Form 9)()
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PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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



ΑF	or the	e 2023 calendar year, or tax year beginning and e	ending		4
B C a	heck if pplicabl	e: C Name of organization		D Employer identifie	cation number
	Addre chang	RONALD MCDONALD HOUSE CHARITIES DAYTON			
	Name chang			31-09647	93
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	555 VALLEY STREET		937-224-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,504,606.
	Amen return	DATION, OH 45404		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: KIIK CIK		for subordinates	? Yes X No
	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1	list. See instructions
	Vebsi			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1978 N	A State of legal domicile: OH
Ра	art I	Summary			
e		Briefly describe the organization's mission or most significant activities:		COMMUNITY,	COMFORT,
anc		AND HOPE TO FAMILIES OF SERIOUSLY ILL CHI		· ·	
Governance	-	Check this box if the organization discontinued its operations or dispose	ed of more		
0 Č					20
		Number of independent voting members of the governing body (Part VI, line 1b)			20
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			36
iviti		Total number of volunteers (estimate if necessary)			2036
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē		Contributions and grants (Part VIII, line 1h)		16,517,126.	2,749,646.
ent		Program service revenue (Part VIII, line 2g)		215,413.	219,194.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		224,990.	534,134.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-2,047.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,957,529.	3,500,927.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \ldots		906,822.	974,904.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
žp		Total fundraising expenses (Part IX, column (D), line 25) 355,74		004 176	1 202 700
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		904,176.	1,293,790.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	1,810,998.	2,268,694.
		Revenue less expenses. Subtract line 18 from line 12		15,146,531.	<u>1,232,233.</u>
s or				ginning of Current Year	End of Year
ssets Balanc		Total assets (Part X, line 16)		24,988,450.	40,276,825.
et A nd F		Total liabilities (Part X, line 26)	·····	477,010.	14,346,913.
Z ^D		Net assets or fund balances. Subtract line 21 from line 20		24,511,440.	25,929,912.
Pa	art II	Signature Block			

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

Sign	Signature of off	icer				Date		
	JESSICA	RAMSEY, TREASURER						
	Type or print na	ime and title						
	Print/Type prep	arer's name	Preparer's signa	ature	Date	Check	PTIN	
Paid	JANE E.	PFEIFER	JANE E.	PFEIFER	09/13	/24 self-employe	d P0001494	9
Preparer	Firm's name	CLARK, SCHAEFER,	HACKETT	& CO.		Firm's EIN 31	L-0800053	
Use Only	Firm's address	10100 INNOVATION	DRIVE					
		DAYTON, OH 45342				Phone no. 937	7-226-0070	
May the If	RS discuss this	return with the preparer shown abo	ove? See instruc	tions			X Yes	No
LHA For	Paperwork Re	eduction Act Notice, see the sepa	rate instruction	S. 332001 12-21-23	3		Form 990	(2023)

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	RONALD MCDONALD HOUSE CHARITIES OF DAYTON'S MISSION IS TO PROVIDE
	COMMUNITY, COMFORT, AND HOPE TO FAMILIES OF SERIOUSLY ILL CHILDREN.
	Did the organization undertake any significant program services during the year which were not listed on the
2	
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$1, 295, 363. including grants of \$) (Revenue \$1, 194.
	OPERATED RONALD MCDONALD HOUSE DAYTON (RMH), WHICH PROVIDES TEMPORARY
	HOUSING FOR FAMILIES WITH HOSPITALIZED CHILDREN FROM THE GREATER MIAMI
	VALLEY REGION. DURING 2023, THE ORGANIZATION PROVIDED 3050 NIGHTS OF
	SERVICE TO 265 FAMILIES FROM 35 OHIO COUNTIES, 27 STATES AND 15
	COUNTRIES(BANGLADESH, BELARUS, BRAZIL, CANADA, CUBA, GRENADA,
	GUATEMALA, HONDURAS, IVORY COAST, JAMAICA, MEXICO, NIGERIA, UNITED
	STATES, PAKISTAN, ZAMBIA)
	DONATED VOLUNTEER SERVICES VALUED AT \$95,748 IN 2023 ALSO ENABLED
	RONALD MCDONALD HOUSE CHARITIES DAYTON TO PROVIDE A PLACE FOR FAMILIES
	TO STAY WHILE THEIR CHILDREN ARE HOSPITALIZED.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
,	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4.	Total program service expenses 1,295,363.
4e	
40	
	Form 990 (2023 2 12-21-23 SEE SCHEDULE O FOR CONTINUATION(S)

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Form 990 (2				HOUSE	CHARITIES	DAYTON
Part IV	Checklist of R	Required Sc	hedules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			_
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I. Parts I and II	21		х
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Form 990 (2					CHARITIES	DAYTON
Part IV	Checklist of Re	equired Sc	hedules _{(contin}	nued)		

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Þ
		240		\vdash
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		
h	"Yes," complete Schedule L, Part IV	28b		\vdash
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		┝
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00		
~~	"Yes," complete Schedule L, Part IV	28c	Х	┝
29 29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	~	┝
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
• •	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		┝
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34				
	Part V, line 1	34		
35a	Part V, line 1	34 35a		
35a	Part V, line 1			
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
35a b	Part V, line 1	35a		
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35a b 36	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35a 35b		
35a b 36	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35a 35b		
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35a b 36 37	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," 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)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	35a 35b 36	x	
35a b 36 37 38	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," 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)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	35a 35b 36 37	x	
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35a b 36 37 38 Par 1a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," 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)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O tV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	35a 35b 36 37 38		
35a b 36 37 38 Par 1a b	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," 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)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O It 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 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	35a 35b 36 37 38		

Form	990 (2023) RONALD MCDONALD HOUSE CHARITIES DAYTON	31-0964	793	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
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	2a 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	-	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	hority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	ount)?	4a		<u>X</u>
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 Acc	ounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and \$100,000,000,000,000,000,000,000,000,000	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
	to file Form 8282?		7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con-	tract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	1?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the			
	sponsoring organization have excess business holdings at any time during the year?	אד / א	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:				
а		10a			
b		10b			
11	Section 501(c)(12) organizations. Enter:				
		1a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
~		1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a		
		2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	-1/	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
U		I3b			
~		13D			
		•	140		X
		•	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerat		45		х
	excess parachute payment(s) during the year?		15		<u> </u>
40	If "Yes," see the instructions and file Form 4720, Schedule N.		40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	icome?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activ				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17		
	If "Yes," complete Form 6069.			0000	
332005	12-21-23		Form	990	(2023)

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Form 990	(2023)
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RONALD MCDONALD HOUSE CHARITIES DAYTON 31-0964793 Page 6

<u>Form 990 (</u>		MCDONALD .				31-0904/93	Page O
Part VI	Governance, Manageme	nt, and Disclos	ure. _{For}	each "Yes" respons	e to lines 2 through	7b below, and for a "No" res	ponse
	to line 8a, 8b, or 10b below, desc						
	Check if Schedule O contains a	response or note to	any line in	this Part VI			X

