (or	mount paid retained by) indraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			-	
•							
			_				
							
							
Total	· · · · · · · · · · · · · · · · · · ·						
List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	outions	s or has been notified	d ntise	exempt from r	egistration
		-					
	-						
						,	
	 						

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

Schedule G (Form 990 or 990-EZ) 2017

Dinner/Auction Solf Outing 2 (add col (a) col (in cevent type) (event type) (total number) (col (in col (in cevent type) (event type) (event type) (total number) (in col (in col (in cevent type) cevent type) (event type) (event type) (total number) (in col (in col (in cevent type) cevent type) (event type) (event type) (total number) (in col (in col (in col (in cevent type) cevent type) (event type) (event type) (total number) (in col (in col (in cevent type) col (in col (in cevent type) col (in cevent type) (event type) (fotal number) (in col (in cevent type) (in	Charities, 1	G (Form 990 or 990 EZ) 2017 Ronald McDonald House Char	s, Inc.		934689 Page 2
(a) Event #1 (b) Event #2 (c) Other events (add cot (a) Total (add cot (a) Cot (add cot (add cot (a) Cot (add cot (add					
Sinner/Auction Bolf Outing Cool (event type) (total number) Cool (event type) Cool (event					(d) Total events
(event type) (event type) (total number) col (in col c	ion Golf	Dinner/Auction	olf Outing	2	(add col (a) through
1 Gross recepts					col (c))
2 Less: Contributions	34,602.	iross receipts 3,134,6	1,561,423.		6,060,957.
4 Cash prizes	53,086.	ess: Contributions 2,563,0	1,363,848.	1,364,928.	5,291,862.
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 169, 480. 970. 0. 8 Entertainment 9 Other direct expenses 155, 068. 31, 562. 0. 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 1, column (d) 1 Gross revenue 1 Gross revenue 1 Gross revenue 1 Gross revenue 1 Gross revenue 1 Gross revenue 1 Gross revenue 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 1 Gross revenue 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 1 Yes	71,516.	aross income (line 1 minus line 2) 571,5	197,575.	4.	769,095.
6 Rent/facility costs 0 . 162,700. 0 . 162,700. 0 . 7 Food and beverages 169,480. 970. 0 . 8 Entertainment 9 Other direct expenses 155,068. 31,562. 0 . 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Garning. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gar col. (a) through 9 in column (d) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 9 Enter the state(s) in which the organization conducts garning activities in each of these states? 9 Enter the state(s) in which the organization conducts garning activities in each of these states? 10a Were any of the organization's garning licenses revoked, suspended, or terminated during the tax year? 10a Were any of the organization's garning licenses revoked, suspended, or terminated during the tax year?	0.	Cash prizes	0.	0.	
8 Entertainment 155,068. 31,562. 0. 9 Other direct expenses 256,980. 27,718. 4. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) through 1 Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gar col. (a) through 1 Gross revenue (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gar col. (a) through 1 Gross revenue (c) Other gaming (d) Total gar col. (a) Total gar col. (a) Total	0.	loncash prizes	8,550.	0.	8,550.
8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gar col. (a) through 5 more summary. Subtract line 10 from line 1, column (d) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain	0.	lent/facility costs	162,700.	0.	162,700.
8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gar col. (a) through 5 more summary. Subtract line 10 from line 1, column (d) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain	59,480.	ood and beverages 169,4	970.	0.	170,450.
9 Other direct expenses ummary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming, Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gar col. (a) through 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes	55 068.	intertainment 155 0	31 562.		186,630.
10 Direct expense summary. Add lines 4 through 9 in column (d) Part III Set income summary. Subtract line 10 from line 3, column (d) Part III Set income summary. Subtract line 10 from line 3, column (d) Part III Set income summary. Subtract line 6a (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gar col. (a) through 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 7 Since texpense summary Add lines 2 through 5 in column (d) No No No No No No No N					284,702.
11 Net income summary. Subtract line 10 from line 3, column (d))	•		>	813,032.
\$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gar col. (a) through the state of the state of these states? 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 1 Yes % Yes)	let income summary. Subtract line 10 from line 3, column (d)			<43,937.
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gar col. (a) through the color of the gaming (d) Total gar col. (a) through the color of the gaming (d) Total gar col. (a) through the gaming activities in each of these states? (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gar col. (a) through through through through the gaming activities in each of these states? (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gar col. (a) through through through through through through the gaming activities in each of these states? (c) Other gaming (d) Total gar col. (a) through through through through through the gaming activities in each of these states? (d) Total gar col. (a) through through through through through through through the gaming activities in each of these states? (d) Total gar col. (a) through thro	on Form 990, F	Garning. Complete if the organization answered "Yes" on F	90, Part IV, line 19, or	reported more than	
1 Gross revenue 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 yes 6 Volunteer labor No No No No No No No	1 42	\$15,000 on Form 990-EZ, line 6a	# > Dull tabe (nation)		(n T - 1 - 1 / - 1 - 1
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b if "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes		(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col (c)
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b if "No," explain		2			
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes		aross revenue		 	
5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes		Cash prizes	· · · · · · · · · · · · · · · · · · ·		
5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes		Voncash prizes			
Yes % Yes % Yes % No No No No No No No No No No No No No N		Rent/facility costs		ļ	
6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes		Other direct expenses			
8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes		\		1r-1	
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes	I)	Direct expense summary Add lines 2 through 5 in column (d)		>	
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes	 lumn (d)	Net gaming income summary. Subtract line 7 from line 1, column	~ <u> </u>		
F. 16 DV-1 and a second		e organization licensed to conduct gaming activities in each of the	tates?		Yes No
			minated during the tax	x year?	Yes No
732082 09-13-17 Schedule G (Form 990 or 99		2.17		Schedule G /Es	orm 990 or 990-E7\ 2017

Schedule G (Form 990 or 990-EZ) 2017 Ronald McDonald House Charities, Inc. 36-	2934689	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	L No
13 Indicate the percentage of gaming activity conducted in		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party		
Name		
Address		
16 Gaming manager information		
Name		
Gaming manager compensation \$		
Description of services provided		
		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e	
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	II, lines 9, 9b, 1	0b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information. See instructions.		
		
