

Return of Organization Exempt From Income Tax

Open to Public Inspection

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.

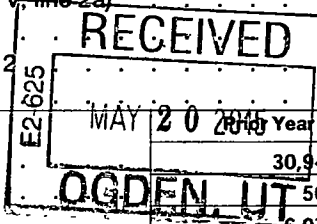
Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Form 990 header section containing organization name (Ronald McDonald House Charities, Inc.), EIN (36-2934689), address (One Kroc Drive, Oak Brook, IL 60523), principal officer (J.C. Gonzalez-Mendez), and tax-exempt status (501(c)(3)).

Part I Summary

Table with 3 columns: Description, Current Year, and End of Year. Rows include: 1. Mission statement; 2-7a. Governance and revenue metrics; 7b. Net unrelated business taxable income; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets or fund balances.



Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing signatures of Stacey Bifero (Controller) and Angela M. Moore (Preparer) for Ernst & Young, LLP.

May the IRS discuss this return with the preparer shown above? (S)

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JUN 17 2015

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

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

**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  No  
If "Yes," describe these new services on Schedule O.

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

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

**4a** (Code: ) (Expenses \$ 27,562,568 including grants of \$ 23,590,452) (Revenue \$ 103,171)  
Support of Local RMHC Chapters (Chapters) worldwide: In 2014, Ronald McDonald House Charities, Inc. (RMHC) continued its commitment to expand and strengthen its global system of independently incorporated Chapters around the world by providing grants and programmatic support to Chapters for a variety of programs. RMHC provided support for its three Core Programs, which include Ronald McDonald House, Ronald McDonald Care Mobile, and Ronald McDonald Family Room, as follows:  
(1) Ronald McDonald House Program Support - The Ronald McDonald House is a home away from home for families of ill children while being treated at nearby hospitals. In 2014, volunteer Field Service team members of RMHC provided ongoing support in the form of resource materials and training for 344 Ronald McDonald Houses, in development or currently in operation by our Chapters around the world. In 2014, RMHC provided \$8,172,324 in support, including grants for new and expanding Ronald McDonald House programs and for ongoing operational support.  
(2) Ronald McDonald Care Mobile Program Support - In addition to primary and specialty medical care, the Ronald McDonald Care Mobile may provide health education and oral health services and link children to other community and social services resources.  
(continued in Schedule O, Note 2)

**4b** (Code: ) (Expenses \$ 2,381,455 including grants of \$ 2,359,633) (Revenue \$ 0)  
Grants and other program services to improve the health and well-being of children: RMHC worked with other organizations to identify and address the needs of children throughout the world with a focus on improving the health and addressing the overall well-being of children. RMHC grants supported programs ranging from child hunger to child homelessness and provided the resources for programs that give kids opportunities to grow physically and emotionally. Activities supported by the grants included preventive and therapeutic programs including pre-and-post natal care, immunizations, screening tests, physical exams, health education, applied research, accessible medical, surgical, and dental care, general counseling and family support, and programs that enrich the lives of children by broadening their horizons through educational, cultural and recreational experiences.

**4c** (Code: ) (Expenses \$ 400,000 including grants of \$ 400,000) (Revenue \$ 0)  
Scholarship program: In 2014, RMHC provided 16 multi-year educational scholarships for students of Hispanic descent.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

**4e** Total program service expenses **▶** 30,344,023

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	✓	
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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>		✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		✓
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? . . . . .		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		✓
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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 67		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
	<b>2b</b>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	✓	
	<b>7a</b>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
	<b>7b</b>		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
	<b>7c</b>		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
	<b>7e</b>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
	<b>7f</b>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7h</b>		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
	<b>8</b>		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
	<b>9a</b>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders		
	<b>11a</b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
	<b>12a</b>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	<b>12b</b>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
	<b>13a</b>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	<b>13b</b>		
c	Enter the amount of reserves on hand		
	<b>13c</b>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		✓
	<b>14a</b>		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	<b>14b</b>		

**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. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.	<b>1a</b>	<b>28</b>
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b>	<b>28</b>
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<input checked="" type="checkbox"/>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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 . . . . .		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► See Schedule G, Part I, Line 3
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
 Stacey Bifero, One Kroc Drive, Oak Brook, IL 60523, (630) 623-7048

**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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J.C. Gonzalez-Mendez Trustee, President & CEO	12	✓		✓			0	0	0	
(2) Aggie Dentice Trustee	1	✓					0	0	0	
(3) Wai-Ling Eng Trustee	1	✓					0	0	0	
(4) Jan Fields Trustee	1	✓					0	0	0	
(5) Grace Fung Oei Trustee starting 12/9/14	1	✓					0	0	0	
(6) Javier C. Goizueta Trustee starting 12/9/14	1	✓					0	0	0	
(7) Ginger Hardage Trustee	1	✓					0	0	0	
(8) Alan Harris, MD Trustee	1	✓					0	0	0	
(9) David C. Herman, MD Trustee	1	✓					0	0	0	
(10) Fred Huebner Trustee	1	✓					0	0	0	
(11) Muhtar Kent Trustee	1	✓					0	0	0	
(12) Sheldon Lavin Trustee	1	✓					0	0	0	
(13) Robert Lawrence Trustee	1	✓					0	0	0	
(14) Mats Lederhausen Trustee	1	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Donald G. Lubin Trustee, Vice President	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(16) Andrew J. McKenna Trustee	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(17) Theodore Perلمان Trustee	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(18) Steven M. Ramirez Trustee, Chairman starting 12/9/14	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(19) J. Christopher Reyes Trustee	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(20) Michael D. Richard Trustee, Vice President	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(21) Alex Rodriguez Trustee	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(22) Eduardo Sanchez Trustee	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(23) Stuart E. Siegel, MD Trustee	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(24) Gay Simplot Trustee	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(25) James A. Skinner Trustee	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								0	0	0

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
DDB Chicago, Inc., 200 East Randolph, Chicago IL 60601	Advertising / Website	988,964
Summit Energy Services, Inc., 25716 Network Place, Chicago, IL 60673	Energy Audits for Chapters	403,491
Porter Novelli Inc., 1838 Solutions Center, Chicago, IL 60677	Public Relations	270,294
Siffermann Group, LLC, 21 S. La Grange Rd., Suite 200, La Grange, IL 60525	Consulting	245,002
Social Capital Inc., 980 N. Michigan Ave., Ste 1610, Chicago, IL 60611	Consulting	232,350

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 **14**



**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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Wayne Stingley Trustee	1	✓					0	0	0	
(2) Donald Thompson Trustee	1	✓					0	0	0	
(3) James D. Watkins Trustee, Vice President	1	✓		✓			0	0	0	
(4) Spero Droulias Treasurer	3			✓			0	0	0	
(5) Adele Jamieson Secretary	6			✓			0	0	0	
(6) Sheila Musolino Vice President & COO	28			✓			0	0	0	
(7) Linda Dunham Trustee, Chairperson until 12/9/14	1	✓		✓			0	0	0	
(8) Donna Hyland Trustee until 12/9/14	1	✓					0	0	0	
(9) Herbert Lotman Trustee until 5/8/14	1	✓					0	0	0	
(10) David Poplack Trustee until 7/21/14	1	✓					0	0	0	
(11)										
(12)										
(13)										
(14)										

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 755,918					
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 5,920,810					
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0					
	<b>e</b> Government grants (contributions)	<b>1e</b> 0					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 26,283,552					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	1,295,349					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . . ▶		32,960,280				
<b>Program Service Revenue</b>	<b>2a</b> Local Chapter Conference Fees		611430	102,944	102,944	0	
	<b>b</b> _____			0	0	0	
	<b>c</b> _____			0	0	0	
	<b>d</b> _____			0	0	0	
	<b>e</b> _____			0	0	0	
	<b>f</b> All other program service revenue .			0	0	0	
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . . ▶			102,944			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,887,625	0	2,019	3,885,606	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	<b>5</b> Royalties . . . . . ▶		0	0	0	0	
	<b>6a</b> Gross rents . . . . .	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)	0	0			
	<b>d</b> Net rental income or (loss) . . . . . ▶		0	0	0	0	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	30,083,724				
		(ii) Other		0			
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	27,427,124	340			
		<b>c</b> Gain or (loss) . . . . .	2,656,600	(340)			
	<b>d</b> Net gain or (loss) . . . . . ▶		2,656,260	0	0	2,656,260	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>5,920,810</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 1,355,561					
		<b>b</b> Less: direct expenses . . . . .	1,421,964				
<b>c</b> Net income or (loss) from fundraising events . ▶			(66,403)		0	(66,403)	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b> 6,081						
	<b>b</b> Less: direct expenses . . . . .	2,181					
	<b>c</b> Net income or (loss) from gaming activities . . ▶		3,900	0	0	3,900	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 2,100						
	<b>b</b> Less: cost of goods sold . . . . .	1,873					
	<b>c</b> Net income or (loss) from sales of inventory . . ▶		227	227	0	0	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .		0	0	0	0		
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . . ▶		0					
<b>12</b> <b>Total revenue.</b> See instructions. . . . . ▶			39,544,833	103,171	2,019	6,479,363	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	18,551,168	18,551,168		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	400,000	400,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	7,398,917	7,398,917		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	0	0	0	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	0	0	0	0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0	0	0	0
<b>9</b> Other employee benefits . . . . .	0	0	0	0
<b>10</b> Payroll taxes . . . . .	0	0	0	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	237,580	141,618	29,737	66,225
<b>c</b> Accounting . . . . .	128,944	0	128,944	0
<b>d</b> Lobbying . . . . .	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	4,081			4,081
<b>f</b> Investment management fees . . . . .	325,963	194,342	131,621	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	3,381,160	1,808,789	327,797	1,244,574
<b>12</b> Advertising and promotion . . . . .	743,228	0	250	742,978
<b>13</b> Office expenses . . . . .	439,122	189,188	27,240	222,694
<b>14</b> Information technology . . . . .	1,748,119	498,191	55,672	1,194,256
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	0	0	0	0
<b>17</b> Travel . . . . .	719,224	504,736	71,620	142,868
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	946,385	480,133	51,493	414,759
<b>20</b> Interest . . . . .	0	0	0	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	254,511	78,250	972	175,289
<b>23</b> Insurance . . . . .	66,776	41,450	25,326	0
<b>24</b> 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 O.)				
<b>a</b> Acknowledgement . . . . .	234,152	20,955	414	212,783
<b>b</b> Donation box expense . . . . .	192,297	28,286	0	164,011
<b>c</b> Credit card / bank fees . . . . .	145,882	0	13,520	132,362
<b>d</b> Bad debt expense . . . . .	24,575	0	24,575	0
<b>e</b> All other expenses . . . . .	34,437	8,000	20,822	5,615
<b>25</b> Total functional expenses. Add lines 1 through 24e	35,976,521	30,344,023	910,003	4,722,495
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0	0	0	0