1a Enter the number of voting members of the governing body, or if the governing body, or if the governing body or if the governing body? 2 2 Did the organization have members or totokolders? 6 7 6 3 Did the organization have members, stockholders? 7 7 8 6 4 a governing body? 7 7 8 8 7 8 5 Did the organization neces of the governing body? 7 8 8 8 8 8 8 8 8 8 8 8 8 8	Yes N				
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9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes'' provide the names and addresses on Schedule O 9 Vestion B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Od Did the organization have local chapters, branches, or affiliates? 10a b If 'Yes,'' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a As the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12a 2 Did the organization news a written conflict of interest policy? If 'Ne,' go to line 13 12a 2 Did the organization news a written winisted bolew policy? 14 3 Did the organization have a written winisted bolewer policy? 14 4 Did the organization have a written winisted bolewer policy? 14 4 Did the organization have a written winisted bolewer policy? 14 5 Did the organization have a written winisted bolewer policy? 14 4 Did the organization have a written wristed bolewer policy?	x	8b			
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Part VII Compensation of Officers,				s, K	(ey	En	nplo	oyees, Highest Co	ompensated	
Employees, and Independe										
Check if Schedule O contains a res										
Section A. Officers, Directors, Trustees, Ke			_							
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• List all of the organization's current key	•		e th	e ins	struc	tior	is fo	r definition of "key emp	loyee."	
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See the instructions for the order in which to lis	•			iu ai	iy ic	Jaco		gamzations.		
Check this box if neither the organization	n nor any related	orga	niza	tion	com	nper	isate	ed any current officer, c	lirector, or trustee.	
(A)	(B)			(0				(D)	(E)	(F)
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	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Emplement	For			
(1) RITA CYR	40.00			37				104 424	0	15 060
CHIEF EXECUTIVE OFFICER (2) JESSIE BUSH	0.50			Х				124,434.	0.	15,062.
(2) JESSIE BUSH TRUSTEE	0.50	x						0.	0.	0.
(3) LINDSAY DORSEY	0.50	~						0.	0.	0.
TRUSTEE	0.50	x						0.	0.	0.
(4) JENNIFER DOUGHERTY	0.50									
TRUSTEE		х						0.	0.	0.
(5) DAN DRISKELL	0.50									
TRUSTEE		х						0.	0.	0.
(6) MARGE ETSON	0.50									
TRUSTEE		Х						0.	0.	0.
(7) ANDRE HARRIS	0.50									
TRUSTEE		Х						0.	0.	0.
(8) KYLE KINNEY	0.50								0	0
TRUSTEE (9) JENNIFER MERCURIO LEEN	0.50	Х						0.	0.	0.
TRUSTEE	0.50	x						0.	0.	0.
(10) RICHARD MANCHUR	0.50									
TRUSTEE		х						0.	0.	0.
(11) PENNY NOLEN	0.50									
TRUSTEE		Х						0.	0.	0.
(12) JIM PORTER	0.50									
TRUSTEE		Х						0.	0.	0.
(13) NATALIE PUGAR	0.50									
TRUSTEE		Х						0.	0.	0.
(14) JULIE SCANLAN	0.50									
TRUSTEE		Х						0.	0.	0.
(15) NATIA SMITH	0.50	v							0	0
TRUSTEE	0.50	Х						0.	0.	0.
(16) AMY THORSON TRUSTEE	0.50	x						0.	0.	0.
(17) RANDY WHITE	0.50					-			· · ·	0.
TRUSTEE		х						0.	0.	0.
332007 12-21-23	1						1			Form 990 (2023)
				7	7					(2020)

11510913 758050 4000010-699

	MCDONALD	HO	US	E	CHZ	AR	IΤ	IES DAYTON	31-0	96 <u>4</u> 7	<u>′93</u> ғ	Page 8
Part VII Section A. Officers, Directors, T	rustees, Key Emp	oloye	ees,	and	l Hig	hest	t Co	ompensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average			Pos	ition			Reportable	Reportable		Estimat	ed
	hours per	box,	, unles	s per	nore th son is	both a	an	compensation	compensatio		amount	of
	week	offic	cer an	d a di	rector/	/truste	ee)	from	from related	1 E	othe	r
	(list any	ector						the	organization	s	compens	ation
	hours for	r dire			3	ted		organization	(W-2/1099-MIS		from t	пе
	related	stee o	ru stee			ensa		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations	al trus	onal ti		loyee	comp		1099-NEC)			and rela	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizat	ions
	,	Ind	lns	Off	Key	eme	For					
(18) MARIAH BUTLER VOGELGESANG	2.00											
CHAIR		Х		Х				0.		0.		0.
(19) ERIC GODLOVE	2.00											
VICE CHAIR		Х		Х				0.		0.		0.
(20) NICK ENDSLEY	2.00											
SECRETARY		Х		Х				0.		0.		Ο.
(21) JESSICA RAMSEY	2.00											
TREASURER		x		х				0.		0.		Ο.
		1										
		•										
										-+		
										\longrightarrow		
							_			\longrightarrow		
				_								
1b Subtotal								124,434.		0.	15,0	
c Total from continuation sheets to Part	t VII, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								124,434.		0.	15,0	62.
2 Total number of individuals (including bu	ut not limited to th	ose	liste	d ab	ove)	who	o ree	ceived more than \$100	,000 of reportable	Э		
compensation from the organization												1
										_	Yes	No
3 Did the organization list any former offic	cer, director, trust	ee, k	ey e	mpl	oyee	, or h	higł	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J fo											3	X
4 For any individual listed on line 1a, is the										····· F		
and related organizations greater than \$			-						-		4	x
5 Did any person listed on line 1a receive	· · · · · · · · · · · · · · · · · · ·		'							····· -		
rendered to the organization? If "Yes." of					•			-		- 1	5	x
Section B. Independent Contractors	complete Schedule	<u>ə J TC</u>	or su	<u>cn </u>	perso	<u> </u>					5	
						- +			100 000 of com			
1 Complete this table for your five highest	-									Jensali	On Irom	
the organization. Report compensation	for the calendar ye	ear e	ndin	g w	ith or	r with	<u>nın</u>		/ear.		(-)	
(A) Name and busine	oss addross	NTC	NTT					(B) Description of s	sonvicos	Cr	(C) ompensatio	מר
Name and busine		NC	ONE				_	Description of	Sel VICES		Inpensatio	
							_					
							1					
2 Total number of independent contractor	e (including but a	ot lin	nitor	l to t	those			above) who received m	ore then			
	· ·	JUIIT	med	1.01	-	- 1150	eui	above, who received m				
\$100,000 of compensation from the org	anization				0							(0000)
											-orm MMU	12022

332008 12-21-23

Form **990** (2023)

m 990		RONALD MCDONA	LD HOUSE	CHARITIES	DAYTON	31-0964	793 Page 9
art V	/	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	[] (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue		from tax under
			4.0.00-				sections 512 - 514
1 1	а	Federated campaigns 1a	10,227.				
no		Membership dues 1b					
Ē.	с	Fundraising events 1c	63,781.				
ar	d	Related organizations 1d					
and Other Similar	е	Government grants (contributions) 1e					
7	f	All other contributions, gifts, grants, and					
nei			675,638.				
5		Noncash contributions included in lines 1a-1f	138,007.				
anc	-	Total. Add lines 1a-1f		2,749,646.			
			Business Code				
2	2	FAMILY ROOM FEES	624100	219,194.	219,194.		
	b		021200				
ne							
ven	C						
Че	d						
	е						
		All other program service revenue		010 104			
		Total. Add lines 2a-2f		219,194.			
3		Investment income (including dividends, inter-	est, and	524 124			F04 104
		other similar amounts)		534,134.			534,134.
4		Income from investment of tax-exempt bond p	proceeds				
5		Royalties					
		(i) Real	(ii) Personal				
6	а	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
		and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
8		Gross income from fundraising events (not including \$ 63,781. of					
		contributions reported on line 1c). See	1 (20)				
		Part IV, line 18					
		Less: direct expenses	3,679.				
	с	Net income or (loss) from fundraising events		-2,047.			-2,047.
9		Gross income from gaming activities. See					
		Part IV, line 19	ı				
		Less: direct expenses 9t					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances	a				
		Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory					
	-		Business Code				
44	~		Ducinede Odde				
9 11							
/en	b						
11 Revenue	С						
٦		All other revenue					
	-	Total. Add lines 11a-11d					532,087.
	е			3,500,927.	219,194.	0.	