		
		
732083 09-13-17 Schedule G (F	orm 990 or 990	D-EZ) 2017

chedule G (Form 990 or 990 EZ) Ronald McDonald House Charities, Inc.	36-2934689	Page 4
Chedule G (Form 990 or 990-EZ) Ronald McDonald House Charities, Inc. Part IV Supplemental Information (continued)		
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•	Schedule G (Form 99	.∪ or 990

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

2017	Open to Public Inspection

OMB No 1545-0047

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

	X Yes		ıny		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	

recipient that received more than \$5,000. Part II can be dupl	\$5,000. Part II ca	n be duplicated if addit	licated if additional space is needed	Jed.				
1 (a) Name and address of organization or government	(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 noncash assistance	(h) Purpose of grant or assistance	
Advocate Health and Hospitals Corporation - 3075 Highland Parkway Suite 600 - Downers Grove, IL 60515	36-2169147	501(c)(3)	0	327,763.FMV	ANA	Care Mobile	See part IV - c	
Atlanta RMHC, Inc. 795 Gatewood Road NE Atlanta, GA 30329	58-1295754	501(c)(3)	492,662.	1,200.FMV	λ. View	Airline Tickets	See part IV - f e	
Central New York RMHC, Inc. 1100 East Genesee St. Syracuse, NY 13210	22-2371193	501(c)(3)	146,271.	1,200.FMV	ΔNA	Airline Tickets	See part IV – f	
Family Health Centers of Southwest Florida, Inc 2256 Heitman Street - Fort Myers, FL 33901-3744	59-1741273	501(c)(3)	0	442,536.	ма	Care Mobile	See part IV - c	
Fundacion Infantil Ronald McDonald Puerto Rico, Inc 250 Calle Convento - San Juan, PR 00912	66-0468226	501(c)(3)	106,000.	0.			See part IV - f	
Oral Health America 180 N. Michigan Ave., Suite 1150 Chicago, IL 60601	36-2382334	501(c)(3)	969,242.	0			See part IV - g	
 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 	nd government o s listed in the line	rganizations listed in the 1 table	ne line 1 table					155.

Schedule I (Form 990) (2017)

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

Schedule (Form 990) Ronald McDonald House Charities,	d House Chari	ties, Inc.				3(36-2934689 Page 1
n of (Assistance to Go		izations in the Ur	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)	אן:)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Philadelphia RMH, Inc. 3925 Chestnut St Philadelphia, PA 19104	23-7377505	501(c)(3)	98,394.	1,200.	FMV	Airline Tickets	See part IV ~ f b
RMH at Maria Fareri at Children's Hospital, Inc dba RMH of the Greater Hudson Valley 80 Woods Rd. - Valhalla, NY 10595	35-2181050	501(c)(3)	15,000.	1,200.	FMV	Airline Tickets	See part IV ~ f
RMH at Stanford, Inc. 520 Sand Hill Rd. Palo Alto, CA 94304-2001	94-2538615	501(c)(3)	225,000.	1,200.	PMV	Airline Tickets	See part IV - fa
RMH of Akron, Inc. 141 West State Street Akron, OH 44302	34-1860682	501(c)(3)	15,000.	1,200.	FMV	Airline Tickets	See part IV - f
RMH of Central & Northern New Jersey, Inc 131 Bath Ave - Long Branch, NJ 07740-3237	22-2715544	501(c)(3)	30,000.	1,200.	FMV	Airline Tickets	See part IV - f
RMH of Chapel Hill, Inc. 101 Old Mason Farm Rd. Chapel Hill, NC 27517	56-1413188	501(c)(3)	22,500.	1,200.	FMV	Airline Tickets	See part IV - f
RMH of Charlotte, Inc. 1613 E Morehead Street Charlotte, NC 28207	20-4671570	501(c)(3)	15,000.	1,200.	FMV	Airline Tickets	See part IV - f
RMH of Cleveland, Inc. 10415 Euclid Ave. Cleveland, OH 44106-4709	34-1269123	501(c)(3)	38,335.	1,200.	FMV	Airline Tickets	See part IV ~ f
RMH of Dallas, Inc. 4707 Bengal Street Dallas, TX 75235	75-1609401	501(c)(3)	105,400.	1,200.	FMV	Airline Tickets	See part IV - f b
							Schedule I (Form 990)

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Schedule (Form 990) Ronald McDonald House Charities, In Part II Continuation of Grants and Other Assistance to Government	ld House Chari Assistance to Go	ties, Inc. evrnments and Organ	nizations in the Ur	nited States (Scho	nc. is and Organizations in the United States (Schedule I (Form 990), Part II.)		36-2934689 Page 1
(a) Name and address of organization or government	(a)	(c) IRC sectron if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMH of Danville, Inc. 100 N. Academy Ave. & Trembulak Wa Danville, PA 17822-0300	23-2155803	501(c)(3)	25,000.	1,200.	FMV	Airline Tickets	See part IV - f
RMH of Delaware, Inc. 1901 Rockland Road Wilmington, DE 19803	51-0295320	501(c)(3)	30,000.	1,200.	FMV	Airline Tickets	See part IV - f
RMH of Durham and Wake, Inc. 506 Alexander Ave. Durham, NC 27705	56-1220376	501(c)(3)	32,500.	1,200.FMV	FMV	Airline Tickets	See part IV - f
RMH of Eastern North Carolina at Greenville, Inc 529 Moye Boulevard - Greenville, NC 27834	56-1420505	501(c)(3)	222,500.	1,200.	PMV	Airline Tickets	See part IV - f a
RMH of Ft. Worth, Inc. 1001 8th Ave. Fort Worth, TX 76104	75-1754490	501(c)(3)	33,880.	1,200.	PMV	Airline Tickets	See part IV - f
RMH of Galveston, Inc. 301 14th Street Galveston, TX 77550	76-0114962	501(c)(3)	15,000.	1,200.	PMV	Airline Tickets	See part IV - f
RMH of Houston, Inc. 1907 Holcombe Blvd. Houston, TX 77030	74-1984499	501(c)(3)	35,229.	1,600.	РМV	Airline Tickets	See part IV - f
RMH of Long Island, Inc. 267-07 76th Avenue New Hyde Park, NY 11040	11-2764747	501(c)(3)	26,000.	1,200.FMV	FMV	Airline Tickets	See part IV - fd
RMH of Mid Michigan, Inc. 121 S. Holmes Street Lansing, MI 48912	38-3279325	501(c)(3)	15,000.	800.	РМV	Airline Tickets	See part IV - f
							Schedule i (Form 990)