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	9,383,695	<b>2</b>	6,285,440
	<b>3</b> Pledges and grants receivable, net . . . . .	12,923,142	<b>3</b>	9,441,373
	<b>4</b> Accounts receivable, net . . . . .	228,321	<b>4</b>	105,443
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	141,837	<b>8</b>	349,979
	<b>9</b> Prepaid expenses and deferred charges . . . . .	609,358	<b>9</b>	412,200
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,868,023		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,496,755	546,313	<b>10c</b> 371,268
	<b>11</b> Investments—publicly traded securities . . . . .	109,739,761	<b>11</b>	110,455,144
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	12,943,840	<b>12</b>	11,182,997
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	842,095	<b>15</b>	1,000,014
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	147,358,362	<b>16</b>	139,603,858	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	857,599	<b>17</b>	921,814
	<b>18</b> Grants payable . . . . .	11,137,749	<b>18</b>	5,591,728
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	511,229	<b>25</b>	543,364
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	12,506,577	<b>26</b>	7,056,906
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	130,554,532	<b>27</b>	127,218,281
	<b>28</b> Temporarily restricted net assets . . . . .	4,297,253	<b>28</b>	5,328,671
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>32</b>	0
<b>33</b> Total net assets or fund balances . . . . .	134,851,785	<b>33</b>	132,546,952	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	147,358,362	<b>34</b>	139,603,858	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	39,544,833
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	35,976,521
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,568,312
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	134,851,785
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(5,292,996)
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	(580,149)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	132,546,952

**Part XII Financial Statements and Reporting**

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

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2014**

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.

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization <b>Ronald McDonald House Charities, Inc.</b>	Employer identification number <b>36-2934689</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	26,407,580	32,422,531	31,290,873	30,943,116	32,960,280	154,024,380
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	26,407,580	32,422,531	31,290,873	30,943,116	32,960,280	154,024,380
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						11,403,073
<b>6 Public support.</b> Subtract line 5 from line 4.						142,621,307

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .	26,407,580	32,422,531	31,290,873	30,943,116	32,960,280	154,024,380
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,682,422	2,892,979	2,278,126	2,853,783	3,885,606	13,592,916
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	3,417	5,619	0	2,680	0	11,716
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	1,084,763	970,539	1,142,531	1,164,419	1,361,642	5,723,894
<b>11 Total support.</b> Add lines 7 through 10						173,352,906
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	1,375,772
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	82.2722 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	82.6022 %
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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.		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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 tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		

**Section C. Type II Supporting Organizations**

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

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

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

**Section 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 year (see instructions):**

**a**  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 entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

		Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b>	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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		

**3 Parent of Supported Organizations. Answer (a) and (b) below.**

		Yes	No
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)</b>				
<b>Section D - Distributions</b>			<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b>	Amounts paid to acquire exempt-use assets			
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)			
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.			
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.			
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			
<b>9</b>	Distributable amount for 2014 from Section C, line 6			
<b>10</b>	Line 8 amount divided by Line 9 amount			
<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b>	Distributable amount for 2014 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b>	Excess distributions carryover, if any, to 2014:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>	From 2013 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2014 distributable amount			
<b>i</b>	Carryover from 2009 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2014 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2014 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b>	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b>	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>	Excess from 2013 . . . . .			
<b>e</b>	Excess from 2014 . . . . .			



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . ▶ \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		27
j Total. Add lines 1c through 1i			27
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1i, Other Activities:

RMHC has an investment in a limited partnership which conducted lobbying activities during the year. The amount reported on line 1i is the portion allocated to RMHC as a result of its investment in the partnership.





**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization <b>Ronald McDonald House Charities, Inc.</b>	Employer identification number <b>36-2934689</b>
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

**Part II Conservation Easements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	<b>2a</b>
b Total acreage restricted by conservation easements . . . . .	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to 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 in 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 in Form 990, Part VIII, line 1 . . . . . ▶ \$

b Assets included in Form 990, Part X . . . . . ▶ \$

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		1,868,023	1,496,755	371,268
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				371,268

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other		
(A) McDonald's Corporation	9,412,540	End of year market value
(B) Private equity investments	1,770,457	Cost
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>11,182,997</b>	

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Intermediary third party liability	543,364
(3) (refer to Part XIII, Note 1)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>543,364</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	38,534,461
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments . . . . .	2a	(5,292,996)	
b	Donated services and use of facilities . . . . .	2b	4,262,773	
c	Recoveries of prior year grants . . . . .	2c	44,001	
d	Other (Describe in Part XIII.) . . . . .	2d	(24,150)	
e	Add lines 2a through 2d . . . . .			2e
3	Subtract line 2e from line 1 . . . . .			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	0	
b	Other (Describe in Part XIII.) . . . . .	4b	0	
c	Add lines 4a and 4b . . . . .			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .			5

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

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

1	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	40,839,294
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities . . . . .	2a	4,262,773	
b	Prior year adjustments . . . . .	2b	0	
c	Other losses . . . . .	2c	600,000	
d	Other (Describe in Part XIII.) . . . . .	2d	0	
e	Add lines 2a through 2d . . . . .			2e
3	Subtract line 2e from line 1 . . . . .			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	0	
b	Other (Describe in Part XIII.) . . . . .	4b	0	
c	Add lines 4a and 4b . . . . .			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .			5

**Part XIII Supplemental Information.**

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

Note 1 - 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.

Note 2 - Part X, Other Liabilities, Line 2:

The IRS has issued a ruling stating that RMHC is a Section 501(c)(3) charitable organization and qualifies as a public charity under Section 509(a)(1) of the IRC. As such, it is exempt from federal income taxation on related income. However, income from certain activities not directly related to RMHC's tax-exempt purpose is subject to taxation as unrelated business income. Income taxes for such unrelated business income were \$5,000 for the year ended December 31, 2014 and less than \$1,000 for the year ended December 31, 2013. The federal and state tax returns of RMHC for 2011, 2012, and 2013 are subject to examination by the IRS and state taxing authorities, generally for three years after they were filed. RMHC has determined it is not necessary to record a liability for uncertain tax positions as of December 31, 2014 and 2013.

**Part XIII Supplemental Information** *(continued)*

**Note 3 - Parts XI and XII, Reconciliation of Revenue and Expenses per Audited Financial Statements With Revenue and Expenses per Return:**

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.

**Note 4 - Part XI, Line 2d, Reconciliation of Revenue:**

Loss on cash surrender value of insurance \$24,150

**Note 5 - Part XII, Line 2c, Other Losses:**

During the year, RMHC wrote off \$600,000 remaining on an uncollectible pledge from 2009.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Ronald McDonald House Charities, Inc.

Employer identification number

36-2934689

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Europe			Grantmaking		2,221,501
(2) North America			Grantmaking		475,000
(3) Central Amer.&Caribbean(CAC)			Grantmaking		1,052,578
(4) South America			Grantmaking		1,026,682
(5) Sub-Saharan Africa			Grantmaking		1,247,389
(6) East Asia & Pacific			Grantmaking		1,348,738
(7) South Asia			Grantmaking		27,029
(8) Europe			Program Services	Chapter executive support	6,102
(9) North America			Program Services	Chptr legal/translation svcs	6,301
(10) East Asia & Pacific			Program Services	Chapter executive support	7,337
(11) Middle East & North Africa			Program Services	Chapter legal services	4,455
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	<b>0</b>	<b>0</b>			<b>7,423,112</b>
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)	<b>0</b>	<b>0</b>			<b>7,423,112</b>

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe	c	180,800	Check			
(2)			Europe	a	253,200	Check			
(3)			Europe	a,b	702,000	Check			
(4)			Europe	a	200,000	Check			
(5)			Europe	b,f	152,846	Wire			
(6)			Europe	a	150,000	Check			
(7)			Europe	a	200,000	Check			
(8)			Europe	f	81,155	Check			
(9)			Europe	a	100,000	Check			
(10)			Europe	a	200,000	Check			
(11)			North America	a,f	200,000	Check			
(12)			North America	f	100,000	Check			
(13)			North America	a,f	175,000	Wire			
(14)			CAC	b,c	92,750	Check			
(15)			CAC	a	150,000	Check			
(16)			CAC	h	9,149	Check			

2 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 . . . . . **47**

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



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CAC	h	800,000	Check			
(2)			South America	a,e,f	174,000	Check	8,526	Care Mobile	FMV
(3)			South America	a	100,000	Check			
(4)			South America	f	66,464	Check			
(5)			South America	a	100,000	Check			
(6)			South America	a,f	210,255	Check			
(7)			South America	f	66,015	Check			
(8)			South America	a	150,000	Wire			
(9)			South America	a	150,000	Check			
(10)			Sub-Saharan Africa	a,b	185,000	Wire			
(11)			Sub-Saharan Africa	h	5,979	Check			
(12)			Sub-Saharan Africa	h	6,796	Check			
(13)			Sub-Saharan Africa	h	25,000	Check			
(14)			Sub-Saharan Africa	h	479,307	Check			
(15)			Sub-Saharan Africa	h	310,588	Check			
(16)			Sub-Saharan Africa	h	233,652	Check			

2 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 . . . . . ▶

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			East Asia & Pacific	a	100,000	Wire			
(2)			East Asia & Pacific	b,c	25,000	Wire			
(3)			East Asia & Pacific	e	25,000	Wire			
(4)			East Asia & Pacific	a,b,c	260,000	Wire			
(5)			East Asia & Pacific	a	150,000	Wire			
(6)			East Asia & Pacific	a	150,000	Wire			
(7)			East Asia & Pacific	c	20,000	Wire			
(8)			East Asia & Pacific	c	15,000	Wire			
(9)			East Asia & Pacific	c	15,000	Wire			
(10)			East Asia & Pacific	f	62,738	Wire			
(11)			East Asia & Pacific	a	250,000	Wire			
(12)			East Asia & Pacific	h	41,000	Check			
(13)			East Asia & Pacific	h	163,666	Check			
(14)			East Asia & Pacific	h	65,924	Check			
(15)			South Asia	h	25,000	Check			
(16)									

- 2 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 . . . . . ▶
- 3 Enter total number of other organizations or entities . . . . . ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**Note 1 - Part I, Line 2, Procedures for monitoring the use of grant funds outside the U.S.:**

The majority of grants outside the U.S. were made to Non-U.S. Chapters. RMHC monitors the use of the funds in the following manner: All Chapters must submit a grant request that explains the proposed use of the funds and must agree in writing that funds received will only be used for the purposes requested in the grant proposal. U.S. Field Service 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 stated purposes. On an annual basis, each Chapter must submit a detailed accounting of the use of the funds received, as well as audited financial statements.