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9

	Check if Schedule O contains a respon	ise or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	139,496.	114,580.	6,974.	17,942.
6	Compensation not included above to disgualified	100,400.	111,500.	0,571	17,512.
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	684,913.	557,372.	34,246.	93,295.
8	Pension plan accruals and contributions (include	,			
	section 401(k) and 403(b) employer contributions)	26,473.	23,105.	1,324.	2,044.
9	Other employee benefits	26,473. 65,618.	58,014.	3,281.	2,044. 4,323.
10	Payroll taxes	58,404.	47,669.	2,920.	7,815.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	78,750.	2,367.	63,844.	12,539.
d	Lobbying				
е	3				
f	Investment management fees	15,015.		15,015.	
g		C22 204	42 200		142 240
	column (A), amount, list line 11g expenses on Sch O.)	622,294.	43,306.	435,748.	143,240.
12	Advertising and promotion	109,762.	44,119.	3,640.	62,003.
13	Office expenses	109,702.	44,119.	5,040.	02,003.
14 15	Information technology Royalties				
16	Occupancy	49,205.	45,761.	984.	2,460.
17	Travel	1,843.	1,720.		2,460. 123.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,593.	986.	38,424.	183.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	105,358.	97,983.	2,107.	5,268.
23	Insurance	16,971.	15,783.	339.	849.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) DONATED GOODS AND SERVI	138,007.	130 007		
a	MAINTENANCE AND REPAIRS	41,795.	<u>138,007.</u> 38,869.	836.	2,090.
b C	WOMAN ANDRE THA	33,636.	33,636.	030.	4,090.
c d	VE GOEL E AVEOUR	17,731.	15,601.	991.	1,139.
	All other expenses	23,830.	16,485.	6,915.	430.
25	Total functional expenses. Add lines 1 through 24e	2,268,694.	1,295,363.	617,588.	355,743.
26	Joint costs. Complete this line only if the organization	, , , , , , , , , , , , , , , , , , , ,		,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

10

RONALD MCDONALD HOUSE CHARITIES DAYTON

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

332010 12-21-23

Form 990 (2023)

Part IX Statement of Functional Expenses

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Form 990 (2023)

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Χ

2023.04020 RONALD MCDONALD HOUSE CHA 40000101

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Form 990 (2023)
Part X Balance Sheet

RONALD	MCDONALD	HOUSE	CHARITIES	DAYTON

31-0964793 Page 11

eck if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B)
sh - non-interest-bearing			End of year
in normatoroot boaring	16,362,905.	1	14,736,371.
vings and temporary cash investments		2	964,399.
dges and grants receivable, net	3,379,479.	3	2,314,620.
counts receivable, net	40,893.	4	70,831.
ans and other receivables from any current or former officer, director,			
stee, key employee, creator or founder, substantial contributor, or 35%			
ntrolled entity or family member of any of these persons		5	
ans and other receivables from other disqualified persons (as defined			
der section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
tes and loans receivable, net		7	9,096,100
entories for sale or use		8	
paid expenses and deferred charges		9	
nd, buildings, and equipment: cost or other			
sis. Complete Part VI of Schedule D 10a 14,225,132.			
ss: accumulated depreciation 10b 2,606,413.	3,930,306.	10c	
estments - publicly traded securities	1,274,867.	11	1,475,785
estments - other securities. See Part IV, line 11		12	
estments - program-related. See Part IV, line 11		13	
angible assets		14	
ner assets. See Part IV, line 11		15	
tal assets. Add lines 1 through 15 (must equal line 33)	24,988,450.	16	40,276,825
counts payable and accrued expenses	477,010.	17	1,736,913
ants payable		18	
ferred revenue		19	
c-exempt bond liabilities		20	
crow or custodial account liability. Complete Part IV of Schedule D		21	
ans and other payables to any current or former officer, director,			
stee, key employee, creator or founder, substantial contributor, or 35%			
trolled entity or family member of any of these persons		22	
cured mortgages and notes payable to unrelated third parties		23	
secured notes and loans payable to unrelated third parties		24	12,610,000
ner liabilities (including federal income tax, payables to related third			
ties, and other liabilities not included on lines 17-24). Complete Part X			
Schedule D		25	
tal liabilities. Add lines 17 through 25	477,010.	26	14,346,913
ganizations that follow FASB ASC 958, check here			
d complete lines 27, 28, 32, and 33.	1 116 000		2 54 6 205
assets without donor restrictions	4,446,978.	27	3,516,325
t assets with donor restrictions	20,064,462.	28	22,413,587
ganizations that do not follow FASB ASC 958, check here			
d complete lines 29 through 33.			
		29	
ained earnings, endowment, accumulated income, or other funds			
			25,929,912
al liabilities and net assets/fund balances	24,988,450.	33	40,276,825 Form 990 (202
gai d c oita d-i air al	nizations that do not follow FASB ASC 958, check here complete lines 29 through 33. al stock or trust principal, or current funds	initiations that do not follow FASB ASC 958, check here isomplete lines 29 through 33. al stock or trust principal, or current funds in or capital surplus, or land, building, or equipment fund ined earnings, endowment, accumulated income, or other funds inet assets or fund balances	mizations that do not follow FASB ASC 958, check here

	T XI Reconciliation of Net Assets				Г
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>		L
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,50	0,9	2
2		2	2,26		
3		3	1,23		
4		4	24,51		
5		5		6,2	
6		6			Ť
7		7		X	
8		8			
9		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
10		10	25,92	9.9	1
Par	t XII Financial Statements and Reporting	101		- / -	-
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	-
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				t
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		-		
29	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Г
20	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on				t
	separate basis, consolidated basis, or both:	i a			
	Separate basis, consolidated basis, or both.				
h			2b	х	T
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 ba				t
	consolidated basis, or both:	2010,			
	Separate basis X Consolidated basis Both consolidated and separate basis				
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	udit			Г
U	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedu				t
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	uic O.			Г
ou	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	tihuu			t
D.	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				990	12
			1 Onn		(2

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public

Name of the	organization
-------------	--------------

UOILCE	CUNDIMIEC	

Employer identification number
31-0964793

		RONA	LD MCDONALI	D HOUSE CHAR	ITIES	DAYTO	ON	3	1-0964793
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	-						
7	X	An organization that normal		ntial part of its support fr	om a gove	ernmental	unit or from th	e general	public described in
~		section 170(b)(1)(A)(vi). (C					\sim		
8	\square	A community trust describe			-				
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor
10		university: An organization that normal	Ily receives (1) more	than 33 1/3% of ite supr	ort from c	ontribution	ns memberchi	n fees an	d aross receipts from
10		activities related to its exem							
		income and unrelated busin							
		See section 509(a)(2). (Cor		(iooo coonicition that yield		and an dam			
11		An organization organized a		vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a						ry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	609(a)(3).	Check the box on
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatior	n(s), by hav	/ing
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the sup	ported
		organization(s). You mus							
с		Type III functionally inte						y integrate	ed with,
-		its supported organization		-					
d		J Type III non-functionally						-	
		that is not functionally inter-			•		-	an attentiv	/eness
		requirement (see instructi		•	-				
е	L	Check this box if the orga functionally integrated, or					турет, турет	, туре ш	
f	Ente	er the number of supported of				ation.			
g	_	vide the following information	•	d organization(s).					L
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
_									