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 (Form 990), Part II)	d House Char	ities, Inc.	nizations in the Ur	inted States (Sche	dule I (Form 990), Par		36-2934689 Page 1
	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMH of New York, Inc. 405 East 73rd St. New York, NY 10021	13-2933654	501(c)(3)	40,000.	1,200,	PMV	Airline Tickets	See part IV - f
RMH of Providence, Inc. 45 Gay St. Providence, RI 02905	05-0434218	501(c)(3)	22,500.	1,200.	PMV	Airline Tickets	See part IV - f
RMH of Rochester, Minnesota, Inc. 850 2nd Street SW Rochester, MN 55902	41-1344744	501(c)(3)	15,000.	1,200.	PMV	Airline Tickets	See part IV - f
RMH of San Francisco, Inc. 1640 Scott St. San Francisco, CA 94115	94-2951627 501(c)(501(c)(3)	22,500.	1,200.	PMV	Airline Tickets	See part IV - f
RMH of Scranton, Inc. 332 Wheeler Avenue Scranton, PA 18510	23-2400153	501(c)(3)	35,000.	1,200.FMV	ΛMe	Airline Tickets &	See part IV - f
RMH of Southern New Jersey, Inc. 550 Mickle Blvd. Camden, NJ 08103	22-2430393	501(c)(3)	25,000.	1,200.	PMV	Airline Tickets	See part IV - f
RMH of Western Michigan, Inc. 1323 Cedar St NE Grand Rapids, MI 49503-1326	38-2781170	501(c)(3)	15,000.	1,200.	FMV	Airline Tickets	See part IV - f
RMH of Winston-Salem, Inc. 419 S. Hawthorne Rd. Winston-Salem, NC 27103	58-1454715	501(c)(3)	25,000.	1,200.	FMV	Airline Tickets K	See part IV - f
RMHC In Omaha, Inc. 620 S. 38th Ave. Omaha, NE 68105	47-0755104	501(c)(3)	293,284.	1,200.	РМУ	Airline Tickets	See part IV - fa
732241 04-01-17			09				Schedule I (Form 990)

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(h) Purpose of grant or assistance	See part IV - f	See part IV – f	See part IV - f	See part IV - f	See part IV - f	See part IV – f e	See part IV - f	See part IV - f	
(g) Description of non-cash assistance	Airline Tickets	Airline Tickets	Airline Tickets	Airline Tickets	Airline Tickets	Airline Tickets	Airline Tickets		

1,200, FMV

68,390.

501(c)(3)

73-1563945

1333 Arapaho Ave Ste C

Springdale, AR 72764

RMHC of Arkoma, Inc.

RMHC of Augusta, Inc.

1442 Harper Street

Augusta, GA 30901

1,200. FMV

75,591.

501(c)(3)

58-1509465

1,200,FMV

167,511,

501(c)(3)

52-1184957

635 W. Lexington Street

Baltimore, MD 21201

RMHC of Beaumont, Inc.

3000 West Cedar

Beaumont, TX 77702

RMHC of Bismarck, Inc.

P.O. Box 7323

732241 04-01-17

RMHC of Baltimore, Inc.

Páge 1

36-2934689

(f) Method of valuation (book, FMV, appraisal, other)

(e) Amount of non-cash assistance

(d) Amount of cash grant

(c) IRC section if applicable

(p) EIN

(a) Name and address of organization or government

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

Ronald McDonald House Charities, Inc.

Schedule I (Form 990)

1,200,FMV

129,014.

501(c)(3)

63-0753358

Birmingham, AL 35233-1810

1700 4th Avenue South

RMHC of Alabama, Inc.

RMHC of Amarillo, Inc.

Amarillo, TX 79106

1501 Streit Drive

1,200,FMV

38,876.

501(c)(3)

75-1790186

1,200 FMV

42,571.

501(c)(3)

38-2473817

1600 Washington Heights

Ann Arbor, MI 48104

RMHC of Arkansas, Inc.

1501 West 10th Street Little Rock, AR 72202

RMHC of Ann Arbor, Inc.

1,200,FMV

64,589,

501(c)(3)

71-0525252

Bismarck, ND 58507	36-3705683	501(c)(3)	41,988.	800.	FMV	Airline
			-			

Schedule I (Form 990)

Airline Tickets See part IV - f e

0

16,734,

501(c)(3)

76-0450065

Schedule I (Form 990) Ronald McDonald House Charities, Inc. Part II Continuation of Grants and Other Assistance to Governments and	d House Chari		izations 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	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Burlington, Vermont, Inc. 16 S. Winooski Ave. Burlington, VT 05401	03-0287584	501(c)(3)	51,735.	1,200.	FMV	Airline Tickets	See part IV - f e
RMHC of Central Florida, Inc. 1030 N. Orange Avenue, Ste 105 Orlando, FL 32801	59-3211250	501(c)(3)	223,075.	1,600.	FMV	Airline Tickets	See part IV - f
RMHC of Central Georgia, Inc. 1160 Forsyth St. Macon, GA 31201	58-2473799	501(c)(3)	59,136.	1,200.	FMV	Airline Tickets	See part IV - f e
RMHC of Central Illinois, Inc. 610 N. 7th Street Springfield, IL 62702-5329	37-1145155	501(c)(3)	89,464.	800.	РМV	Airline Tickets	See part IV - f e
RMHC of Central Indiana, Inc. 435 Limestone St. Indianapolis, IN 46202-2819	35-1497202	501(c)(3)	210,347.	1,200.	FMV	Airline Tickets	See part IV - f e
RMHC of Central Iowa, Inc. 1441 Pleasant St. Des Moines, IA 50314-1794	42-1117423	501(c)(3)	282,669.	1,576.	ЕМО	Airline Tickets Equipment	See part IV - fd a
RMHC of Central Ohio, Inc. 711 E Livingston Avenue Columbus, OH 43205	31-0890152	501(c)(3)	102,857.	1,200.	PMV	Airline Tickets	See part IV - f d
RMHC of Central PA, Inc. 745 W. Governor Rd. Hershey, PA 17033-2304	23-2204761	501(c)(3)	123,422.	1,200.	лна	Airline Tickets	See part IV - f
RMHC of Central Texas, Inc. 1315 Barbara Jordan Blvd Austin, TX 78723	74-2277664	501(c)(3)	115,311.	800	РМV	Airline Tickets	See part
732241 04-01-17			62				Schedule I (Form 990)`

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(a) Name and address of organization or government RMHC of Charleston, SC, Inc. 81 Gadsden St. Charleston, SC 29401 577. RMHC of Charlottesville, VA, Inc.	(b) EIN	acitaca Jal (a)					
		rf 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
1	57-0724845	501(c)(3)	54 342	1,200	∆W.d.	Airline Tickets	See part IV - f
300 9th St. S.W. Charlottesville, VA 22903 54.		501(c)(3)	62,015,	200.	PMV	Airline Tickets	See part IV - f
thwest 22nd k, IL		501(c)(3)	468,101.	4,779.	PMV	Airline Tickets Equipment	See part IV - fd e
RMHC of Columbia, SC, Inc. 2901 Colonial Drive Columbia, SC 29203	57-0725736	501(c)(3)	.269,17	1,684.	ΔМЯ	Airline Tickets Equipment	See part IV - fd e
t and Western 860 Howard ew Haven, CT	04-2971480	501(c)(3)	212,610.	1,200.	FMV	Airline Tickets	See part IV - f e
of Corpus Christi, Inc. ort Worth St.	74-2378671	501(c)(3)	54,911.	1,200.	FMV	Airline Tickets	See part IV - f
Inc. Avenue	84-0728926	501(c)(3)	262,757.	1,200.	FMV	Airline Tickets	See part IV - f e
Iowa and Western 730 Hawkins Dr 246-2509	42-1189783	501(c)(3)	143,387.	800.	PMV	Airline Tickets	See part IV - f e
RMHC of Eastern Montana, Inc. 1144 N. 30th St. Billings, MT 59101-0124	81-0400667	501(c)(3)	47,847.	1,200.	PMV	Airline Tickets	See part IV – f