All grants required to be included on Schedule F that were not made to Chapters were given to U.S. organizations to be used for foreign activities. All of these organizations must submit a grant request that explains the proposed use of the funds and must agree in writing that funds received will only be used for the purposes requested in the grant proposal. RMHC team members, 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 their stated purposes. As part of the follow-up process, team members obtain a quarterly report of the status of the activities performed with the grant funds and a performance/outcomes report on the anniversary of their award date. This report includes a program budget and detailed accounting of the use of the funds.

**Note 2 - Part II, Column (d), Purpose of grant:**

(a) Ronald McDonald House grants for new House seed grants, expansion, and ongoing House support

(b) New Chapter seed grants and general support to Chapters

(c) Capacity Building grants to Chapters

(e) Build and support Ronald McDonald Care Mobile Units

(f) New Ronald McDonald Family Room seed grants and support of existing Family Room programs

(h) Grants to improve the health and well-being of children

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> N/A - paid less than \$5,000						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> . . . . . ▶						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Dinner/Auction (event type)	Golf Event (event type)	3 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	3,889,262	1,774,439	1,612,670	7,276,371
	<b>2</b> Less: Contributions . . . . .	2,909,607	1,548,129	1,463,074	5,920,810
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	979,655	226,310	149,596	1,355,561
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	0	13,852	0	13,852
	<b>6</b> Rent/facility costs . . . . .	135,773	167,022	0	302,795
	<b>7</b> Food and beverages . . . . .	274,304	0	0	274,304
	<b>8</b> Entertainment . . . . .	212,500	30,000	0	242,500
	<b>9</b> Other direct expenses . . . . .	399,570	39,005	149,938	588,513
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				1,421,964
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				(66,403)	

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

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

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

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

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

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

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





**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No 1545-0047

**20 14**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Name of the organization

Employer identification number

RONALD MCDONALD HOUSE CHARITIES, INC.

36-2934689

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Atlanta RMHC, Inc. 795 Gatewood Road NE, Atlanta, GA	58-1295754	501(c)(3)	471,272	800	FMV	Airline Tickets	Note (1) - a,b,d
(2)	Central New York RMHC, Inc. 1100 East Genesee Street, Syracuse, NY	22-2371193	501(c)(3)	65,419	800	FMV	Airline Tickets	Note (1) - b
(3)	RMHC in Omaha, Inc. 620 South 38th Avenue, Omaha, NE	47-0755104	501(c)(3)	36,466	800	FMV	Airline Tickets	Note (1) - b
(4)	RMHC of Alabama, Inc. 1700 4th Avenue South, Birmingham, AL	63-0753358	501(c)(3)	61,437	800	FMV	Airline Tickets	Note (1) - b
(5)	RMHC of Amarillo, Inc. 1501 Streit Drive, Amarillo, TX	75-1790186	501(c)(3)	15,819	1,200	FMV	Airline Tickets	Note (1) - b
(6)	RMHC of Arkansas, Inc. 1009 Wolfe Street, Little Rock, AR	71-0525252	501(c)(3)	33,669	800	FMV	Airline Tickets	Note (1) - b
(7)	RMHC of Arkoma, Inc. 518 S. Thompson St., Suite D, Springdale, AR	73-1563945	501(c)(3)	30,491	1,200	FMV	Airline Tickets	Note (1) - b
(8)	RMHC of Augusta, Inc. 1442 Harper Street, Augusta, GA	58-1509465	501(c)(3)	51,033	800	FMV	Airline Tickets	Note (1) - b,d
(9)	RMHC of Central Texas, Inc. 1315 Barbara Jordan Boulevard, Austin, TX	74-2277664	501(c)(3)	157,401	800	FMV	Airline Tickets	Note (1) - b,d,f
(10)	RMHC of Baltimore, Inc. 635 West Lexington Street, Baltimore, MD	52-1184957	501(c)(3)	102,514	1,600	FMV	Airline Tickets	Note (1) - b
(11)	RMHC of Beaumont, Inc. 3000 West Cedar, Beaumont, TX	76-0450065	501(c)(3)	11,359				Note (1) - b
(12)	RMHC of Bismarck, Inc. PO Box 7323, Bismarck, ND	36-3705683	501(c)(3)	15,367				Note (1) - b,d,e

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 305

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

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

Schedule I (Form 990) (2014)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

20 14

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Name of the organization: RONALD MCDONALD HOUSE CHARITIES, INC. Employer identification number: 36-2934689

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] Yes [ ] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include RMHC of Burlington, Vermont, Inc.; RMHC of Central Alabama, Inc.; RMHC of Central Florida, Inc.; RMHC of Central Georgia, Inc.; RMHC of Central Illinois, Inc.; RMHC of Central Indiana, Inc.; RMHC of Central Iowa, Inc.; RMHC of Central Ohio, Inc.; RMHC of Central Oregon, Inc.; RMHC of Central PA, Inc.; RMHC of Charleston, SC, Inc.; RMHC of Charlottesville, VA, Inc.

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No 1545-0047

**20 14**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Name of the organization

Employer identification number

**RONALD MCDONALD HOUSE CHARITIES, INC.**

**36-2934689**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	RMHC of Chicagoland & Northwest Indiana, Inc. 1301 W. 22nd Street, Suite 905, Oak Brook, IL	36-3532553	501(c)(3)	603,308	4,800	FMV	Airline Tickets	Note (1) - a,b,d,f
(2)	RMHC of Columbia, SC, Inc. 5000 Thurmond Mall, Suite 108, Columbia, SC	57-0725736	501(c)(3)	232,471	800	FMV	Airline Tickets	Note (1) - a,b,d
(3)	RMHC of Connecticut and Western Massachusetts, Inc. 501 George Street, Suite A, New Haven, CT	06-1239203	501(c)(3)	112,816	800	FMV	Airline Tickets	Note (1) - b,d
(4)	RMHC of Corpus Christi, Inc. 3402 Fort Worth Street, Corpus Christi, TX	74-2378671	501(c)(3)	30,673	1,200	FMV	Airline Tickets	Note (1) - b
(5)	RMHC of Denver, Inc. 1300 E. 21st Avenue, Denver, CO	84-0728926	501(c)(3)	165,293	1,200	FMV	Airline Tickets	Note (1) - b,d
(6)	RMHC of Eastern Iowa and Western Illinois, Inc. 730 Hawkins Drive, Iowa City, IA	42-1189783	501(c)(3)	164,215	800	FMV	Airline Tickets	Note (1) - b,d,f
(7)	RMHC of Eastern New England, Inc. 3 Industrial Drive, #6, Windham, NH	22-2760752	501(c)(3)	357,906	800	FMV	Airline Tickets	Note (1) - b,d,e
(8)	RMHC of Eastern Wisconsin, Inc. 8948 Watertown Plank Road, Milwaukee, WI	39-1433107	501(c)(3)	113,619	800	FMV	Airline Tickets	Note (1) - b,d
(9)	RMHC of El Paso, Inc. 300 East California Avenue, El Paso, TX	74-2257357	501(c)(3)	65,772	800	FMV	Airline Tickets	Note (1) - b,d
(10)	RMHC of Erie, Inc. PO Box 9248, Erie, PA	25-1529707	501(c)(3)	10,446				Note (1) - b
(11)	RMHC of Greater Chattanooga, Inc. 200 Central Avenue, Chattanooga, TN	62-1327855	501(c)(3)	36,416	800	FMV	Airline Tickets	Note (1) - b,d
(12)	RMHC of Greater Cincinnati, Inc. 350 Erkenbrecher Avenue, Cincinnati, OH	31-0965333	501(c)(3)	56,872	800	FMV	Airline Tickets	Note (1) - b

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

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

Schedule I (Form 990) (2014)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

**Open to Public  
Inspection**

**RONALD MCDONALD HOUSE CHARITIES, INC.**

Employer identification number

36-2934689

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	RMHC of Greater Houston/Galveston, Inc. 2525 Robinhood Street, Suite 1100, Houston, TX	76-0315037	501(c)(3)	224,699	800	FMV	Airline Tickets	Note (1) - b,d
(2)	RMHC of Greater Las Vegas, Inc. 2323 Potosi Street, Las Vegas, NV	94-3108570	501(c)(3)	110,384	800	FMV	Airline Tickets	Note (1) - b,d
(3)	RMHC of Greater New Orleans, Inc. 4403 Canal Street, New Orleans, LA	72-0882569	501(c)(3)	115,367	1,200	FMV	Airline Tickets	Note (1) - b,d
(4)	RMHC of Greater North Texas, Inc. 3625 N. Hall Street, Suite 1100, Dallas, TX	75-2238261	501(c)(3)	205,494				Note (1) - b,d
(5)	RMHC of Greater Washington D.C., Inc. 3727 14th Street, NE, Washington, DC	52-1132262	501(c)(3)	231,117	800	FMV	Airline Tickets	Note (1) - b,d,e
(6)	RMHC of Hawaii, Inc. 1970 Judd Hillside Road, Honolulu, HI	99-0222124	501(c)(3)	41,665				Note (1) - b
(7)	RMHC of Idaho, Inc. 101 Warm Springs Avenue, Boise, ID	94-3030996	501(c)(3)	44,546	1,200	FMV	Airline Tickets	Note (1) - b
(8)	RMHC of Indiana-Michiana, Inc. 615 N. Michigan Street, South Bend, IN	35-1831691	501(c)(3)	17,471	800	FMV	Airline Tickets	Note (1) - b
(9)	RMHC of Jacksonville, Inc. 824 Children's Way, Jacksonville, FL	59-2625008	501(c)(3)	225,757	1,600	FMV	Airline Tickets	Note (1) - a,b
(10)	RMHC of Kansas City, Inc. 2502 Cherry Street, Kansas City, MO	43-1190760	501(c)(3)	365,708	800	FMV	Airline Tickets	Note (1) - a,b,f
(11)	RMHC of Kentuckiana, Inc. 550 South First Street, Louisville, KY	31-1053467	501(c)(3)	53,894	2,000	FMV	Airline Tickets	Note (1) - b,d
(12)	RMHC of Knoxville, Tennessee, Inc. 1705 W. Clinch Avenue, Knoxville, TN	58-1510276	501(c)(3)	41,197				Note (1) - b