Schedule A (Form 990) 2023 RONALD MCDONALD HOUSE CHARITIES DAYTON 31-0964793 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						4
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1188960.	1656296.	6978558.	3517126.	2749646.	16090586.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1100000	1.050000		2515106	0.740.646	1 6 9 9 9 5 9 6
	Total. Add lines 1 through 3	1188960.	1656296.	6978558.	3517126.	2749646.	16090586.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						1315092.
6	·····						14775494.
	Public support. Subtract line 5 from line 4.						<u>µ4//J494.</u>
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1188960.	1656296.	6978558.	3517126.		16090586.
	Gross income from interest,		10001000			2,190100	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	25,634.	20,735.	23,747.	224,990.	534,134.	829,240.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						16919826.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	,009,968.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	87.33 %
	Public support percentage from 2022					15	92.36 %
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	
	meets the facts-and-circumstances te	-	-		-		
) p	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circ		•				
× 10	Private foundation. If the organization	лаци пос спеска		a, 100, 178, 01 170	, check this box a		
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023 RONALD MCDONALD HOUSE CHARITIES DAYTON 31-0964793 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

alendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
ection B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
0a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
and income from similar sources b Unrelated business taxable income						
b Unrelated business taxable income						
b Unrelated business taxable income (less section 511 taxes) from businesses	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, 						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, whether or not the business is 						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital 						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the 						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here 	-					
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here 	c Support Per	centage			- 	
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage for 2023 (lit 	c Support Per ine 8, column (f), d	centage ivided by line 13, c	olumn (f))		15	9
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here 9 Public support percentage for 2023 (line) 	c Support Per ine 8, column (f), d Schedule A, Part	centage ivided by line 13, c III, line 15			- 	9
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here ection C. Computation of Public 5 Public support percentage from 2022 ection D. Computation of Inves 	c Support Per ine 8, column (f), d Schedule A, Part tment Income	centage ivided by line 13, c III, line 15 Percentage	olumn (f))		15 16	
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage for 2023 (line) 6 Public support percentage for 2023 (line) 7 Investment income percentage for 2023 	c Support Per ine 8, column (f), d Schedule A, Part tment Income 123 (line 10c, colur	ivided by line 13, c III, line 15 Percentage nn (f), divided by lir	olumn (f))	······	15 16 17	
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage for 2023 (li 9 Public support percentage for 2022) ection D. Computation of Invess 7 Investment income percentage for 20 	c Support Per ine 8, column (f), d Schedule A, Part tment Income 123 (line 10c, colur 2022 Schedule A,	ivided by line 13, c III, line 15 Percentage nn (f), divided by lin Part III, line 17	olumn (f))	······	15 16 17 18	
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage from 2022 ection D. Computation of Invess 7 Investment income percentage from 2023 3 a 31/3% support tests - 2023. If the 	c Support Per ine 8, column (f), d Schedule A, Part tment Income 23 (line 10c, colur 2022 Schedule A, organization did n	centage ivided by line 13, c III, line 15 Percentage nn (f), divided by lir Part III, line 17 iot check the box c	olumn (f)) ne 13, column (f)) on line 14, and line	15 is more than 3	15 16 17 18 3 1/3%, and line 1	
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage from 2022 ection D. Computation of Invess 7 Investment income percentage from 2023 9a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar 	c Support Per ine 8, column (f), d Schedule A, Part timent Income 23 (line 10c, colur 2022 Schedule A, organization did n ad stop here. The	centage ivided by line 13, c III, line 15 Percentage nn (f), divided by lin Part III, line 17 not check the box c organization qualif	ne 13, column (f)) ne 13, column (f)) n line 14, and line ïes as a publicly si	15 is more than 3 upported organiza	15 16 17 18 3 1/3%, and line 1 tion	
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage from 2022 ection D. Computation of Invess 7 Investment income percentage from 202 8 Investment income percentage from 203. If the more than 33 1/3%, check this box ar b 33 1/3% support tests - 2022. If the 	c Support Per ine 8, column (f), d Schedule A, Part timent Income 23 (line 10c, colur 2022 Schedule A, organization did n ad stop here. The organization did n	centage ivided by line 13, c III, line 15 Percentage nn (f), divided by lin Part III, line 17 not check the box c organization qualif not check a box on	olumn (f)) ne 13, column (f)) on line 14, and line ïes as a publicly si line 14 or line 19a	15 is more than 3 upported organiza , and line 16 is mo	15 16 17 18 3 1/3%, and line 1 ition re than 33 1/3%,	99999999999999999999999999999999999999
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for th check this box and stop here ection C. Computation of Publi 5 Public support percentage from 2022 ection D. Computation of Invess 7 Investment income percentage from 2023 9a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar 	c Support Per ine 8, column (f), d Schedule A, Part tment Income 23 (line 10c, colur 2022 Schedule A, organization did n organization did n ck this box and st	centage ivided by line 13, c III, line 15 Percentage nn (f), divided by lin Part III, line 17 ot check the box c organization qualif tot check a box on op here. The organ	olumn (f)) ne 13, column (f)) on line 14, and line ïes as a publicly si line 14 or line 19a nization qualifies a	15 is more than 3 upported organiza , and line 16 is mo s a publicly suppo	15 16 17 18 3 1/3%, and line ion re than 33 1/3%, rted organization	99999999999999999999999999999999999999

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

16

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Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

No

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			-
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	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.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
0	supported organizations played in this regard. stion E. Type III Functionally Integrated Supporting Organizations			

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No

- Activities Test. Answer lines 2a and 2b below. 2
- a 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 Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,
- one or more of the organization's supported organization(s) would have been engaged in? 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

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	dule A (Form 990) 2023 RONALD MCDONALD HOUSE CHARACTER t V Type III Non-Functionally Integrated 509(a)(3) Supporting			1-0964793 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying t			Dart VI) See instructions
•	All other Type III non-functionally integrated supporting organizations must co			Part VI). See instructions.
Sect	ion A - Adjusted Net Income	Inplet	(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	<u>1c</u>		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	-3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	_		
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

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RONALD	MCDONALD	HOUSE	CHARITIES	DAYTON	31-0964793	Page 7

Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 1 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions. Add lines 1 through 6. 7 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributable amount for 2023 from Section C, line 6 9 9 Distributable amount divided by line 9 amount 10 (i) (ii) (iii) (iii)	Sche Par		LD HOUSE CHARIN		3	1-0964793 Page 7		
1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations. 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations. 3 4 Output distributions (despice) are purposes of supported organizations. 4 5 Output distributions (despice) are purposes of supported organizations in part VI. See instructions. 6 7 Total annual distributions. 6 7 8 Distributions (despice) are purposes of supported organization is responsive forganizations to which the organization is responsive forganizations to which the organization is responsive forganizations to which the organization is responsive for the supported organization is responsive forganizations are provide distributions. 9 9 Distribution Allocations (see instructions) Excess Distributions 9 10 Line 3 annual (which or line Bart VD. See instructions) 10 10 10 11 Distributions carryower, if any, to years prior to 2023 (reason-ballo cause forganizations carryower, if any, to years prior to 2023 (reason-ballo cause forganizations carryower, if any, to 2023 10 10 10 10 10 10 10 10 10 10 10 <td< th=""><th></th><th></th><th>(a)(5) Supporting Orga</th><th>inzations (contin</th><th>ued)</th><th>Current Veer</th></td<>			(a)(5) Supporting Orga	inzations (contin	ued)	Current Veer		
2 Amounts paid to perform activity turthes exempt purposes of supported organizations in excess of income from activity 2 3 Administrative expenses paid to accomplete exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt use assets 4 5 Cualifies staide amounts from IPS approval required - provide details in Part VI) 5 6 Cthe distributions (describe in Part VI). See instructions. 6 7 Total amount distributions, Add lines 1 through 6. 7 8 Distributable amount for 2023 from Section C, line 6 9 9 Distribution Allocations (see instructions) 10 9 Citie B amount for 2023 from Section C, line 6 9 10 Line B amount for 2023 from Section C, line 6 10 11 Citie B amount for 2023 from Section C, line 6 10 12 Underdistributions, if any, to yoars pro to 202 (reason-able cause required - explain in Part VI). See instructions. 10 3 Excess distributions of prior years for to 2023 (reason-able cause required - explain in Part VI). See instructions. 10 14 From 2019 10 10 15 From 2018 10 10 16 From 2020 10 10 17 Total of lines 3a through 3e 10 10			mot purposos		•			
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b From 2019 Image: Constraint of the second se	3	Excess distributions carryover, if any, to 2023						
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e Excess from 2023								
	d	Excess from 2022						
	е	Excess from 2023						
					So	hedule A (Form 990) 2023		

332027 12-21-23

Schedule A Part VI	(Form 990) 2023 RONALD MCDONALD HOUSE CHARITIES DAYTON 31-0964793 Page & Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

Schedule B

RONALD	MCDONALD	HOUSE	CHARITIES	DAYTON

31-0964793

Organization type (chec	sk one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

2023.04020	RONALD	MCDONALD	HOUSE	CHA	40000101

97,640.