Schedul	e I (Form 990)	Ronald McDonald House Charities, Inc.	36-2934689	Pa
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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)	Id House Char. Assistance to Go	ities, Inc. overnments and Organ	nizations in the U	nited States (Sch	edule I (Form 990), Pa		36-2934689 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC sectron if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Eastern New England, Inc. 3 Industrial Drive, #6 Windham, NH 03087	22-2760752	501(c)(3)	407,792.	800.	FMV	Airline Tickets	See part IV - f e
RMHC of Eastern Wisconsin, Inc. 8948 Watertown Plank Rd. Milwaukee, WI 53226	39-1433107	501(c)(3)	186,266.	1,200.FMV	FMV	Airline Tickets	See part IV - f e
RMHC of El Paso, Inc. 300 E. California Ave. El Paso, TX 79902	74-2257357	501(c)(3)	91,062.	1,200.FMV	FMV	Airline Tickets	See part IV - f e
RMHC of Erie, Inc. PO Box 9248 Erie, PA 16505	25-1529707	501(c)(3)	25,035.	•0			See part IV - f
RMHC of Greater Chattanooga, Inc. 200 Central Ave. Chattanooga, TN 37403-1506	62-1327855	501(c)(3)	116,907.	1,200.	PMV	Airline Tickets	See part IV - f ae
RMHC of Greater Cincinnati, Inc. 350 Erkenbrecher Avenue Cincinnati, OH 45229	31-0965333	501(c)(3)	126,573.	1,200.FMV	PMV	Airline Tickets	See part IV - f
RMHC of Greater Houston/Galveston, Inc 2525 Robinhood Street Suite 1100 - Houston, TX 77005	76-0315037	501(c)(3)	316,076.	497.	FMV	Equipment	See part IV - df e
RMHC of Greater Las Vegas, Inc. 2323 Potosi St. Las Vegas, NV 89146	94-3108570	501(c)(3)	176,330.	1,200.	FMV	Airline Tickets	See part IV - f e
RMHC of Greater North Texas, Inc. 3625 N. Hall Street, Suite 1100 Dallas, TX 75219	75-2238261	501(c)(3)	316,441.	0			See part IV - f e
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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	ities, Inc.	nizations in the Ur	nited States (Sche	edule 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 Greater Washington D.C. Inc 3727 14th Street, NE - Washington, DC 20017-3004	52-1132262	501(c)(3)	300,757.	1,200.	FMV	Airline Tickets	See part IV ~ f
RMHC of Hawaii, Inc. 1970 Judd Hillside Rd. Honolulu, HI 96822-2004	99-0222124	501(c)(3)	. 696, 69	0.			See part IV - f
RMHC of Huntington, Inc. 1500 17th St. Huntington, WV 25701	55-0643445	501(c)(3)	61,369.	800.	PMV	Airline Tickets	See part IV - f
RMHC of Idaho, Inc. 101 Warm Springs Ave. Boise, ID 83712	94-3030996	501(c)(3)	89,037.	1,200.	FMV	Airline Tickets	See part IV - f
RMHC of Indiana-Michiana, Inc. 610 N. Michigan St. Suite 310 South Bend, IN 46601	35-1831691	501(c)(3)	47,159.	7,200.	PMV	Airline Ti <i>c</i> kets RMHC Bags	See part IV – f
RMHC of Jacksonville, Inc. 824 Children's Way Jacksonville, FL 32207	59-2625008	501(c)(3)	55,128.	1,200.	FMV	Airline Tickets	See part IV - f
RMHC of Kansas City, Inc. 2502 Cherry Street Kansas City, MO 64108-2751	43-1190760	501(c)(3)	133,349.	1,200.FMV	FMV	Airline Tickets	See part IV - f d
RMHC of Kentuckiana, Inc. 550 S. First St. Louisville, KY 40202	31-1053467	501(c)(3)	88,451.	1,200.	FMV	Airline Tickets	See part IV - f e
RMHC of Knoxville, Tennessee, Inc. 1705 W. Clinch Ave. Knoxville, TN 37916	58-1510276	501(c)(3)	109,496.	0			See part IV - f
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I (Form 990)	Continuation	

				100) 2010			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Madison, Inc. 2716 Marshall Court Madison, WI 53705-2256	39-1655790	501(c)(3)	113,746.	1,961.	PMV	Airline Tickets Equipment	See part IV – £d
RMHC of Mahoning Valley & Western PA, Inc 4900 Market Street - Boardman, OH 44512	34-1748911	501(c)(3)	25,312.	0			See part IV – f e
RMHC of Maine, Inc. 250 Brackett Street Portland, ME 04102	22-2912513	501(c)(3)	88,840.	1,200.	PMV	Airline Tickets	See part IV - f
RMHC of Marshfield, Inc. 803 W. North St. Marshfield, WI 54449-1819	93-0833012	501(c)(3)	31,069.	800.	FMV	Airline Tickets	See part IV - f
RMHC of Memphis, Inc. 535 Alabama Avenue Memphis, TN 38105	62-1220396	501(c)(3)	87,847.	1,200.	PMV	Airline Tickets	See part IV - f e
RMHC of Mid-Missouri, Inc. 3501 Lansing Avenue Columbia, MO 65201	43-1225829	501(c)(3)	43,696,	1,200.	PMV	Airline Tickets	See part IV - f
RMHC of Mid-Penn Region, Inc. 227 Esau Street Hollidaysburg, PA 16648	25-1665067	501(c)(3)	46,467.	0			See part IV - f
RMHC of Mississippi, Inc. 2524 N. State Street Jackson, MS 39216-4500	63-0906927	501(c)(3)	69,732.	800.	FMV	Airline Tickets	See part IV - f
RMHC of Mobile, Inc. 1626 Springhill Ave. Mobile, AL 36604-1415	63-1181258	501(c)(3)	. 858, 09	1,200.FMV	NA.	Airline Tickets	See part IV - f
				1			Schedule I (Form 990)