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

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

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

**Open to Public  
Inspection**

**RONALD MCDONALD HOUSE CHARITIES, INC.**

Employer identification number

**36-2934689**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	RMHC of Madison, Inc. 2716 Marshall Court, Madison, WI	39-1655790	501(c)(3)	44,220	53,419	FMV	Tickets, Equipment	Note (1) - b,c
(2)	RMHC of Mahoning Valley & Western PA, Inc. 4900 Market Street, Boardman, OH	34-1748911	501(c)(3)	12,094	800	FMV	Airline Tickets	Note (1) - b
(3)	RMHC of Maine, Inc. 250 Brackett Street, Portland, ME	22-2912513	501(c)(3)	49,543				Note (1) - b
(4)	RMHC of Marshfield, Inc. 803 West North Street, Marshfield, WI	93-0833012	501(c)(3)	17,224				Note (1) - b
(5)	RMHC of Memphis, Inc. 535 Alabama Avenue, Memphis, TN	62-1220396	501(c)(3)	93,772	800	FMV	Airline Tickets	Note (1) - a,b
(6)	RMHC of Mid-Missouri, Inc. 3501 Lansing Ave, Columbia, MO	43-1225829	501(c)(3)	16,792	800	FMV	Airline Tickets	Note (1) - b
(7)	RMHC of Mid-Penn Region, Inc. 227 Esau Street, Hollidaysburg, PA	25-1665067	501(c)(3)	11,985				Note (1) - b
(8)	RMHC of Mississippi, Inc. 2524 N. State Street, Jackson, MS	63-0906927	501(c)(3)	48,646	800	FMV	Airline Tickets	Note (1) - b
(9)	RMHC of Mobile, Inc. 1626 Springhill Avenue, Mobile, AL	63-1181258	501(c)(3)	23,598	1,200	FMV	Airline Tickets	Note (1) - b
(10)	RMHC of Montana, Inc. 3003 Fort Missoula Road, Missoula, MT	81-0400667	501(c)(3)	23,357	800	FMV	Airline Tickets	Note (1) - b
(11)	RMHC of Morgantown, Inc. 841 Country Club Drive, Morgantown, WV	55-0663138	501(c)(3)	41,513	800	FMV	Airline Tickets	Note (1) - b
(12)	RMHC of Nashville, Inc. 2144 Fairfax Avenue, Nashville, TN	62-1310717	501(c)(3)	59,605	800	FMV	Airline Tickets	Note (1) - b

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

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

**Open to Public  
Inspection**

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES, INC.**

Employer identification number

**36-2934689**

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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.

(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
(1) RMHC of New Mexico, Inc. 1011 Yale Avenue, NE, Albuquerque, NM	85-0283204	501(c)(3)	38,235	800	FMV	Airline Tickets	Note (1) - b
(2) RMHC of Norfolk, Inc. 404 Colley Avenue, Norfolk, VA	54-1139497	501(c)(3)	54,656	800	FMV	Airline Tickets	Note (1) - b,d
(3) RMHC of North Carolina, Inc. 4601 Six Forks Road, Suite 200, Raleigh, NC	56-1452714	501(c)(3)	282,727				Note (1) - b,d
(4) RMHC of North Central Florida, Inc. 1600 SW 14th Street, Gainesville, FL	59-1887896	501(c)(3)	25,757	800	FMV	Airline Tickets	Note (1) - b
(5) RMHC of Northeast Kansas, Inc. 825 SW Buchanan Street, Topeka, KS	48-1022967	501(c)(3)	12,146	800	FMV	Airline Tickets	Note (1) - b
(6) RMHC of Northeast Louisiana, Inc. 200 S. Third Street, Monroe, LA	72-1022797	501(c)(3)	14,051				Note (1) - b
(7) RMHC of Northeast Texas, Inc. PO Box 2920, Athens, TX	75-2432188	501(c)(3)	15,324				Note (1) - b
(8) RMHC of Northeast Indiana, Inc. 11109 Parkview Plaza, Fort Wayne, IN	35-1950376	501(c)(3)	114,054				Note (1) - a,b
(9) RMHC of Northeastern Ohio, Inc. 6611 Rockside Road, Suite 105, Independence, OH	34-1574291	501(c)(3)	70,530				Note (1) - b
(10) RMHC of Northeastern Pennsylvania, Inc. 104 S. State Street, Clarks Summit, PA	25-1719864	501(c)(3)	41,958				Note (1) - b
(11) RMHC of Northern California, Inc. 2555 49th Street, Sacramento, CA	68-0147193	501(c)(3)	345,202	800	FMV	Airline Tickets	Note (1) - a,b,d
(12) RMHC of Northwest Florida, Inc. 5200 Bayou Blvd, Pensacola, FL	59-2172279	501(c)(3)	23,124	1,200	FMV	Airline Tickets	Note (1) - b

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

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

**Open to Public  
Inspection**

Name of the organization

RONALD MCDONALD HOUSE CHARITIES, INC.

Employer identification number

36-2934689

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	(1) RMHC of Northwest Ohio, Inc. 3883 Monroe Street, Toledo, OH	34-1349742	501(c)(3)	226,986	800	FMV	Airline Tickets	Note (1) - a,b
	(2) RMHC of Oklahoma City, Inc. 1301 North East 14th Street, Oklahoma City, OK	73-1103242	501(c)(3)	287,736	800	FMV	Airline Tickets	Note (1) - a,b,d
	(3) RMHC of Oregon and Southwest Washington, Inc. 2620 North Commercial Avenue, Portland, OR	93-0806912	501(c)(3)	80,430	1,200	FMV	Airline Tickets	Note (1) - b
	(4) RMHC of Outstate Michigan, Inc. P.O. Box 534, Hudsonville, MI	38-2826089	501(c)(3)	172,148				Note (1) - b,d
	(5) RMHC of Phoenix, Inc. 501 East Roanoke Avenue, Phoenix, AZ	86-0483792	501(c)(3)	321,999	800	FMV	Airline Tickets	Note (1) - a,b,d
	(6) RMHC of Pittsburgh, Inc. 451 44th Street, Pittsburgh, PA	25-1320272	501(c)(3)	299,126	1,200	FMV	Airline Tickets	Note (1) - b,f
	(7) RMHC of Richmond, Virginia, Inc. 2330 Monument Avenue, Richmond, VA	52-1359486	501(c)(3)	60,400	800	FMV	Airline Tickets	Note (1) - b,d
	(8) RMHC of Rochester, NY, Inc. 333 Westmoreland Drive, Rochester, NY	16-1271311	501(c)(3)	311,934	800	FMV	Airline Tickets	Note (1) - a,b,f
	(9) RMHC of San Antonio, Texas, Inc. 4803 Sid Katz, San Antonio, TX	74-2140528	501(c)(3)	114,972	800	FMV	Airline Tickets	Note (1) - b,d
	(10) RMHC of San Diego, Inc. 2929 Childrens Way, San Diego, CA	95-3251490	501(c)(3)	45,157	2,000	FMV	Airline Tickets	Note (1) - b
	(11) RMHC of Siouxsland, Inc. 2500 Nebraska Street, Sioux City, IA	42-1369988	501(c)(3)	14,660	800	FMV	Airline Tickets	Note (1) - b,d
	(12) RMHC of South Dakota, Inc. 825 S. Lake Avenue, Sioux Falls, SD	46-0371152	501(c)(3)	21,966				Note (1) - b

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
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**Open to Public  
Inspection**

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES, INC.**

Employer identification number

**36-2934689**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	RMHC of South Florida, Inc. 15 SE 15th Street, Ft. Lauderdale, FL	59-1899866	501(c)(3)	176,222	800	FMV	Airline Tickets	Note (1) - b,d
(2)	RMHC of Southeast Michigan, Inc. 3911 Beaubien Street, Detroit, MI	38-2182406	501(c)(3)	292,772	800	FMV	Airline Tickets	Note (1) - a,b
(3)	RMHC of Southern Arizona, Inc. P.O. Box 40725, Tucson, AZ	95-3526934	501(c)(3)	36,772	800	FMV	Airline Tickets	Note (1) - b
(4)	RMHC of Southern California, Inc. 4560 Fountain Avenue, Los Angeles, CA	95-3167869	501(c)(3)	599,061	1,200	FMV	Airline Tickets	Note (1) - a,b,d
(5)	RMHC of Southern Colorado, Inc. 311 North Logan, Colorado Springs, CO	84-1013843	501(c)(3)	17,964	800	FMV	Airline Tickets	Note (1) - b
(6)	RMHC of Southern West Virginia, Inc. 302 30th Street SE, Charleston, WV	55-0631080	501(c)(3)	39,756				Note (1) - b
(7)	RMHC of Southwest Florida, Inc. 16100 Roserush Court, Fort Myers, FL	11-3704163	501(c)(3)	46,716	800	FMV	Airline Tickets	Note (1) - b,d
(8)	RMHC of Southwest Virginia, Inc. 2224 South Jefferson Street, Roanoke, VA	54-1244769	501(c)(3)	24,874				Note (1) - b
(9)	RMHC of Spokane, Inc. 1015 W. 5th Avenue, Spokane, WA	91-1176115	501(c)(3)	60,116	800	FMV	Airline Tickets	Note (1) - b
(10)	RMHC of St. Louis, Inc. 3450 Park Avenue, St. Louis, MO	43-1160478	501(c)(3)	77,699	3,200	FMV	Airline Tickets	Note (1) - b
(11)	RMHC of Tallahassee, Inc. 712 East 7th Avenue, Tallahassee, FL	59-2794505	501(c)(3)	38,703	800	FMV	Airline Tickets	Note (1) - b,d
(12)	RMHC of Tampa Bay, Inc. 28 Columbia Drive, Tampa Bay, FL	59-1835985	501(c)(3)	292,749	58,911	FMV	Tickets, Equipment	Note (1) - b,c,d