(c)

Total contributions

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

\$ 323452 12-26-23 22

(b)

Name, address, and ZIP + 4

11510913	758050	4000010-699

(Form 990) (2023)				Page 2
anization			Emplo	yer identification number
MCDONALD HOUSE CHARITIES DAYTON			31	-0964793
Contributors (see instructions). Use duplicate copies of Part I if addition	al spac	ce is needed.		
(b) Name, address, and ZIP + 4		(c) Total contribution	s	(d) Type of contribution
	\$_	168,83	<u>15.</u>	Person X Payroll C Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4		(c) Total contribution		(d) Type of contribution
	\$_	288,92		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)		(c)		(d)
Name, address, and ZIP + 4	\$_	Total contribution		Type of contribution Person X Payroll
(b)		(c)	_	(d) Turna of constribution
Name, address, and ZIP + 4	\$_	Total contribution		Type of contribution Person X Payroll
(b) Name, address, and ZIP + 4		(c) Total contribution	s	(d) Type of contribution
2	\$	425,00		Person X Payroll Noncash

RONALD MCDONALD HOU

Schedule B (Form 990) (2023) Name of organization

Part I

(a) No.

1

(a) No.

2

(a) No.

3

(a) No.

4

(a) No.

5

(a)

No.

6

23				-	
2023.04020	RONALD	MCDONALD	HOUSE	CHA	40000101

\$

323452	12-26-23

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>250,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution

RONALD MCDONALD HOUSE CHARITIES DAYTON

Name of organization

Part I

(a)

No.

7

(b)

Name, address, and ZIP + 4

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

31-0964793

Person Payroll

Noncash

(Complete Part II for

Person Payroll Noncash

(c)

Total contributions

\$

375,000.

(d)

Type of contribution

X

11510913 758050 4000010-699

ame of or	ganization		Employer identification number
	MCDONALD HOUSE CHARITIES DAYTON		31-0964793
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions,	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
_		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		-	
		_ \$	

24

11510913 758050 4000010-699

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Page 3

hedule B (F me of orgar	orm 990) (2023) nization				Employer identification number			
-								
	MCDONALD HOUSE CHARITI		ihad in acation 50	4(a)/7\ (0\ av (40\)	31-0964793			
fr	xclusively religious, charitable, etc., contribution om any one contributor. Complete columns (a)	through (e) and the following	na line entry. For o	rganizations				
cc	ompleting Part III, enter the total of exclusively religious, c Ise duplicate copies of Part III if additional s	haritable, etc., contributions of	\$1,000 or less for the	ne year. (Enter this info.	once.) \$			
a) No.	· ·	ć						
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Des	scription of how gift is held			
_								
		(e) Trans	fer of gift					
	Transferee's name, address, ar	ad 7IP ± 4	B	elationshin of tr	ansferor to transferee			
a) No. from	(b) Purpose of gift (c) Use of		f gift (d) Description of how		cription of how gift is held			
Part I		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
-								
-								
	(e) Transfer of gift							
		(e) Trans	fer of gift					
	Transferee's name, address, ar			elationship of tr	ansferor to transferee			
	Transferee's name, address, ar			elationship of tr	ansferor to transferee			
-	Transferee's name, address, ar			elationship of tr	ansferor to transferee			
	Transferee's name, address, ar			elationship of tr	ansferor to transferee			
a) No.		nd ZIP + 4	R					
a) No. from Part I	Transferee's name, address, ar		R		ansferor to transferee			
from		nd ZIP + 4	R					
from		nd ZIP + 4	R					
from		nd ZIP + 4	R					
from		nd ZIP + 4	R					
from	(b) Purpose of gift	(e) Trans	gift	(d) Des	scription of how gift is held			
from		(e) Trans	gift	(d) Des				
from	(b) Purpose of gift	(e) Trans	gift	(d) Des	scription of how gift is held			
from	(b) Purpose of gift	(e) Trans	gift	(d) Des	scription of how gift is held			
from Part I	(b) Purpose of gift	(e) Trans	gift	(d) Des	scription of how gift is held			
from Part I	(b) Purpose of gift	nd ZIP + 4	gift	(d) Des	scription of how gift is held			
from	(b) Purpose of gift	(e) Trans	gift	(d) Des	scription of how gift is held			
from Part I	(b) Purpose of gift	nd ZIP + 4	gift	(d) Des	scription of how gift is held			
from Part I	(b) Purpose of gift	nd ZIP + 4	gift	(d) Des	scription of how gift is held			
from Part I	(b) Purpose of gift	nd ZIP + 4	gift	(d) Des	scription of how gift is held			
from Part I	(b) Purpose of gift	nd ZIP + 4	gift gift gift gift	(d) Des	scription of how gift is held			
from Part I	(b) Purpose of gift	nd ZIP + 4	gift	(d) Des	scription of how gift is held			
from Part I	(b) Purpose of gift	nd ZIP + 4	gift gift fer of gift gift gift fer of gift	(d) Des	scription of how gift is held			
from Part I	(b) Purpose of gift Transferee's name, address, ar (b) Purpose of gift	nd ZIP + 4	gift gift fer of gift gift gift fer of gift	(d) Des	ansferor to transferee			
from Part I	(b) Purpose of gift Transferee's name, address, ar (b) Purpose of gift	nd ZIP + 4	gift gift fer of gift gift gift fer of gift	(d) Des	ansferor to transferee			

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(Forr	HEDULE D m 990) In ment of the Treasury I Revenue Service	Complete if the organ Part IV, line 6, 7, 8, 9, 10 A	Al Financial Statements nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990. D for instructions and the latest information.		OMB No. 1 202 Open to Inspect	23 Public
Nam	e of the organizat		JSE CHARITIES DAYTON		identificatio 1-09645	
Pa	rt I Organiz		d Funds or Other Similar Funds or A			
		on answered "Yes" on Form 990, Part IV, line				
			(a) Donor advised funds	(b) Funds and	d other accou	unts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3	Aggregate value of	of grants from (during year)				
4	Aggregate value a	t end of year				
5	•		writing that the assets held in donor advised fur			
			exclusive legal control?		Yes	No No
6			dvisors in writing that grant funds can be used			
			r donor advisor, or for any other purpose confe	ŭ		<u> </u>
Pa	impermissible priv				Yes	NoNo
1		servation easements held by the organization	ganization answered "Yes" on Form 990, Part I	V, line 7.		
2	Preservation		Preservation of a certied conservation contribution in the form of a c	onservation ea		
а	Total number of c	onservation easements		2a		
b				2b		
с	Number of conser	vation easements on a certified historic stru		2c		
d	Number of conser	vation easements included on line 2c acqui	red after July 25, 2006, and not			
				2d		
3	Number of conser	vation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	nization during	the tax	
	year					
4		where property subject to conservation eas				
5	-	ation have a written policy regarding the per				
6		forcement of the conservation easements it	handling of violations, and enforcing conservat		Yes	
6		er nours devoted to monitoring, inspecting,		ion easements	during the y	eai
7	Amount of expens	ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	asements duri	ng the year	
8	Does each conse	 vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B))(i)		
	and section 170(h				Yes	No
9	-		on easements in its revenue and expense state	ment and		
			ote to the organization's financial statements t		he	
	organization's acc	counting for conservation easements.				
Pa	rt III Organiz	ations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Ass	ets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	alance sheet w	orks	
	of art, historical tr	easures, or other similar assets held for pub	lic exhibition, education, or research in furthera	ance of public		