Schedule I (Form 990) Ronald McDonal	Ronald McDonald House Charities,	ties, Inc.				3(36-2934689 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Orgar	izations in the Ur	nited States (Scho	edule I (Form 990), Pa	r II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Morgantown, Inc. 841 Country Club Dr. Morgantown, WV 26505	55-0663138	501(c)(3)	89,015.	800.	VM ^A	Airline Tickets	See part IV - f
RMHC of Nashville, Inc. 2144 Fairfax Ave Nashville, TN 37212	62-1310717	501(c)(3)	148,506.	1,200.	PMV	Airline Tickets	See part IV - f
RMHC of New Mexico, Inc. 1011 Yale Blvd NE Albuquerque, NM 87106	85-0283204	501(c)(3)	170,617.	1,200.FMV	FMV	Airline Tickets	See part IV ~ f b
RMHC of Norfolk, Inc. 404 Colley Ave Norfolk, VA 23507	54-1139497	501(c)(3)	68,404.	1,200.	FMV	Airline Tickets	See part IV - f
RMHC of North Carolina, Inc. 8480 Honeycutt Road Suite 200 Raleigh, NC 27615	56-1452714	501(c)(3)	460,603.	0.			See part IV - f e
RMHC of North Central Florida, Inc 1600 SW 14th St Gainesville, FL 32608	59-1887896	501(c)(3)	55,128.	0.			See part IV - f
RMHC of Northeast Indiana, Inc. 11109 Parkview Plaza Drive Fort Wayne, IN 46845	35-1950376	501(c)(3)	64,735.	800.FMV	FMV	Airline Tickets	See part IV - f

See part IV - f	Schedule I (Form 990)
Airline Tickets	
FMV	
800	
32,048.	
501(c)(3)	i -
72-1022797 5	
Monroe, LA 71201	

See part IV - f

Airline Tickets

1,200,FMV

31,381,

501(c)(3)

48-1022967

RMHC of Northeast Kansas, Inc.

Topeka, KS 66606-1427

825 SW Buchanan St.

RMHC of Northeast Louisiana, Inc.

200 S. Third St.

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Schedule I (Form 990) Ronald McDonald House Charities	d House Char	ities, Inc.					36-2934689 Page 1	
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part	Assistance to G	overnments and Orgar	nizations in the Ur	ifted States (Sche	dule I (Form 990), Pa	T (;)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
RMHC of Northeastern Ohio, Inc. 6611 Rockside Road, Suite 105 Independence, OH 44131	34-1574291	501(c)(3)	195,594.	492.	FMV	Equipment	See part IV - df e	
RMHC of Northeastern Pennsylvania, Inc 104 South State St Clarks Summit, PA 18411	25-1719864	501(c)(3)	116,071.	.0			See part IV - f e	
RMHC of Northern California, Inc. 2555 49th Street Sacramento, CA 95817	68-0147193	501(c)(3)	251,008.	800.FMV	PMV	Airline Tickets	See part IV – f e	
RMHC of Northwest Florida, Inc. 5200 Bayou Blvd.	59-2172279	501(c)(3)	149,537.	1,200.	тму	Airline Tickets	See part IV - f b	
RMHC of Northwest Ohio, Inc. 3883 Monroe St. Toledo, OH 43606	34-1349742	501(c)(3)	57,095.	1,200.	FMV	Airline Tickets	See part IV – f	
RMHC of Oklahoma City, Inc. 1301 North East 14th St. Oklahoma City, OK 73117	73-1103242	501(c)(3)	146,292.	1,200.	FMV	Airline Tickets	See part IV - f e d	
RMHC of Oregon and Southwest Washington, Inc 2620 N. Commercial Avenue - Portland, OR 97227	93-0806912	501(c)(3)	389, 669.	1,983.	FMV	Airline Tickets Equipment	See part IV - £d a	
RMHC of Outstate Michigan, Inc. PO Box 534 Hudsonville, MI 49426-0534	38-2826089	501(c)(3)	304,405.	0			See part IV – f e	
RMHC of Phoenix, Inc. 501 E. Roanoke Ave. Phoenix, AZ 85004	86-0483792	501(c)(3)	285,076.	8,005.	PMV	Airline Tickets Equipment, RMHC Bags	See part IV - fd e	
							Schedule I (Form 990)	<u></u>

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Schedule I (Form 990) Konald McDonald House Charltles, Inc. Part II Continuation of Grants and Other Assistance to Governments	Assistance to G	vernments and Organ	nizations in the U	nited States (Scho	and 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 Pittsburgh, Inc. 451 44th St. Pittsburgh, PA 15201	25-1320272	501(c)(3)	187,401.	1,200.	ΔЯЗ	Airline Tickets	See part IV - f
RMHC of Richmond, Virginia, Inc. 2330 Monument Ave. Richmond, VA 23220	52-1359486	501(c)(3)	110,861.	1,200.	PMV	Airline Tickets	See part IV - f e
RMHC of Rochester, NY, Inc. 333 Westmoreland Dr. Rochester, NY 14620	16-1271311	501(c)(3)	55,219.	1,932.	FMV	Airline Tickets Equipment	See part IV - fd
RMHC of San Antonio, Texas, Inc. 4803 Sid Katz San Antonio, TX 78229	74-2140528	501(c)(3)	186,593.	1,600.	FMV	Airline Tickets	See part IV - f e
RMHC of San Diego, Inc. 2929 Children's Way San Diego, CA 92123	95-3251490	501(c)(3)	199,571.	1,693.	ARA	Airline Tickets Equipment	See part IV - fd a
RMHC of Siouxland, Inc. 2500 Nebraska St. Sioux City, IA 51104	42-1369988	501(c)(3)	33,516.	1,200.	РМУ	Airline Tickets	See part IV – f e
RMHC of South Dakota, Inc. 825 S. Lake Avenue Sioux Falls, SD 57104	46-0371152	501(c)(3)	61,667.	1,200.	FMV	Airline Tickets	See part IV – f
RMHC of South Florida, Inc. 1145 NW 14 Terrace Miami, FL 33136	59-1899866	501(c)(3)	286,702.	1,200.	PMV	Airline Tickets	See part IV - f e
RMHC of South Louisiana, Inc. 4403 Canal Street New Orleans, LA 70119	72-0882569	501(c)(3)	158,419.	800.	PMV	Airline Tickets	See part IV – f e
•							Schedule I (Form 990)

Schedule (Form 990) Ronald McDonald House Charities,	d House Chari	ities, Inc.				96	36-2934689 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	overnments and Organ	nizations in the U	nited States (Sche	edule I (Form 990), Pa	ת)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMHC of Southeastern Michigan, Inc 4707 St. Antoine Street Ste 200 - Detroit, MI 48201	38-2182406	501(c)(3)	268,798.	1,200.	FMV	Airline Tickets	See part IV - f b
RMHC of Southern Arizona, Inc. 2155 E. Allen Road Tucson, AZ 85719-1501	95-3526934	501(c)(3)	90,824.	7,200.FMV	FMV	Airline Tickets RMHC Bags	See part IV - f
RMHC of Southern California, Inc. 4560 Fountain Avenue Los Angeles, CA 90029	95-3167869	501(c)(3)	698,132.	2,400.FMV	FMV	Airline Tickets	See part IV - f e
RMHC of Southern Colorado, Inc. 311 North Logan Colorado Springs, CO 80909	84-1013843	501(c)(3)	53,296.	1,200.	FMV	Airline Tickets	See part IV - f
RMHC of Southern West Virginia, Inc 910 Pennsylvania Ave Charleston, WV 25302	55-0631080	501(c)(3)	84,630.	800.FMV	FMV	Airline Tickets	See part IV - f
RMHC of Southwest Florida, Inc. 16100 Roserush Court Fort Myers, FL 33908	11-3704163	501(c)(3)	125,930.	1,200.FMV	FMV	Airline Tickets	See part IV - f e
RMHC of Southwest Virginia, Inc. 2224 S. Jefferson St. Roanoke, VA 24014	54-1244769	501(c)(3)	72,463.	1,200.FMV	FMV	Airline Tickets	See part IV - f

Schedule I (Form 990)

See part IV - fd

Airline Tickets

Equipment

2,575.FMV

120,836.