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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**Open to Public  
Inspection**

**RONALD MCDONALD HOUSE CHARITIES, INC.**

Employer identification number

**36-2934689**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	RMHC of Temple, Texas, Inc. 2415 South 47th Street, Temple, TX	74-2345274	501(c)(3)	23,331	800	FMV	Airline Tickets	Note (1) - b,d
(2)	RMHC of Texarkana, Inc. 2015 Galleria Oaks Drive, Texarkana, TX	75-2561173	501(c)(3)	21,173				Note (1) - b
(3)	RMHC of the Bay Area, Inc. 520 Sand Hill Road, Palo Alto, CA	94-3083711	501(c)(3)	159,038				Note (1) - b,d
(4)	RMHC of the Bluegrass, Inc. P.O. Box 22414, Lexington, KY	61-0986164	501(c)(3)	41,158	800	FMV	Airline Tickets	Note (1) - b
(5)	RMHC of the Capital Region, Inc. 139 South Lake Avenue, Albany, NY	22-2356004	501(c)(3)	237,469	800	FMV	Airline Tickets	Note (1) - a,b
(6)	RMHC of the Carolinas, Inc. 706 Grove Road, Greenville, SC	57-0844123	501(c)(3)	62,154	800	FMV	Airline Tickets	Note (1) - b,d
(7)	RMHC of the Central Valley, Inc. 9161 Randall Way, Madera, CA	94-2864490	501(c)(3)	34,642	800	FMV	Airline Tickets	Note (1) - b
(8)	RMHC of the Coastal Empire, Inc. 4710 Waters Avenue, Savannah, GA	58-1630107	501(c)(3)	105,199	800	FMV	Airline Tickets	Note (1) - a,b
(9)	RMHC of the Four States, Inc. 3402 S. Jackson, Joplin, MO	43-1758397	501(c)(3)	9,787				Note (1) - b
(10)	RMHC of Ann Arbor, Inc. 1600 Washington Heights, Ann Arbor, MI	38-2473817	501(c)(3)	10,648	800	FMV	Airline Tickets	Note (1) - b
(11)	RMHC of the Intermountain Area, Inc. 935 E. South Temple, Salt Lake City, UT	74-2386043	501(c)(3)	287,549	800	FMV	Airline Tickets	Note (1) - a,b
(12)	RMHC of the Miami Valley Region, Inc. 555 Valley Street, Dayton, OH	31-0964793	501(c)(3)	55,001	800	FMV	Airline Tickets	Note (1) - b

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

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

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No 1545-0047

**20 14**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization

Employer identification number

**RONALD MCDONALD HOUSE CHARITIES, INC.**

**36-2934689**

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

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

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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
	(1) RMHC of the New York Tri-State Area, Inc. 111 Wood Ave South, Ste 400, Iselin, NJ	22-3188156	501(c)(3)	500,782	1,600	FMV	Airline Tickets	Note (1) - b,d
	(2) RMHC of the Ohio Valley, Inc. 3540 Washington Avenue, Evansville, IN	35-1748468	501(c)(3)	28,232	800	FMV	Airline Tickets	Note (1) - b,d
	(3) RMHC of the Ozarks, Inc. 949 E. Primrose Street, Springfield, MO	43-1371143	501(c)(3)	28,488	800	FMV	Airline Tickets	Note (1) - b
	(4) RMHC of the Philadelphia Region, Inc. 200 S. Broad Street, 10th Floor, Philadelphia, PA	23-2705170	501(c)(3)	199,912				Note (1) - b,d
	(5) RMHC of the Red River Valley, Inc. 1330 18th Avenue South, Fargo, ND	45-0365598	501(c)(3)	24,652	800	FMV	Airline Tickets	Note (1) - b
	(6) RMHC of the Rio Grande Valley, Texas, Inc. 1720 Treasure Hills Boulevard, Harlingen, TX	74-2656780	501(c)(3)	60,883	1,600	FMV	Airline Tickets	Note (1) - b,d
	(7) RMHC of the Southwest, Inc. 3413 - 10th Street, Lubbock, TX	75-1915179	501(c)(3)	42,349	1,200	FMV	Airline Tickets	Note (1) - b,d
	(8) RMHC of the Tri-State, Inc. 1500 17th Street, Huntington, WV	55-0643445	501(c)(3)	28,727	800	FMV	Airline Tickets	Note (1) - b
	(9) RMHC of TriState, Inc. 240 Berger Road, Paducah, KY	61-1224406	501(c)(3)	24,481				Note (1) - b
	(10) RMHC of Tulsa, Inc. 6102 South Hudson Avenue, Tulsa, OK	73-1313892	501(c)(3)	34,220	800	FMV	Airline Tickets	Note (1) - b
	(11) RMHC of West Georgia, Inc. 1959 Hamilton Road, Columbus, GA	58-2065776	501(c)(3)	10,036	800	FMV	Airline Tickets	Note (1) - b
	(12) RMHC of Western New York, Inc. 780 West Ferry Street, Buffalo, NY	22-2438932	501(c)(3)	25,549	1,200	FMV	Airline Tickets	Note (1) - b

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

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

Schedule I (Form 990) (2014)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

**Open to Public  
Inspection**

**RONALD MCDONALD HOUSE CHARITIES, INC.**

Employer identification number  
**36-2934689**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	RMHC of Western Washington & Alaska, Inc. 5130 40th Avenue NE, Seattle, WA	91-1061043	501(c)(3)	186,898	800	FMV	Airline Tickets	Note (1) - b
(2)	RMHC of Western WI & Southeastern MN, Inc. 2700 National Drive, Suite 100, Onalaska, WI	39-1794402	501(c)(3)	62,802				Note (1) - b,d
(3)	RMHC of Wichita, Inc. 1110 N. Emporia, Wichita, KS	48-0918101	501(c)(3)	31,955	800	FMV	Airline Tickets	Note (1) - b
(4)	RMHC, Northern Nevada, Inc. 323 Maine Street, Reno, NV	94-2863819	501(c)(3)	29,717	800	FMV	Airline Tickets	Note (1) - b,d
(5)	RMHC, Upper Midwest, Inc. 818 Fulton Street SE, Minneapolis, MN	41-1313107	501(c)(3)	119,203	800	FMV	Airline Tickets	Note (1) - b
(6)	Southern Appalachian RMHC, Inc. 418 N. State of Franklin Road, Johnson City, TN	62-1578123	501(c)(3)	30,893				Note (1) - b
(7)	Fundacion Infantil Ronald McDonald Puerto Rico, Inc. 300 Felisa Rincon de Gautier Ave Ste 10 San Juan PR	66-0468226	501(c)(3)	23,429				Note (1) - b,f
(8)	Philadelphia RMH, Inc. 200 S. Broad Street, 10th Floor, Philadelphia PA	23-7377505	501(c)(3)	131,749	1,200	FMV	Airline Tickets	Note (1) - a,b
(9)	RMH of Cleveland, Inc. 10415 Euclid Avenue, Cleveland, OH	34-1269123	501(c)(3)	100,127	1,599	FMV	Tickets, Fnd. Items*	Note (1) - a,b
(10)	RMH of Eastern North Carolina at Greenville, Inc. 529 Moye Boulevard, Greenville, NC	56-1420505	501(c)(3)	54,339				Note (1) - b,f
(11)	RMH of San Francisco, Inc. 1640 Scott St., San Francisco, CA	94-2951627	501(c)(3)	200,045	800	FMV	Airline Tickets	Note (1) - a,b
(12)	RMH at Stanford, Inc. 520 Sand Hill Road, Palo Alto, CA	94-2538615	501(c)(3)	200,045	800	FMV	Airline Tickets	Note (1) - a,b

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

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No 1545-0047

**20 14**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Name of the organization

Employer identification number

**RONALD MCDONALD HOUSE CHARITIES, INC.**

**36-2934689**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Children's Hospital of Pittsburgh of UPMC 1251 Waterfront Place, Pittsburgh, PA	25-1865744	501(c)(3)	25,000				Note (1) - e
(2)	John Muir Foundation 1341 Galaxy Way, Ste. D, Concord, CA	94-2650855	501(c)(3)	29,585				Note (1) - e
(3)	Rockford Memorial Foundation 2400 N. Rockton Ave., Rockford, IL	36-3197918	501(c)(3)	34,000				Note (1) - e
(4)	Saving People's Smiles Dental Center 194 Pleasant St., Ste 6, Concord, NH	45-6000242	Gov't		424,824	FMV	Care Mobile	Note (1) - e
(5)	St. Vincent Healthcare PO Box 35200, Billings, MT	81-0232124	501(c)(3)	7,500				Note (1) - e
(6)	Tooth Truck, Inc. 949 E. Primrose Street, Springfield, MO	41-2028871	501(c)(3)	30,000				Note (1) - e
(7)	University of South Florida Foundation, Inc. 2 Tampa General Circ, RM 5012, Tampa, FL	23-7139546	501(c)(3)	25,000				Note (1) - e
(8)	VMC Foundation 2400 Moorpark Avenue, Suite 207, San Jose, CA	77-0187890	501(c)(3)	21,281				Note (1) - e
(9)	National Children's Alliance 516 C Street NE, Washington, DC	63-1044781	501(c)(3)	97,389				Note (1) - h
(10)	Reach Out and Read Inc. 56 Roland Street, Suite 100D, Boston, MA	04-3481253	501(c)(3)	30,000				Note (1) - h
(11)	American Red Cross 2530 Lombard Avenue, Everett, WA	53-0196605	501(c)(3)	25,000				Note (1) - h
(12)	Office of Cook County Public Guardian 2245 W. Ogden Ave., 4th Floor, Chicago, IL	36-3166053	Gov't	20,000				Note (1) - h