service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1

	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
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3	rt III Organizations Maintaining C Using the organization's acquisition, accessi					
3		on, and other record	s, check any of the	iollowing that h	nake significant use of	i its
	collection items (check all that apply).					
а	Public exhibition	d		change program	1	
b	Scholarly research	e	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co					Part XIII.
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other	similar assets	
	to be sold to raise funds rather than to be ma					Yes
Par	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organization	n answered "Ye	es" on Form 990, Part	IV, line 9, or
1 a	Is the organization an agent, trustee, custodi on Form 990, Part X?		•			Yes
b	If "Yes," explain the arrangement in Part XIII					
			0			Amount
с	Beginning balance				1c	
	Additions during the year					
						
f	Ending balance					
						Yes
	-					
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds Complete if					L
1 41		(a) Current year		(c) Two years		back (e) Four years ba
_		., ,	(b) Prior year			
	Beginning of year balance	1,274,867.	1,519,863.	1,301,	474. 1,192,9	84. 1,088,0
b	Contributions					
	3,3,3,	200,918.	-244,996.	218,	389. 108,4	90. 204,9
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					100,0
f	Administrative expenses					
g	End of year balance	1,475,785.	1,274,867.	1,519,	863. 1,301,4	74. 1,192,9
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as:		
а		.2150	%			
b		%				
	Term endowment 64.4650					
•	The percentages on lines 2a, 2b, and 2c sho					
39	Are there endowment funds not in the posse		tion that are held a	nd administere	d for the	
ou	organization by:	solon of the organize				Yes
	(i) Unrelated organizations?					
	(ii) Related organizations?					
	If "Yes" on line 3a(ii), are the related organiza					3b
4 Dor	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment funds.			
Far						
	Complete if the organization answere					1
	Description of property	(a) Cost or o basis (investr	nent) basis	t or other (other)	(c) Accumulated depreciation	(d) Book value
	Land			8,761.		578,76
1a			3,39	4,806.	2,173,590.	1,221,21
b						
b c	Leasehold improvements		17	7,181.	169,450.	7.73
b c d				7,181.	169,450. 263,373.	7,73

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Schedule D (Form 990) 2023 RONALD MCD	ONALD HOUSE CH	HARITIES DAYTON	31-0964793 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)) (b) Book value	(c) Method of valuation: Cost	ι or end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15	j.
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	,		
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities	col. (B))		······
Complete if the organization answered "Yes	s" on Form 990 Part IV lin	a 11a or 11f See Form 990 Part X	line 25
	5 OFF OFF 550, Fart IV, III		(b) Book value
(a) Description of liability (1) Federal income taxes.			
(1) rederar moone taxes			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, (col (B))		
2. Liability for uncertain tax positions. In Part XIII, provid organization's liability for uncertain tax positions und		•	•

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Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 RONALD MCDONALD HOUSE CHARITIES DAYTON	31-	0964793	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	3,679,	934.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a 186, 239.			
b	Donated services and use of facilities 2b4,104.			
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d 3,679.			
е	Add lines 2a through 2d	2e		022.
3	Subtract line 2e from line 1	3	3,485,	912.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 15,015.	_		
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	<u>4c</u>	15,	015.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,500,	927.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		0.051	
1	Total expenses and losses per audited financial statements	1	2,261,	462.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 4,104.	_		
b	Prior year adjustments 2b	_		
С	Other losses 2c	_		
d	Other (Describe in Part XIII.)		_	
е	Add lines 2a through 2d	2e	, 7 2,253,	783.
3	Subtract line 2e from line 1	3	2,253,	679.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 15,015.	_		
b	Other (Describe in Part XIII.)	_		
с	Add lines 4a and 4b	4c		015.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,268,	694.
Pa	t XIII Supplemental Information			

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

PART V, LINE 4:

THE	ORG	NIZAT	rion's	ENDOW	MENT	CONSI	STS	OF	А	FUND	CRI	EATED	то	SUP	PORT	THE	
MIS	SION	AND V	JISION	OF PR	OVID	ING RE	SID	ENTI	AL	LIV	ING	QUAR	TERS	5 FO	R FA	MILIE	IS
OF	HOSPI	TALIZ	ZED CHI	LDREN	FROM	1 THE	GREA	ATER	M	IAMI	VAI	LLEY	AREA	. I	TS E	NDOW	IENT
INC	LUDES	DONG	OR-REST	TRICTE	D ENI	OWMEN	IT FU	JNDS	Т	HAT .	ARE	CLAS	SIFI	ED .	AND	REPOF	RTED
BAS	ED ON	J THE	EXIST	ENCE O	R ABS	SENCE	OF I	DONO	R-	IMPO	SED	REST	RICI	ION	s.		

	PART X, LINE 2:
$\boldsymbol{<}$	THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION
	501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME, IF ANY, FROM
	CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT
	PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION,
	332054 09-28-23 Schedule D (Form 990) 2023
	29
11	510913 758050 4000010-699 2023.04020 RONALD MCDONALD HOUSE CHA 40000101

Schedule D (Form 990) 2023 RONALD MCDONALD HOUSE CHARITIES DAYTON 31 Part XIII Supplemental Information (continued) Continued)	-0964793 Page 5
THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDU	CTION UNDER
SECTION 170(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZA	TION THAT
IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). MANAGEMEN	T DOES NOT
BELIEVE THE ORGANIZATION HAS ANY UNRELATED BUSINESS INCOME TAX	DUE.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	3,679.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	3,679.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ental Information Regarding	Fund	raisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2023
Department of the Treasury		Attach to Form 990 of						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instrue	ctions	and th	ne latest informatio	n.		Inspection
Name of the organization		MCDONALD HOUSE CHA	רחדס	רשפ			Employer	identification number
Part I Fundrais		Complete if the organization answer				ine 1		
	complete this par		aeu i	23 01	11 0im 990, 1 art 10, 1		7.10111330	
 a X Mail solicitat b X Internet and c Phone solicitat d X In-person solution 	tions email solicitations itations licitations	s f Solicita g X Special	tion of tion of fundra	non-g gover iising (overnment grants nment grants events		C	O ^X
key employees list	ted in Form 990, P) highest paid indi [,]	or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu e organization.	rofessi	onal fi	undraising services?		N X	/es No
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (Amount pair or retained b fundraiser ted in col. (i)	y) to (or retained by)
TRUESENSE MARKETIN		DONOR MARKETING PROGRAM -	Yes	No				
COMMERCE DRIVE, FR	EEDOM, PA	DIRECT MAIL		X	176,947.		95,57	5. 81,372.
		6						
		\mathbf{D}						
	C .							
Total	·····		<u></u>		176,947.	L	95,57	
 List all states in wh or licensing. 	ich the organizatio	on is registered or licensed to solicit o	contrib	ltions	or has been notified	it is	exempt from	registration
ОН								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

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31-0964793 Page 2 RONALD MCDONALD HOUSE CHARITIES DAYTON