43-1160478 501(c)(3)

RMHC of St. Louis, Inc.

St. Louis, MO 63104

732241 04-01-17

3450 Park Avenue

Spokane, WA 99204-3001

1015 W. 5th Avenue

RMHC of Spokane, Inc.

See part IV - fd

Airline Tickets

Equipment

2,078,FMV

109,423.

91-1176115 501(c)(3)

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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)	ld House Chari Assistance to Go	ties, Inc. wernments and Organ	nizations in the Ur	ited 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 Tallahassee, Inc. 712 East 7th Avenue Tallahassee, FL 32303	59-2794505	501(c)(3)	56,433.	1,200.	PMV	Airline Tickets	See part IV - f e
RMHC of Tampa Bay, Inc. 35 Davis Blvd Tampa, FL 33606	59-1835985	501(c)(3)	384,808.	2,000.E	FMV	Airline Tickets	See part IV - f e
RMHC of Temple, Texas, Inc. 2415 South 47th St. Temple, TX 76504	74-2345274	501(c)(3)	64,245.	2,400.E	PMV	Airline Tickets	See part IV - f e
RMHC of Texarkana, Inc. 2015 Galleria Oaks Drive Texarkana, TX 75503	75-2561173	501(c)(3)	9,144.	0			See part IV - f
RMHC of the Bay Area, Inc. 520 Sand Hill Rd Palo Alto, CA 94304-2001	94-3083711	501(c)(3)	305,830.	.0			See part IV - f e
RMHC of the Bluegrass, Inc. PO Box 22414 Lexington, KY 40522-2414	61-0986164	501(c)(3)	83,173.	1,200.	FMV	Airline Tickets	See part IV - f
RMHC of the Capital Region, Inc. 139 S. Lake Avenue Albany, NY 12208-3256	22-2356004	501(c)(3)	112,707.	1,600.1	РМV	Airline Tickets	See part IV - f
RMHC of the Carolinas, Inc. 706 Grove Rd Greenville, SC 29605	57-0844123	501(c)(3)	105,246.	1,200.	тму	Airline Tickets	See part IV - f e
RMHC of the Central Valley, Inc. 9161 Randall Way Madera, CA 93638	94-2864490	501(c)(3)	84,475.	1,200.FMV	MV	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 Organ	d House Char:	ities, Inc. overnments and Orga	nizations in the U	nited States (Sche	nizations 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 Coastal Empire, Inc. 4710 Waters Ave. Savannah, GA 31404	58-1630107	501(c)(3)	70,331.	800,1	FMV	Airline Tickets	See part IV - f
RMHC of the Four States, Inc. 3402 South Jackson Joplin, MO 64804	43-1758397	501(c)(3)	119,112.	400.	РМV	Airline Tickets	See part IV - f b
RMHC of the Intermountain Area, Inc 935 East South Temple - Salt Lake City, UT 84102-1411	74-2386043	501(c)(3)	265,063.	1,200.	PMV	Airline Tickets	See part IV – f b
RMHC of the Miami Valley Region, Inc 555 Valley St Dayton, OH 45404	31-0964793	501(c)(3)	166,478.	8 008	FMV	Airline Tickets	See part IV - f b
RMHC of the New York Tri-State Area, Inc 111 Wood Ave South, Ste 400 - Iselin, NJ 08830	22-3188156	501(c)(3)	756,358.	,0			See part IV - f e
RMHC of the Ohio Valley, Inc. 3540 Washington Avenue Evansville, IN 47714	35-1748468	501(c)(3)	62,843.	800,	FMV	Airline Tickets	See part IV ~ f
RMHC of the Ozarks, Inc. 949 E. Primrose St. Springfield, MO 65807-5257	43-1371143	501(c)(3)	75,973.	1,200.	FMV	Airline Tickets	See part IV - f
RMHC of the Philadelphia Region, Inc C/O Tierney 200 South Broad Street, 10th Fl - Philadelphia, PA 19102	23-2705170	501(c)(3)	385,391.	0.			See part IV - f e
RMHC of the Red River Valley, Inc. 1330 18th Avenue South Fargo, ND 58103	45-0365598	501(c)(3)	253,808.	1,200.FMV	FWV	Airline Tickets	See part IV - f a
	: 						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)	ld House Chari Assistance to Go	ities, Inc. evernments and Organ	nizations in the U	nited States (Sche	edule I (Form 990), Pa		36-2934689 Page 1
(a) Name and address of organization or government	(p) 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 Rio Grande Valley, Texas, Inc 1720 Treasure Hills Blvd - Harlingen, TX 78550	74-2656780	501(c)(3)	124,766.	1,177.	ЕМУ	Airline Tickets Equipment	See part IV - £d e
RMHC of the Southwest, Inc. 3413 - 10th Street Lubbock, TX 79415	75-1915179	501(c)(3)	92,670.	1,200.	PMV	Airline Tickets	See part IV - f e
RMHC of TriState, Inc. 240 Berger Road Paducah, KY 42001	61-1224406	501(c)(3)	53,340.	.0			See part IV - f
RMHC of Tulsa, Inc. 6102 S. Hudson Ave. Tulsa, OK 74136-2020	73-1313892	501(c)(3)	66,948.	1,693.	FMV	Airline Tickets Equipment	See part IV - fd
RMHC of West Georgia, Inc. 1959 Hamilton Rd. Columbus, GA 31904	58-2065776	501(c)(3)	38,246.	1,200.	FMV	Airline Tickets	See part IV - f
RMHC of Western Montana 3003 Fort Missoula Rd. Missoula, MT 59804	47-2261447	501(c)(3)	40,347.	1,200.	FMV	Airline Tickets	See part IV - f
RMHC of Western New York, Inc. 780 W. Ferry St. Buffalo, NY 14222	22-2438932	501(c)(3)	61,584.	800.	P.W.V	Airline Tickets	See part IV - f
RMHC of Western Washington & Alaska, Inc 5130 40th Avenue NE - Seattle, WA 98105-3055	91-1061043	501(c)(3)	235,914.	1,600.	FMV	Airline Tickets	See part IV - f
RMHC of Western WI & Southeastern MN, Inc 2700 National Drive, Suite 100 - Onalaska, WI 54650	39-1794402	501(c)(3)	82,231.	0.			See part IV - f e
•							Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments	Assistance to Go	overnments and Organ	nizations in the Ur	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II)	ת)	
(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 Wichita, Inc. 1110 N. Emporia Wichita, KS 67214-2863	48-0918101	501(c)(3)	66,539.	1,200.	FMV	Airline Tickets	See part IV - f
RMHC, Northern Nevada, Inc. 323 Maine Street Reno, NV 89502	94-2863819	501(c)(3)	114,970.	1,200.	FMV	Airline Tickets	See part IV - f e
RMHC, Upper Midwest, Inc. 818 Fulton St SE Minneapolis, MN 55414	41-1313107	501(c)(3)	310,889.	1,200.	PMV	Airline Tickets	See part IV - f
Southern Appalachian RMHC, Inc. 418 N. State of Franklin Rd. Johnson City, TN 37604	62-1578123	501(c)(3)	55,892.				See part IV - f
Yakima Valley Farm Workers Clinic 601 North Keys Road Yakima, WA 98901	91,-1019392	501(c)(3)	0.	451,433.	FMV	Care Mobile	See part IV - c
-							
							Schedule I (Form 990)