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

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

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No 1545-0047

**20 14**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES, INC.**

Employer identification number

**36-2934689**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	(1) The Chicago Community Trust (Kelli Joy O'Loughlin Foundation) 225 North Michigan Avenue, Suite 2200, Chicago, IL	36-2167000	501(c)(3)		10,229	FMV	Fundraising Items	Note (1) - h
	(2) Partners Healthcare System Inc. 55 Fruit Street, Boston, MA	04-3230035	501(c)(3)	150,000				Note (1) - g
	(3) Childrens Museum Inc. 1500 Binz, Houston, TX	74-2178563	501(c)(3)	50,000				Note (1) - g
	(4) Young Mens Christian Association of Metropolitan Los Angeles 3605 Long Beach Blvd., Suite 210, Long Beach, CA	95-1644052	501(c)(3)	37,500				Note (1) - g
	(5) Tampa General Hospital Foundation, Inc. PO Box 1289, Tampa, FL	23-7354477	501(c)(3)	35,500				Note (1) - g
	(6) YMCA of the Inland Northwest Camp Reed 1126 N. Monroe, Spokane, WA	91-0827958	501(c)(3)	34,500				Note (1) - g
	(7) Munson Healthcare Regional Foundation 1150 Medical Campus Drive, Traverse City, MI	38-2642724	501(c)(3)	31,325				Note (1) - g
	(8) Essentia Health Foundation 502 East Second St., Duluth, MN	27-1984704	501(c)(3)	30,000				Note (1) - g
	(9) Bon Secours Richmond Health Care Foundation 5875 Bremono Road, Suite 305, Richmond, VA	54-1201346	501(c)(3)	26,000				Note (1) - g
	(10) Faiths Lodge 4080 West Broadway, Ste 212, Minneapolis, MN	20-4967588	501(c)(3)	25,000				Note (1) - g
	(11) Swifty Foundation 3916 Sarazen Court, Woodridge, IL	46-1853577	501(c)(3)	25,000				Note (1) - g
	(12) Lee Memorial Health System Foundation Inc. 16451 HealthPark Commons Dr Ste 200, Ft Myers, FL	65-0645343	501(c)(3)	24,000				Note (1) - g

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

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

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

Schedule I (Form 990) (2014)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

20 14

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Name of the organization

Employer identification number

RONALD MCDONALD HOUSE CHARITIES, INC.

36-2934689

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include Viterbo College Inc., Eastern Maine Healthcare Systems, Community Foundation of Greater Chattanooga Inc., Eye Care Charity of Mid-America, etc.

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

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No 1545-0047

**20 14**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES, INC.**

Employer identification number

**36-2934689**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	<u>(1) Kids Food Basket</u> 2055 Oak Industrial Dr. SE, Ste C, Grand Rapids, MI	04-3760991	501(c)(3)	15,000				Note (1) - g
	<u>(2) Los Angeles Brotherhood Crusade-Black United Fund Inc.</u> 200 East Slauson Ave, Los Angeles, CA	95-2543819	501(c)(3)	15,000				Note (1) - g
	<u>(3) Mcmiracle Incorporated</u> 4755 Kingsway Drive, Suite 105, Indianapolis, IN	20-0403793	501(c)(3)	15,000				Note (1) - g
	<u>(4) United Negro College Fund Inc.</u> 501 Elm Street, Suite 700, Dallas, TX	13-1624241	501(c)(3)	15,000				Note (1) - g
	<u>(5) Saras Garden-The Sara Joy Rychener-Burkholder Hyperbaric Center</u> PO Box 150, Wauseon, OH	42-1630116	501(c)(3)	14,553				Note (1) - g
	<u>(6) Indy Youth Ministries, Inc.</u> 1601 E. 35th Street, Indianapolis, IN	35-2003878	501(c)(3)	12,911				Note (1) - g
	<u>(7) The Childrens Center Inc.</u> 6800 N.W. 39th Expressway, Bethany, OK	73-0580264	501(c)(3)	12,504				Note (1) - g
	<u>(8) All Childrens Hospital Foundation, Inc.</u> 500 Seventh Avenue South, Tampa, FL	59-2481738	501(c)(3)	12,500				Note (1) - g
	<u>(9) Center For Autism</u> 3905 Ford Road, Philadelphia, PA	23-1728027	501(c)(3)	12,500				Note (1) - g
	<u>(10) Cope Environmental Center Inc.</u> 4910 Shoemaker Rd., Centerville, IN	35-1856406	501(c)(3)	12,500				Note (1) - g
	<u>(11) Flint Diaper Bank Inc.</u> 5190 Exchange Drive, Flint, MI	46-0614120	501(c)(3)	12,500				Note (1) - g
	<u>(12) Jewish Big Brothers Big Sisters of Los Angeles</u> 6505 Wilshire Blvd, Sixth Floor, Los Angeles, CA	95-1691009	501(c)(3)	12,500				Note (1) - g

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

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

Schedule I (Form 990) (2014)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

20 14

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Name of the organization

RONALD MCDONALD HOUSE CHARITIES, INC.

Employer identification number

36-2934689

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] Yes [ ] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include North Carolina Symphony Society, Rose-Mary The Johanna Grasselli Rehabilitation and Education Center, St. Louis Blues Fourteen Fund, St. Mary Medical Center Foundation, Survivors of Abuse in Recovery Inc., The Salvation Army, Read to Grow Inc., Canine Assisted Therapy, Inc., Covenant HealthCare Foundation, Young Americans Center for Financial Education, Wordsworth Academy, and Kelli Joy OLaughlin Memorial Foundation.

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

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No 1545-0047

**20 14**

**Open to Public  
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Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

RONALD MCDONALD HOUSE CHARITIES, INC.

36-2934689

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	(1) Young Womens Christian Association of Cleveland Ohio 4019 Prospect Avenue, Cleveland, OH	34-0714800	501(c)(3)	10,692				Note (1) - g
	(2) City Of Philadelphia Tee Administering Wills Eye Institute 840 Walnut Street, Philadelphia, PA	23-6000204	501(c)(3)	10,665				Note (1) - g
	(3) Pathway School 162 Egypt Road, Jeffersonville, PA	23-2586474	501(c)(3)	10,538				Note (1) - g
	(4) Bakersfield Police Activities League 301 E. 4th St., Bakersfield, CA	77-0375436	501(c)(3)	10,000				Note (1) - g
	(5) CASA of Kent County Inc. 180 Ottawa Avenue NW #5200, Grand Rapids, MI	20-2112557	501(c)(3)	10,000				Note (1) - g
	(6) Child Cancer Fund Inc. 4811 Atlantic Boulevard, Jacksonville, FL	59-3359840	501(c)(3)	10,000				Note (1) - g
	(7) Citykids Foundation Inc. 57 Leonard St., New York, NY	13-3453226	501(c)(3)	10,000				Note (1) - g
	(8) Community Boys & Girls Club 901 Nixon Street, Wilmington, NC	56-0636247	501(c)(3)	10,000				Note (1) - g
	(9) expERIEnce Childrens Museum 420 French Street, Erie, PA	25-1693861	501(c)(3)	10,000				Note (1) - g
	(10) Family Care Center of Catawaba Valley Inc. 2875 Highland Avenue, NE, Hickory, NC	56-1857334	501(c)(3)	10,000				Note (1) - g
	(11) Foodbank of South Central Michigan, Inc. PO Box 408, Battle Creek, MI	38-2445948	501(c)(3)	10,000				Note (1) - g
	(12) Free Clinic of Simi Valley 2060 Tapo St., Simi Valley, CA	23-7108154	501(c)(3)	10,000				Note (1) - g

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2014)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No 1545-0047

**20 14**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES, INC.**

Employer identification number

**36-2934689**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	(1) Jessica June Children's Cancer Foundation 1600 South Andrews Avenue, Fort Lauderdale, FL	13-4280980	501(c)(3)	10,000				Note (1) - g
	(2) Linton Boys Baseball League Inc. 1723 Dogwood Lane, Linton, IN	23-7363072	501(c)(3)	10,000				Note (1) - g
	(3) Network Against Domestic Abuse of Northern Central Connecticut Inc. 139 Hazard Ave., Bldg. 3, Enfield, CT	22-2670688	501(c)(3)	10,000				Note (1) - g
	(4) St. Josephs Hospital of Tampa Foundation Inc. 3001 W. Dr. Martin Luther King Blvd., Tampa, FL	59-1100828	501(c)(3)	10,000				Note (1) - g
	(5) Triangle Family Services Inc. 3937 Western Blvd., Raleigh, NC	56-0547491	501(c)(3)	10,000				Note (1) - g
	(6) United Cerebral Palsy of Palm Beach and Mid-Coast Counties Inc. 3595 2nd Avenue North, Lake Worth, FL	65-0229776	501(c)(3)	10,000				Note (1) - g
	(7) Eagle Village, Inc. 4507 170th Avenue, Hersey, MI	38-1868217	501(c)(3)	9,974				Note (1) - g
	(8) Fieldstone Farm Therapeutic Riding Center 16497 Snyder Road, Chagrin Falls, OH	34-1310435	501(c)(3)	9,910				Note (1) - g
	(9) The Childrens Hospital of Philadelphia Foundation 3501 Civic Center Blvd., Philadelphia, PA	23-2237932	501(c)(3)	9,607				Note (1) - g
	(10) Boys and Girls Clubs of Hartford Inc. 170 Sigourney St., Hartford, CT	06-6026005	501(c)(3)	9,540				Note (1) - g
	(11) Robins Nest Inc. 42 S. Delsea Drive, Glassboro, NJ	23-7001477	501(c)(3)	9,500				Note (1) - g
	(12) Child Guidance & Family Solutions 18 North Forge Street, Akron, OH	34-0726083	501(c)(3)	9,400				Note (1) - g

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

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Schedule I (Form 990) (2014)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No 1545-0047