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2 DOORS OF	(c) Other events	(d) Total events
			RADIOTHON	COMPASSION	1	(add col. (a) through
			(event type)	(event type)	(total number)	– col. (c))
Revenue						
eve	1	Gross receipts	62,913.	2,500.		65,413.
ш	2	Less: Contributions	62,538.	1,243.		63,781.
	3	Gross income (line 1 minus line 2)	375.	1,257.		1,632.
	4	Cash prizes				
()	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs			\sim	
rect Ex	7	Food and beverages				
ē	8	Entertainment				
	9	Other direct expenses	2,422.	1,257.		3,679. 3,679.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		, 	3,679.
		Net income summary. Subtract line 10 from li				-2,047.
Pa	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form		reported more than	
anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	_1	Gross revenue				
S		Cash prizes				
Expenses		Noncash prizes				
rect E>		Rent/facility costs				

	+				
nue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
s	2 Cash prizes				
xpense	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes No	% Yes%	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)		
9	Enter the state(s) in which the organization condu				
	Is the organization licensed to conduct gaming ac				
	If "No," explain:				
10a	Were any of the organization's gaming licenses re	voked, suspended, o	r terminated during the tax y	/ear?	Yes No
b	If "Yes," explain:				
33208				Sche	dule G (Form 990) 2023

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023	RONALD MCDONALD HOUSE C	HARITIES DAYTON	31-0964793 Page 3
11 Does the organization conduc	gaming activities with nonmembers?		
	eneficiary or trustee of a trust, or a member of a par		
	J?		
I3 Indicate the percentage of ga	ing activity conducted in:		
			13a %
	the person who prepares the organization's gamin		
Name			
Address			
5a Does the organization have a	ontract with a third party from whom the organizati	on receives gaming revenue?	Yes No
-			
b If "Yes," enter the amount of	aming revenue received by the organization \$	and the a	amount
	the third party \$		
c If "Yes," enter name and add			Þ
	-		
Name			
Address			
6 Gaming manager information			
- •			
Name			
Gaming manager compensat	n \$		
Description of services provid	d	7	
Director/officer	Employee Independent of	contractor	
7 Mandatory distributions:			
	der state law to make charitable distributions from t	he gaming proceeds to	
retain the state gaming licens			Yes No
	ns required under state law to be distributed to othe		
organization's own exempt a			
	ormation. Provide the explanations required by	Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
	as applicable. Also provide any additional informat		· · · · · · · · · · · · · · · · · · ·
, , , , ,			
CHEDULE G, PART	, LINE 2B, LIST OF TEN HIG	HEST PAID FUNDR	AISERS:
I) NAME OF FUNDR	ISER: TRUESENSE MARKETING		
I) ADDRESS OF FU	DRAISER: 155 COMMERCE DRIV	/E, FREEDOM, PA	15042
2083 09-13-23			Schedule G (Form 990) 2023
	33		

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chedule G (Form 990)	RONALD MCDONALD HC	<u>DUSE CHARITIES</u>	DAYTON	31-0964793	Page 4
hedule G (Form 990) art IV Supplemental	nformation (continued)				
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			$ \rightarrow $		
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(hV					
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Schedule G (Form 990)

332084 04-01-23

SCHEDULE	ΞM
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

. Inspection

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

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

Name of the organization

RONALD MCDONALD HOUSE CHARITIES DAYTON

Employer identification number 31-0964793

ſ

ZU **Open to Public**

Par	tl	Types of Property								
			(a)	(b)	(c)		(0			
			Check if	Number of contributions or	Noncash contri amounts repor		Method of o			
			applicable		Form 990, Part VI		noncash contrit	bution ar	nount	S
1	Art -	Works of art				U				
		Historical treasures								
		Fractional interests								
		s and publications								
		hing and household goods	X		138	.007.	COMPARABLE	RET	ATT.	PR
		and other vehicles			100	/00/0		11.11.1		
		s and planes								
		rities - Publicly traded								
		rities - Closely held stock								
11		rities - Partnership, LLC, or								
		interests								
		rities - Miscellaneous								
13		fied conservation contribution -								
		pric structures								
		fied conservation contribution - Other								
15		estate - Residential								
		estate - Commercial								
		estate - Other								
		ctibles								
19	Food	inventory								
		s and medical supplies								
		lermy								
		prical artifacts								
		ntific specimens								
24	Arch	eological artifacts								
25	Othe	r ()								
26	Othe	r ()								
27	Othe	r ()								
28	Othe	r (
29	Num	ber of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions					
	for w	hich the organization completed Form 828	33, Part V, D	onee Acknowledge	ement	29			0	
									Yes	No
30a	Durir	ng the year, did the organization receive by	, contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, that it			
	must	hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to	be used f	for			
	exen	pt purposes for the entire holding period?						30a		<u>X</u>
b	lf "Ye	es," describe the arrangement in Part II.								
31	Does	the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard	d contribut	ions?	31		X
32a	Does	the organization hire or use third parties o	or related or	ganizations to solic	cit, process, or sell	noncash				
	conti	ibutions?						32a		X
b	If "Ye	es," describe in Part II.								
33	If the	organization didn't report an amount in co	olumn (c) for	a type of property	for which column	(a) is chec	cked,			
	desc	ribe in Part II.								
For P	aper	work Reduction Act Notice, see the Instr	ructions for	Form 990.			Schedule	M (Forr	n 990)	2023

LHA 332141 09-11-23

hedule M (Form 990) 2023 RONALD MCDONALD HOUSE CHARITIES DAYTON	31-0964793	Page 2
art II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a com this part for any additional information.	and whether the organizat bination of both. Also comp	tion blete
		,
· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



RONALD MCDONALD HOUSE CHARITIES DAYTON

31-0964793

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE RONALD MCDONALD FAMILY ROOM (RMFR) LOCATED INSIDE DAYTON CHILDREN'S

HOSPITAL PROVIDES COMPLIMENTARY SNACKS, BEVERAGES, LITE MEALS, A

RESPITE/RELAXATION AREA, LAUNDRY FACILITIES, SHOWER FACILITIES, A

CHARGING STATION, AND COMPUTER ACCESS WITH PRINTER AND FAX TO FAMILIES

WITH CHILDREN INPATIENT AT DAYTON CHILDREN'S HOSPITAL AND ONLY STEPS

AWAY FROM THE BEDSIDE. IN 2023 THE RMFR INSIDE OF DAYTON CHILDREN'S

HOSPITAL SERVED 1,423 FAMILIES AND 8419 INDIVIDUALS FROM 22 STATES AND

31 OHIO COUNTIES.

IN 2023 THE RMFR INSIDE OF MIAMI VALLEY HOSPITAL SERVED 883 FAMILIES AND 13,241 INDIVIDUALS FROM 3 STATES AND 26 OHIO COUNTIES. THIS RMFR SERVES ANTEPARTUM MOTHERS AND FAMILIES OF BABIES IN THE NEONATAL INTENSIVE CARE UNIT. THIS SPACE PROVIDES THE AMENITIES OF COMPLIMENTARY SNACKS, BEVERAGES, LITE MEALS, A RESPITE/RELAXATION AREA, LAUNDRY AND ACCESS TO AN I-PAD AND INTERNET.

FORM 990, PART VI, SECTION A, LINE 7A: OF THE TWENTY TRUSTEES WILL BE APPOINTED. THREE (3) TWO (2) OF THE APPOINTED TRUSTEES SHALL BE MEMBERS OF THE MIAMI VALLEY MCDONALD'S COOPERATIVE, ONE REPRESENTATIVE BEING A MCDONALD'S OWNER OPERATOR AND THE OTHER Α REPRESENTATIVE OF THE MCDONALD'S CORPORATE OFFICES. THE THIRD APPOINTED TRUSTEE SHALL BE A MEMBER OF THE SENIOR MANAGEMENT OF THE CHILDREN'S MEDICAL CENTER, DAYTON.