36-2934689

Schedule | (Form 990) (2017) Ronald McDonald House Charities, inc.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
Multi-year college scholarships for students of Hispanic descent	16	378,852.	•0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	uired in Part I, lin	e 2, Part III, column	(b); and any other ac	ditional information.	
Part I, Line 2:		i			
ers are required to submit audited financial	statements that	at support			
the use of the funds granted. All other grantees are	e required to	o submit a			
ance/outcomes report on the anniversary of	their award date.	ate. This			
report includes a program budget and detailed account	ing of	the use of the			
funds.					ļ
RMHC requires scholarship assistance to be sent directly to the educational	ectly to the	educational			
institution selected by the scholarship recipient.	The educational	nal			

Schedule I (Form 990) Ronald McDonald House Charities, Inc.	36-2934689	Page 2
Part IV Supplemental Information		
and provide proof that the scholarship recipient remained in good standing		
with the educational institution throughout the year.		
with the educational institution employees the fear.	· · · · · · · · · · · · · · · · · · ·	
Part II, Column (h), Purpose of Grant:		
(a) New and expanding Ronald McDonald House programs and ongoing		
operating support		
(b) New Ronald McDonald Family Room programs		
(a) Non-Konda nobolida lamili, koom programs		
(c) Build and support Ronald McDonald Care Mobile Units		
		-
(d) Capacity Building grants to Chapters		
(e) Matching funds to increase Chapter scholarship programs		
(6) Garage 1 argues 1		
(f) General operating support for Chapters		
(g) Grants to improve the health and well-being of children		
(3, common of 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 2017, and the majority of the tickets were donated to the		
during 2017, 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

Inspection

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 the latest information.

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

Par	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contri amounts report		Method of de		•	
		applicable		Form 990, Part VI		noncash contribi	ution ai	mount	3
1	Art · Works of art				·				
2	Art - Historical treasures					-		•	
3	Art · Fractional interests								
4	Books and publications								
	•		<u> </u>						
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property				06.060				
9	Securities - Publicly traded	Х	11]	86,269.	Market quotation	8		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17									
18									
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								—
23	Scientific specimens								
24	Archeological artifacts								
25	Other (Airline tckts)	х	1	1	60,000.	PMV	_		—
	/	x	103			FMV/Sales Price			
26	V		103		.55,425.	INV/Bules Illee			
27	Other ()		<u> </u>						
28	Other (L <u> </u>	L			<u>. </u>			
29	Number of Forms 8283 received by the organi		•					0	
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive b	•				-			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't requir	ed to be u	ised for			
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandar	d contribi	utions?	31	х	
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or sel	l noncash				
	contributions?						32a		x
b	If "Yes," describe in Part II								
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column	n (a) is che	ecked,			, 1
	describe in Part II	(-))F F-3F	,	, ,	,			
L HA	• •	the Instruc	tions for Form 99	0.		Schedule I	A (For	n 990)	2017

Schedule M	1 (Form 990) 2017 R	onald McDonald House	Charities, I	nc.		36-2934689	Page 2
Part II	Supplemental II is reporting in Part I, this part for any addi	column (b), the number of	e information requi contributions, the	red by Part I, lii number of iten	nes 30b, 32b, and ns received, or a d	d 33, and whether the orga combination of both Also	anization
Schedule	M, Part I, Colum	n (b):			_		
RMHC is 1	reporting the num	ber of contributions	received from	m donors, no	ot		
the numbe	er of items recei	ved.					
			-				
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732142 09-07	-17					Schedule M (F	orm 990) 201

SCHEDULE 0 (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

Ronald McDonald House Charities Inc.

Employer identification number 36-2934689

Form 990, Part I, Lines 5 and 6:	
RMHC has no paid employees. The Charity's day-to-day operations are run	
by employees of McDonald's Corporation, whose time is donated to RMHC.	
In addition, numerous other volunteers assist with various fundraising	
events and other administrative and program support. The number of	
volunteers varies at any given time, but RMHC estimates the total	
number of volunteers to be approximately 100.	
Form 990, Part III, Line 3, Changes in Program Services:	
RMHC discontinued its support of its scholarship programs at the end of	
2017 in order to deepen its focus on building capacity of its local	
Chapters and supporting core programs around the world.	
Form 990, Part III, Line 4a, Program Service Accomplishments:	
Following are the activities conducted by RMHC to support the Chapters:	
(1)Ronald McDonald House: RMHC provided grants totaling \$2,095,067 for	
new and expanding Ronald McDonald House programs. The Ronald McDonald	
House provides comfort, support and resources for families with sick	
children.	
(2)Ronald McDonald Family Room: RMHC provided grants totaling	
\$1,353,420 for new Ronald McDonald Family Room programs, which offer a	
home-like environment within the walls of the hospital. Ronald McDonald	
Family Rooms provide families of hospitalized children with a place to	
refresh and relax while remaining near their child's bedside.	
(3)Ronald McDonald Care Mobile: RMHC developed and continues to support	
mobile pediatric health care services to children in underserved areas	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17	Schedule O (Form 990 or 990-EZ) (2017)