**20 14**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

**RONALD MCDONALD HOUSE CHARITIES, INC.**

**36-2934689**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Public Counsel 610 South Ardmore Ave., Los Angeles, CA	23-7105149	501(c)(3)	9,375				Note (1) - g
(2)	Main Line Hospitals Inc. 255 West Lancaster Ave., Paoli, PA	23-1352160	501(c)(3)	9,300				Note (1) - g
(3)	Operation Safe House, Inc. 9685 Hayes St., Riverside, CA	33-0326090	501(c)(3)	9,260				Note (1) - g
(4)	Bedford Public Schools 1623 W. Sterns Rd., Temperance, MI	38-6002773	Gov't	9,135				Note (1) - g
(5)	Mercy Health Foundation Joplin 2817 St Johns Blvd, Joplin, MO	27-0906136	501(c)(3)	9,033				Note (1) - g
(6)	Childrens Medical Research Inc. 800 Research Parkway, Ste 150, Oklahoma City, OK	73-1200262	501(c)(3)	9,000				Note (1) - g
(7)	Access Inc. 230 West Market Street, Akron, OH	34-1395246	501(c)(3)	8,676				Note (1) - g
(8)	Freeman-Oak Hill Health System 1102 West 32nd Street, Joplin, MO	43-1704371	501(c)(3)	8,467				Note (1) - g
(9)	Child & Family Center 21545 Center Pointe Parkway, Santa Clarita, CA	95-3941342	501(c)(3)	8,304				Note (1) - g
(10)	Boys and Girls Clubs of Miami-Dade Inc. 2805 SW 32nd Avenue, Miami, FL	59-0879227	501(c)(3)	8,266				Note (1) - g
(11)	Clarke Pennsylvania Inc. 455 South Roberts Road, Bryn Mawr, PA	23-3065167	501(c)(3)	8,250				Note (1) - g
(12)	Association for the Developmentally Disabled 350 E. Wilson Bridge Road, Worthington, OH	31-0814082	501(c)(3)	8,241				Note (1) - g

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

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

Schedule I (Form 990) (2014)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

20 14

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Name of the organization: RONALD MCDONALD HOUSE CHARITIES, INC. Employer identification number: 36-2934689

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Lists 12 organizations including School on Wheels, Emmanuel Cancer Foundation, etc.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2014)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No 1545-0047

**20 14**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES, INC.**

Employer identification number

**36-2934689**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Comfort Zone Camp Inc. 7201 Glen Forest Drive, Suite 301, Richmond, VA	54-1916517	501(c)(3)	7,500				Note (1) - g
(2)	Community for New Direction 2323 W. 5th Avenue Suite 160, Columbus, OH	31-1430278	501(c)(3)	7,500				Note (1) - g
(3)	Duke University 1400 Morreene Road, Durham, NC	56-0532129	501(c)(3)	7,500				Note (1) - g
(4)	Gabby Krause Foundation 7200 S. Alton Way, B-130, Centennial, CO	47-0946567	501(c)(3)	7,500				Note (1) - g
(5)	Kennedy Krieger Foundation Inc. 707 North Broadway, Baltimore, MD	52-1734695	501(c)(3)	7,500				Note (1) - g
(6)	Marleys Mission, Inc. 2150 Port Royal Road, Clarks Summit, PA	27-1458718	501(c)(3)	7,500				Note (1) - g
(7)	North Texas Food Bank 4500 S. Cockrell Hill Road, Dallas, TX	75-1785357	501(c)(3)	7,500				Note (1) - g
(8)	Para Los Ninos 500 Lucas Ave., Los Angeles, CA	95-3443276	501(c)(3)	7,500				Note (1) - g
(9)	Santa Barbara Public Library Foundation PO Box 1019, Santa Barbara, CA	46-0750188	501(c)(3)	7,500				Note (1) - g
(10)	Services for Children with Hidden Intelligence Inc. 812 East County Line Road, Lakewood, NJ	22-3301312	501(c)(3)	7,500				Note (1) - g
(11)	Sheppard Pratt Health System Inc. PO Box 6815, Baltimore, MD	52-0591684	501(c)(3)	7,500				Note (1) - g
(12)	United Negro College Fund, Inc. 3737 North Meridian, Suite 203, Indianapolis, IN	13-1624241	501(c)(3)	7,500				Note (1) - g

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

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

Schedule I (Form 990) (2014)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

**Open to Public  
Inspection**

**RONALD MCDONALD HOUSE CHARITIES, INC.**

Employer identification number

36-2934689

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	West Texas Rehabilitation Center 3001 S. Jackson, San Angelo, TX	75-0868320	501(c)(3)	7,500				Note (1) - g
(2)	White Lake Community Library 3900 White Lake Drive, Whitehall, MI	38-3469904	501(c)(3)	7,457				Note (1) - g
(3)	Connecticut Audubon Society Inc. 314 Umquowa Rd, Fairfield, CT	06-0653531	501(c)(3)	7,443				Note (1) - g
(4)	Young Womens Christian Association of the Greater Capital Region Inc. 21 1st Street, Troy, NY	14-1338577	501(c)(3)	7,310				Note (1) - g
(5)	James Whitcomb Riley Memorial Association 30 S. Meridian Street, Suite 200, Indianapolis, IN	35-0868147	501(c)(3)	7,250				Note (1) - g
(6)	St. Johns Healthcare Foundation Oxnard and Pleasant Valley 1600 North Rose Ave., Oxnard, CA	20-2865781	501(c)(3)	7,223				Note (1) - g
(7)	Hibiscus Childrens Center Inc. 2400 NE Dixie Highway, Jensen Beach, FL	59-2632361	501(c)(3)	7,211				Note (1) - g
(8)	Northeast Texas CASA, Inc. 1201 Main Street, PO Box 1546, Texarkana, TX	75-2352271	501(c)(3)	7,200				Note (1) - g
(9)	Perry Hall Recreation and Parks Council Belair & Joppa Roads, Perry Hall, MD	52-1393643	501(c)(3)	7,200				Note (1) - g
(10)	Grace Academy Inc. 277 Main Street, Hartford, CT	27-1673012	501(c)(3)	7,135				Note (1) - g
(11)	Christian Childrens Home of Ohio 2685 Armstrong Road, Wooster, OH	34-1056506	501(c)(3)	7,019				Note (1) - g
(12)	State College Area School District 2180 School Drive, State College, PA	24-6001247	Gov't	7,000				Note (1) - g

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

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

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

20 14

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Name of the organization

RONALD MCDONALD HOUSE CHARITIES, INC.

Employer identification number

36-2934689

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

Table with 8 columns: (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. Rows include Childrens Hospital of the Kings Daughters, Inc., Bobby Tripodi Foundation, Brecksville Road, Independence, OH, Rett Syndrome Research Trust Inc., Saint Michaels Catholic School, Childrens Aid and Family Services, Inc., St. Josephs Childrens Home, Young Mens Christian Association, Riverside Community College District Foundation, Sandcastle Clinical and Educational Services, Jose Limon Dance Foundation, Discovery Arts, and Figure Skating in Harlem Inc.

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

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

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

20 14

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Name of the organization

RONALD MCDONALD HOUSE CHARITIES, INC.

Employer identification number

36-2934689

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] Yes [ ] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include Hollenbeck Police Activities League, Jazz House Kids Inc., Together We Rise Corporation, Danbury Hospital, Evansville Parks Foundation Inc., Floating Hospital, Indiana State Symphony Society Inc., Norwalk Hospital Association, Oklahoma Safe Kids Coalition Inc., South Bronx Educational Foundation, Tammy Lynn Memorial Foundation Inc., and Mercy Hospital Foundation, Inc.

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

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



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No 1545-0047

**20 14**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES, INC.**

Employer identification number

**36-2934689**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	(1) Epilepsy Foundation of Florida, Inc. 1200 NW 78th Avenue, Suite 400, Miami, FL	59-2164525	501(c)(3)	5,600				Note (1) - g
	(2) Sparrow Hospital Memorials and Endowment Foundation 1110 E. Michigan Avenue, Lansing, MI	38-6100687	501(c)(3)	5,536				Note (1) - g
	(3) First Tee of Spartanburg Inc. 640 Keltner Ave., Spartanburg, SC	56-2199252	501(c)(3)	5,500				Note (1) - g
	(4) Greater Nashua Dental Connection 31 Cross Street, Nashua, NH	02-0500866	501(c)(3)	5,500				Note (1) - g
	(5) Heart Connection 1221 Center Street, Suite 12, Des Moines, IA	42-1313167	501(c)(3)	5,500				Note (1) - g
	(6) Boys & Girls Clubs of Indianapolis Inc. 3530 S. Keystone Avenue, Suite 200, Indianapolis, IN	35-0888754	501(c)(3)	5,375				Note (1) - g
	(7) Family Health Services Corporation 794 Eastland Dr., Twin Falls, ID	82-0371093	501(c)(3)	5,375				Note (1) - g
	(8) Unity House of Troy Incorporated 33 Second Street, Troy, NY	23-2378930	501(c)(3)	5,365				Note (1) - g
	(9) ARVF Corporation 2465 Voorhees Town Center, Voorhees, NJ	14-1859173	501(c)(3)	5,250				Note (1) - g
	(10) Boys Hope Girls Hope 367 Clermont Ave., Brooklyn, NY 11238	13-2990982	501(c)(3)	5,250				Note (1) - g
	(11) Darrell Gwynn Foundation 4850 SW 52nd Street, Davie, FL	51-0430447	501(c)(3)	5,250				Note (1) - g
	(12) Mountain Communities Boys and Girls Club PO Box 2228, Crestline, CA	33-0653707	501(c)(3)	5,250				Note (1) - g

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

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

Schedule I (Form 990) (2014)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No 1545-0047

**20 14**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Name of the organization

Employer identification number

**RONALD MCDONALD HOUSE CHARITIES, INC.**

**36-2934689**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	The Young Mens Christian Association of the Triangle Area 951 Heather Park Drive, Garner, NC	56-0591307	501(c)(3)	5,250				Note (1) - g
(2)	Central District Health Department 707 N Armstrong Pl, Boise, ID	82-0335015	Gov't	5,237				Note (1) - g
(3)	Southmountain Children and Family Services 115 N. Sterling Street, Morganton, NC	56-0672457	501(c)(3)	5,192				Note (1) - g
(4)	Therapeutic Living Centers for the Blind Inc. 7915 Lindley Ave., Reseda, CA	51-0143029	501(c)(3)	5,178				Note (1) - g
(5)	Community Health Clinics, Inc. 211 16th Ave N, Nampa, ID	82-0300537	501(c)(3)	5,048				Note (1) - g
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

Schedule I (Form 990) (2014)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Multi-year college scholarships for students of Hispanic descent	16	400,000			
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Part I, Line 2 - Procedures for monitoring the use of grant funds in the U.S.:

Chapters are required to submit audited financial statements that support the use of the funds granted. All other grantees are required to submit a performance/outcomes report on the anniversary of their award date. This report includes a program budget and detailed accounting of the use of the funds.