FORM 990, PART VI, SECTION B, LINE 11B: For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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Name of the organization RONALD MCDONALD HOUSE CHARITIES DAYTON	Employer identification number $31-0964793$
FORM 990 IS PROVIDED TO THE ORGANIZATION'S EXECUTIVE DIREC	TOR AND FINANCE
COMMITIEE MEMBERS FOR AN IN-DEPTH REVIEW OF THE RETURN. PR	IOR TO THE TIME
OF FILING WITH THE IRS, THE FORM 990 IS ALSO PROVIDED TO E	ACH VOTING MEMBER
OF THE GOVERNING BODY OF THE ORGANIZATION FOR THEIR REVIEW	. EACH VOTING
MEMBER IS GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND COMME	NT ON THE FORM
990 BEFORE IT IS FILED WITH THE IRS.	

FORM 990, PART VI, SECTION B, LINE 12C:

DURING ORIENTATION, NEW BOARD MEMBERS RECEIVE A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. ANNUALLY, AT THE FIRST BOARD MEETING OF THE YEAR, ALL BOARD MEMBERS SIGN AN "ANNUAL INTERESTED PARTIES STATEMENT" INDICATING THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY AND DISCLOSING ANY KNOWN CONFLICTS OF INTEREST. AT BOARD MEETINGS, SHOULD THERE BE AN ITEM OF BUSINESS THAT MIGHT POSE A CONFLICT OF INTEREST, THE BOARD MEMBER(S) INVOLVED MAY PARTICIPATE IN THE DISCUSSION BUT THEY MUST LEAVE THE ROOM WHEN THE VOTE IS TAKEN AND THEY MUST ABSTAIN FROM VOTING ON THAT ITEM OF BUSINESS. THIS ABSTENTION IS DOCUMENTED IN THE MINUTES OF THE BOARD MEETING. IN ADDITION, AT THE END OF EACH BOARD MEETING, ALL BOARD MEMBERS COMPLETE A SHORT SELF-ASSESSMENT FORM THAT INCLUDES A QUESTION ABOUT WHETHER POTENTIAL CONFLICTS OF INTEREST WERE DISCLOSED. THE BOARD CHAIR FOLLOWS UP WITH ANY BOARD MEMBER WHO INDICATES THAT POTENTIAL CONFLICTS OF INTEREST MIGHT NOT HAVE BEEN DISCLOSED.

FORM 990, PART VI, SECTION B, LINE 15: USING INFORMATION FROM THE RMHC SALARY ADMINISTRATION PLAN FOR THE POSITION OF EXECUTIVE DIRECTOR, THE CHAIR OF THE BOARD FACILITATES THE ANNUAL REVIEW AND ANY RECOMMENDATION FOR COMPENSATION CHANGE. THE EXECUTIVE COMMITIEE OF THE BOARD OF TRUSTEES EVALUATES THE EXECUTIVE DIRECTOR ANNUALLY IN WRITING 332212 11-14-23 Schedule O (Form 990) 2023 1510913 758050 4000010-699 30223.04020 RONALD MCDONALD HOUSE CHA 40000101

Name of the organization RONALD MCDONAL	D HOUSE CHARITIES DAYTON	Employer identification numbe 31-0964793
AND PRESENTS AN OVERVIEW OF T	THE ANNUAL EVALUATION TO THE	FULL BOARD.
FORM 990, PART VI, SECTION C,	, LINE 19:	0
THE ORGANIZATION'S ARTICLES O	OF INCORPORATION ARE AVAILABL	E ON THE WEBSITE
OF THE OHIO SECRETARY OF STAT	TE. THE CONFLICT OF INTEREST	POLICY IS NOT A
PUBLIC DOCUMENT. THE ORGANIZA	ATION'S FORM 990 AND AUDITED	FINANCIAL
STATEMENTS ARE AVAILABLE BY (CONTACTING THE ORGANIZATION A	T 555 VALLEY
STREET, DAYTON, OHIO 45404 OF	R BY VISITING THE WEBSITE AT	
WWW.RMHCDAYTON.ORG.		
		-
FORM 990, PART IX, LINE 11G,	OTHER FEES:	
CONSULTING FEES:		
PROGRAM SERVICE EXPENSES	27,223.	
MANAGEMENT AND GENERAL EXPENS	SES	1,967.
FUNDRAISING EXPENSES		58,045.
TOTAL EXPENSES		87,235.
PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES		16,083.
MANAGEMENT AND GENERAL EXPENS	SES	433,781.
FUNDRAISING EXPENSES		85,195.
TOTAL EXPENSES		535,059.
TOTAL OTHER FEES ON FORM 990,	, PART IX, LINE 11G, COL A	622,294.
FORM 990, PART XII, LINE 2C:		
THE ORGANIZATION'S PROCESS FO	OR OVERSIGHT OF THE AUDIT OF	ITS FINANCIAL
STATEMENTS AND SELECTION OF A	AN INDEPENDENT AUDITOR HAS NO	T CHANGED FROM
THE PRIOR YEAR.		
332212 11-14-23	39	Schedule O (Form 990) 20

11510913 758050 4000010-699

ame of the organization						Employer identification number
	RONALD	MCDONALD	HOUSE	CHARITIES	DAYTON	Employer identification number 31-0964793
		× ·				

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RONALD MCDONALD HOUSE CHARITIES DAYTON

Employer identification number 31-0964793

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

				J	
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
555 VALLEY STREET, LLC - 93-1900754					
555 VALLEY ST.	FACILITATE CONSTRUCTION AND				RONALD MCDONALD HOUSE
DAYTON, OH 45404	EXPANSION	оніо	2,974,576.	23,077,341.	CHARITIES DAYTON
	-				
	-	\sim			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	2) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 RONALD MCDONALD HOUSE CHARITIES DAYTON

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations? Yes No	amount in box 20 of Schedule	General or managing partner? Yes No	Percentac ownershi
	-						2			
	-				S					
	-			C	N N					
	-			0.						

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		i) b)(13) rolled tity?
		country)		,				Yes	No

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Schedule R (Form 990) 2023 RONALD MCDONALD HOUSE CHARITIES DAYTON

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a							
b	Gift, grant, or capital contribution to related organization(s)	1b							
с		1c							
d		1d							
е	Loans or loan guarantees by related organization(s)	1e							
f	Dividends from related organization(s)	1f							
g	Sale of assets to related organization(s)	1g							
h		1h							
i	Exchange of assets with related organization(s)	1i							
i	Lease of facilities, equipment, or other assets to related organization(s)	1i							
k	Lease of facilities, equipment, or other assets from related organization(s)	1k							
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11							
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m							
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o	 o Sharing of paid employees with related organization(s) 								
g	Reimbursement paid to related organization(s) for expenses	1p							
q	Reimbursement paid by related organization(s) for expenses	1q							
-									
r	Other transfer of cash or property to related organization(s)	1r							
s	Other transfer of cash or property from related organization(s)	1s							
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								
	(a) Name of related organization (b) (c) (c) (d) Method of determining amount interval (c) (d) Method of determining amount interval (c) (d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	volved							
<u>(1)</u>									
<u>(2)</u>									
<u>(3)</u>									
<u>(4)</u>									
(5)									
<u>(6)</u>	3 09-28-23 Schedule	D (Farr		1 2002					
33216	3 09-28-23 Schedule		11 330	12023					

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Schedule R (Form 990) 2023 RONALD MCDONALD HOUSE CHARITIES DAYTON

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

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

(a)	(b)	(c)	(d)	(മ)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are all		Share of		Dr- Code V-UBI	General o	Percentage
of entity		(state or foreign	(related, unrelated,	partners s 501(c)(3 orgs.?	³⁾ total	end-of-year	Disprop tionat allocation	amount in box 20) managing	ownership
-		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes N		assets	Yes N		Yes NO	
			,							
								Schedule	e R (Fori	n 990) 2023

	RONAL	D MCDONALD	HOUSE	CHARITIES	DAYTON	31-0964793	Page 5
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Schedule R (Form 990) 2023 Part VII Supplement

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