Schedule () (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
of the world by funding the capital build for all new Ronald McDonald	
Care Mobiles with support totaling \$1,515,961. In addition to primary	
and specialty medical care, health education, and oral health services,	
the program links children to other community and social service	
resources.	
(4)RMHC Local Chapter Support and Grants totaling \$26,430,890:	
(a)Capacity Building: RMHC is committed to strengthening the global	
system of the Chapters, by providing "capacity building" grants and	
programmatic support to help each Chapter achieve a high level of	
excellence in management and operations, and to help them effectively	
and efficiently fulfill their mission. Activities include, among	
others: resource development; sharing best practices to improve all	
aspects of the organization; strategic planning; technology upgrades;	<u> </u>
ongoing training and education of board, staff, and volunteers to	
encourage excellence in delivering programs, fundraising and	•
administrative practices; investment in environmental sustainability	
activities such as energy audits, water and waste efficiency projects	
at Ronald McDonald House programs; facilitation of networking	
opportunities; and developing local fundraising capabilities to grow	
resources and meet new and expanding program needs.	
-(b)Scholarship-Programs: RMHC-developed and supported-four-scholarship-	
programs: RMHC/HACER, RMHC/ASIA, RMHC/Future Achievers, and RMHC	
Scholars that assisted graduating high school seniors with their first	
year of college or university education. RMHC also directly matched	
scholarships awarded by U.S. Chapters through these programs. RMHC	
discontinued its support of the scholarship programs at the end of 2017	
in order to deepen its focus on building capacity of its local Chapters	
and supporting core programs around the world.	
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
to RMHC. Potential conflicts are logged with and monitored by the Secretary	
of the Board and reviewed by a committee of the Board. Interested parties	
are not allowed to participate in Board discussions or vote on	
corresponding related party matters.	
Form 990, Part VI, Section B, Line 15:	
RMHC does not have any employees and does not compensate any Trustees or	
Officers. As a result, per the Form 990 instructions, questions 15a and	
15b, which relate to the process for determining compensation, are marked	
"No."	
Porm 990, Part VI, Line 17, List of States receiving copy of Form 990:	
AL,AK,AR,CA,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,OK,OR,PA,RI,SC	
TN,UT,WV,WI	
Form 990, Part VI, Section C, Line 18:	
RMHC posts copies of its Form 990 and Form 990-T for the three most recent	
years on its website and provides copies of its Form 1023 upon request.	
Form 990, Part VI, Section C, Line 19:	
-RMHC-posts-its-By-Laws, Conflict of Interest Policy, and Audited Financial	
Statements on its website.	
Form 990, Part VI, Section B, Line 10a:	
Ronald McDonald House Charities is a system of independent, separately	
registered public benefit organizations, referred to as "Chapters" by	
RMHC. However, it does not have legal control over these Chapters.	
Each Chapter must separately incorporate under the laws of its own	Schedule O (Form 990 or 990-EZ) (2017)
732212 09-07-17	201160016 O (1 01111 230 01 230-EL) (2017)

Part VIII and total expenses in Part IX of Form 990. In 2017, the total

amount that was excluded from Form 990 was \$4,687,137, of which

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
\$4,573,274 was donated services and use of facilities and equipment	
provided by McDonald's.	
_	
	
	
	
	
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•	Schedule O (Form 990 or 990-EZ) (201

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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OMB No 1545-0047

▶ 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.

Ronald McDonald House Charities, Inc.

Employer identification number

36-2934689

Section 512(b)(13) controlled ž entlty? Direct controlling Yes × 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. entity House Charities, Direct controlling Ronald McDonald entity End-of-year assets ľnc. status (if section **e** Public charity 501(c)(3)) Total income Exempt Code section 501(c)(3) € Legal domicile (state or Legal domicile (state or foreign country) foreign country) 3 Russia Operate a Ronald McDonald House for families with Primary activity Primary activity sick children Inc. Ronald McDonald House Charities Russia, Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Moscow, RUSSIA 115054 Valovaya St Parti Part II

Schedule R (Form 990) 2017

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

Schedule R (Form 990) 2017 Ronald McDonald House Charities, Inc.

Schedule R (Form 990) 2017 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 part III, organizations treated as a partnership during the tax year.

(e)	(q)	_	(c)	(p)	(e)		(£)	(6)	(F)	6	8	(K)
Name, address, and EIN of related organization	Primary activity	_	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 519-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	BI General or managing partner?	General or Percentage managing ownership partner?
				J.								,
					:		}					-
Part IV identification of related Organization of rust. Complete if the organization answered it is on Form 990, Part IV, line 34, because it had one or more related in the stated as a corporation of rtrust during the tax year. (a) (b) (c) (d) (e) (f) (g) (h) (ii)	poration or t	rust during	a Corpo	ration of Irust. Co	(c)	d)	(e)		Fan IV, line ((g)	(h)	nore related
Name, address, and EIN of related organization	7 -		Рпта	Primary activity	Legal domicite Dire (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)		Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
								_				
								:				
											/	
								_				1
732162 09-11-17					98					Sche	dule R (For	Schedule R (Form 990) 2017

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	ટ
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	ated organizations listed	in 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)				1	×	
c Gift, grant, or capital contribution from related organization(s)				10	_	×
d Loans or loan guarantees to or for related organization(s)				10		 ×
f cans or loan distantees by related organization(s)				4		 ×
					1	
f Dividends from related organization(s)				7		×
				ļ	ľ	
				2	<u>\</u>	. .
h Purchase of assets from related organization(s)				=		۷
i Exchange of assets with related organization(s)				Ę	_	×
j Lease of facilities, equipment, or other assets to related organization(s)			•	į		×
k lease of facilities enument or other assets from related organization(s)				2		×
Ecase of facilities, equipment, or other assets inclinerated organization	177			<u> </u>	Ť	,
 Performance of services or membership or fundraising solicitations for related organization(s) 	anization(s)			=	+	. ہ
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			Ē	+	ا ۲
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 	ion(s)			Ę	_	×
 Sharing of paid employees with related organization(s) 				ဍ	-	×
					1	_]
p Reimbursement paid to related organization(s) for expenses				9	7	×
 Reimbursement paid by related organization(s) for expenses 				4	_	×
 Other transfer of cash or property to related organization(s) 				-		۰
 S Other transfer of cash or property from related organization(s) 				18	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete th	is line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.			1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)				ļ		
(2)	-					ł
(3)						
(4)						
						ł
(5)						1
(6)						ı
732163 09-11-17	87		Schedu	Schedule R (Form 990) 2017	990) 2(017

Schedule R (Form 990) 2017 Ronald McDonald House Charities, Inc.

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

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

[3	ercentage wnership				!	ĺ
-	General or Permanaging Opartner?	····				
	-UBI box 20 ile K-1 065)				_	
1	Disproportionate allocations?					
3	of /ear ts					
ę	Share of total income					
3	Are all partners sec 501(c)(3) orgs?					
sstment partnerships.	t income related, tax under 2-514)					
sion for certain inve	micile oreign ry)					
ns regarding exclu	Primary activity	- -		-		
structio	<u>ā.</u>		-			
that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	Name, address, and EIN of entity					

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017	Ronald McDonald House Charities, Inc.	36-2934689	Page 5
Schedule R (Form 990) 2017 Part VII Supplemental Inf	ormation.		
Provide additional info	rmation for responses to questions on Schedule R. See instructions		
			
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