RMHC requires scholarship assistance to be sent directly to the educational institution selected by the scholarship recipient. The educational institution must provide annual class transcripts as proof of enrollment, and provide proof that the scholarship recipient remained in good standing with the educational institution throughout the year.

Note (1) - Part II, Column (h), Purpose of grant:

(a) Ronald McDonald House grants: for new House seed grants, expansion, and ongoing House support

(b) All U.S. Chapters receive general operating support grants on an annual basis

(c) Capacity Building grants to Chapters

(d) Matching funds to increase Chapter scholarship programs

(e) Build and support Ronald McDonald Care Mobile Units

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Note (1) continued:

(f) New Ronald McDonald Family Room seed grants and support of existing Family Room programs

(g) RMHC directly matches grants, up to a certain amount per Chapter, made to local children's organizations, which provide services to children in local communities throughout the U.S.

(h) Grants to improve the health and well-being of children

Note (2) - Part II, Column (g) Description of non-cash assistance:

\* Fnd. Items is an abbreviation of Fundraising Items

RMHC received a donation of airline tickets from Southwest Airlines during 2014, and the majority of the tickets were donated to the Chapters for general operating support.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
**Ronald McDonald House Charities, Inc.**

Employer identification number  
**36-2934689**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	7	356,809	Market quotations
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( Auction Items ) . . . . .	✓	176	517,105	FMV / Sales price
26 Other ▶ ( Airline Tickets ) . . . . .	✓	1	144,400	FMV
27 Other ▶ ( RMHC Bags ) . . . . .	✓	1	277,035	FMV
28 Other ▶ ( ) . . . . .				

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

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



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

Ronald McDonald House Charities, Inc.

Employer identification number

36-2934689

**Note 1 - Form 990, Part I, Lines 5 and 6 - Total Number of Employees and Volunteers:**

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.

**Note 2 - Form 990, Part III, Line 4a, Support of Chapters worldwide (continued):**

(2) Ronald McDonald Care Mobile Support (continued): In 2014, RMHC provided cash and non-cash grants and other support, totaling \$841,585 that helped to launch one new program in the U.S., as well as provided ongoing support and training, to 50 Ronald McDonald Care Mobile programs in nine countries.

(3) Ronald McDonald Family Room Program Support - In 2014, RMHC provided \$1,331,376 to launch eight new Ronald McDonald Family Rooms run by Chapters in the U.S. and nine run by Chapters outside the U.S., as well as provided support to existing programs. In addition, Volunteer Field Service team members of RMHC provided ongoing support to the 187 Ronald McDonald Family Rooms in operation globally, providing them with training and updated resource materials.

In addition to providing support for its three Core Programs, RMHC provided other support to Chapters as follows:

(1) Capacity Building and General Support - RMHC provides grants and 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 included: resource development; sharing best practices to improve all aspects of the organization; strategic planning; technology upgrades; ongoing training and education of board, staff, and volunteers to encourage excellence in delivering programs, fundraising and administrative practices; facilitation of networking opportunities; and developing local fundraising capabilities to grow resources and meet new and expanding program needs.

In 2014, RMHC provided general operating and capacity building support and grants totaling \$12,336,138 to Chapters.

(2) Scholarship Program Support - In 2014, RMHC provided matching grants funds totaling \$1,542,039 that increased secondary educational scholarship funds for scholarship programs run by Chapters.

(3) Community-Focused Program Support - In 2014, RMHC directly matched \$3,339,106 of U.S. Chapter grants made to local children's organizations, thereby increasing the availability and scope of services provided to children throughout the U.S.

Name of the organization <b>Ronald McDonald House Charities, Inc.</b>	Employer identification number <b>36-2934689</b>
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Note 3 - Form 990, Part VI, Line 2, Trustee and Officer Relationships:

Name	Type of Relationship	With
Spero Droulias	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino
Linda Dunham	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino
Wai-Ling Eng	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino
Javier Goizueta	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino
J.C. Gonzalez-Mendez	Business	Adele Jamieson, Alex Rodriguez, Andrew J. McKenna, Donald G. Lubin, Donald Thompson, Eduardo Sanchez, Fred Huebner, Gay Simplot, J. Christopher Reyes, Javier Goizueta, Linda Dunham, Muhtar Kent, Sheila Musolino, Sheldon Lavin, Spero Droulias, Steven M. Ramirez, Theodore Perlman, Wai-Ling Eng, Wayne Stingley
Fred Huebner	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino
Adele Jamieson	Business	Alex Rodriguez, Andrew J. McKenna, Donald G. Lubin, Donald Thompson, Eduardo Sanchez, Fred Huebner, Gay Simplot, J.C. Gonzalez-Mendez, J. Christopher Reyes, Javier Goizueta, Linda Dunham, Muhtar Kent, Sheila Musolino, Sheldon Lavin, Spero Droulias, Steven M. Ramirez, Theodore Perlman, Wai-Ling Eng, Wayne Stingley
Muhtar Kent	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino
Sheldon Lavin	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino
Donald G. Lubin	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino
Andrew J. McKenna	Business	Adele Jamieson, Alex Rodriguez, Donald G. Lubin, Donald Thompson, Eduardo Sanchez, Fred Huebner, Gay Simplot, J.C. Gonzalez-Mendez, J. Christopher Reyes, Javier Goizueta, Linda Dunham, Muhtar Kent, Sheila Musolino, Sheldon Lavin, Spero Droulias, Steven M. Ramirez, Theodore Perlman, Wai-Ling Eng, Wayne Stingley
Sheila Musolino	Business	Adele Jamieson, Alex Rodriguez, Andrew J. McKenna, Donald G. Lubin, Donald Thompson, Eduardo Sanchez, Fred Huebner, Gay Simplot, J.C. Gonzalez-Mendez, J. Christopher Reyes, Javier Goizueta, Linda Dunham, Muhtar Kent, Sheldon Lavin, Spero Droulias, Steven M. Ramirez, Theodore Perlman, Wai-Ling Eng, Wayne Stingley
Theodore Perlman	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino
Steven M. Ramirez	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino



Name of the organization <b>Ronald McDonald House Charities, Inc.</b>	Employer identification number <b>36-2934689</b>
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Note 3 - Form 990, Part VI, Line 2, Trustee and Officer Relationships (continued):

Name	Type of Relationship	With
J. Christopher Reyes	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino
Alex Rodriguez	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino
Eduardo Sanchez	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino
Gay Simplot	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino
Wayne Stingley	Business	Adele Jamieson, Andrew J. McKenna, Donald Thompson, J.C. Gonzalez-Mendez, Sheila Musolino
Donald Thompson	Business	Adele Jamieson, Alex Rodriguez, Andrew J. McKenna, Donald G. Lubin, Eduardo Sanchez, Fred Huebner, Gay Simplot, J.C. Gonzalez-Mendez, J. Christopher Reyes, Javier Goizueta, Linda Dunham, Muhtar Kent, Sheila Musolino, Sheldon Lavin, Spero Droulias, Steven M. Ramirez, Theodore Perlman, Wai-Ling Eng, Wayne Stingley

Note 4 - Form 990, Part VI, Line 4, Significant Changes to Governing Documents:

RMHC's By-Laws were revised during 2014 to update language to be consistent with current state law provisions, other best practices, and current practices of RMHC. Significant changes to the By-Laws related to the reduction in the number of permanent Trustees from a maximum of six to a maximum of three. Permanent Trustees include the McDonald's Chairman, the McDonald's CEO, and, if a McDonald's employee, the RMHC President. Before the revisions, permanent Trustees also included the RMHC Chairman and two McDonald's Officers, which were appointed by the McDonald's CEO.

Note 5 - Form 990, Part VI, Line 10a, Local Chapters:

The RMHC system is comprised of numerous independent organizations that utilize the same set of trademarks. RMHC commonly refers to the other independent organizations as RMHC "Local Chapters." However, it does not have legal control over these Chapters. Each Chapter must separately incorporate under the laws of its own state or country and obtain "charitable tax exempt" status (or the equivalent) under the laws of its own country.

Name of the organization Ronald McDonald House Charities, Inc.	Employer identification number 36-2934689
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**Note 6 - Form 990, Part VI, Line 11b, 990 Review Process:**

The Board retains the services of an independent CPA firm to review the organization's Form 990 before it is filed with the IRS. The firm meets annually with the audit committee to discuss the Form 990 before it is filed. After review and approval of the Form 990 by the audit committee, copies of the complete Form 990 and all accompanying schedules are provided to the remainder of the Board and Officers prior to filing it with the IRS.

**Note 7 - Form 990, Part VI, Line 12c, Monitoring of Conflict of Interest Policy:**

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

**Note 8 - Form 990, Part VI, Lines 15a and 15b, Compensation Process:**

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."

**Note 9 - Form 990, Part VI, Line 18, Public Inspection of 1023, 990, and 990-T:**

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

**Note 10 - Form 990, Part VI, Line 19, Public Inspection of Other Documents:**

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

**Note 11 - Form 990, Part IX, Line 11f, Investment Management Fees:**

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

Name of the organization <b>Ronald McDonald House Charities, Inc.</b>	Employer identification number <b>36-2934689</b>
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**Note 12 - Form 990, Part, XI, Line 9, Other Changes in Net Assets or Fund Balances:**

**Loss on uncollectible pledge from 2009 \$600,000**

**Loss on cash surrender value of insurance \$24,150**

**Recoveries of prior year grants \$44,001**

**Total other changes in net assets (\$580,149)**

**Note 13 - Donated Goods and Services:**

RMHC receives support from McDonald's Corporation (McDonald's) consisting of the free use of its facilities, equipment, materials, and employee services. The free goods and services provided by McDonald's partially defray certain costs that RMHC would otherwise incur for program service, fundraising, and management and general expenditures. Certain management services, such as financial, fundraising, marketing, and program services, are provided free of charge by employees of McDonald's.

Although the value of these goods and services is required to be included in RMHC's audited financial statements, some of it must be excluded from Form 990. The IRS specifically excludes donations of services and the use of facilities and equipment from total revenues in Part VIII and total expenses in Part IX of Form 990. In 2014, the total amount that was excluded from Form 990 was \$4,262,773, of which \$3,951,021 was donated services and use of facilities and equipment provided by McDonald's.