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# Return of Organization Exempt From Income Tax

OMB No 1545-0047

## 2019

Open to Public Inspection

Form 990 (Pay January 2020)  
Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **3925 CHESTNUT STREET**  
 City or town, state or province, country, and ZIP or foreign postal code: **PHILADELPHIA, PA 19104**

**D** Employer identification number: **23-7377505**

**E** Telephone number: **215-387-8406**

**G** Gross receipts \$: **10,293,013.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**H(c)** Group exemption number: \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c)( ) (insert no )  4947(a)(1) or  527

**J** Website: **WWW.PHILARMH.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1974** **M** State of legal domicile: **PA**

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### Part I Summary

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>RMH SUPPORTS FAMILIES OF SERIOUSLY ILL CHILDREN BY CREATING A COMMUNITY OF COMFORT AND HOPE.</b>	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 27
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 27
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b> 87
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 359
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b> 0.
<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 19,318,893. Current Year: 8,903,100.
<b>9</b> Program service revenue (Part VIII, line 2g)	0. 0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	471,655. 355,477.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<129,647.> <383,279.>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,660,901. 8,875,298.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	383,970. 1,008,267.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,866,854. 3,242,476.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>1,139,752.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,627,746. 4,739,262.
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,878,570. 8,990,005.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	13,782,331. <114,707.>
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 39,419,803. End of Year: 44,347,911.
<b>21</b> Total liabilities (Part X, line 26)	7,387,898. 10,385,087.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	32,031,905. 33,962,824.

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OGDEN, UT  
IRS OSC

### Part II Signature Block

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

**Sign Here**  
 Signature of officer: *Joseph Delaney* Date: **6/30/20**  
**JOSEPH DELANEY, TREASURER**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **FRANK H. SMITH** Preparer's signature: *Frank H. Smith* Date: **06/17/20** Check if self-employed  PTIN: **P00639053**  
 Firm's name: **MARCUM LLP** Firm's EIN: **11-1986323**  
 Firm's address: **1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036** Phone no. (202) 227-4000

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION

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**Part 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

**THE RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION (RMH) OWNS TWO RONALD MCDONALD HOUSES WHICH PROVIDE TEMPORARY LODGING, TRANSPORTATION, MEALS, AND SOCIAL SERVICES TO FAMILIES WHO TRAVEL TO PHILADELPHIA FOR PEDIATRIC CARE. RMH'S THREE RONALD MCDONALD FAMILY**

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O

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

4a (Code \_\_\_\_\_) (Expenses \$ 5,763,114. including grants of \$ 1,008,267.) (Revenue \$ \_\_\_\_\_)  
**HOUSE PROGRAM - TWO RONALD MCDONALD HOUSES, TOGETHER SERVING UP TO 115 FAMILIES EACH NIGHT, OFFER HOLISTIC SUPPORT AND LODGING TO FAMILIES TRAVELING 25 MILES OR FURTHER TO PHILADELPHIA TO RECEIVE MEDICAL CARE FOR THEIR SERIOUSLY ILL CHILDREN. FOUNDED AS THE FIRST RONALD MCDONALD HOUSE IN THE WORLD, RMH IS THE MODEL FOR MORE THAN 375 HOUSES IN 65 COUNTRIES AND REGIONS AROUND THE GLOBE AND HAS SUPPORTED THOUSANDS OF FAMILIES IN MORE THAN 45 YEARS OF OPERATION.**

**SINCE OPENING, THE FIRST HOUSE LOCATED AT 3925 CHESTNUT STREET, RMH HAS GROWN TO 130,249 SQUARE FEET THIS INCLUDES THE MANSION, USHC, AND TOWER. MOST FLOORS OF THE TOWER WERE IN SERVICE DURING 2019, THE COMPLETE TOWER WAS OPEN BY DECEMBER 2019. THE USHC RENOVATION INCLUDED THE GUEST**

4b (Code \_\_\_\_\_) (Expenses \$ 334,896. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**CAMP PROGRAM - EVERY AUGUST, RONALD MCDONALD CAMP ENABLES CHILDREN WITH CANCER AND THEIR SIBLINGS TO EXPERIENCE THE JOYS OF SUMMER CAMP. CREATED BY RMH CO-FOUNDER DR. AUDREY E. EVANS IN 1986, THIS ONE-WEEK CAMP WAS ONE OF THE VERY FIRST OF ITS KIND TO OFFER A CAMP EXPERIENCE SPECIFICALLY DESIGNED FOR CHILDREN WITH CANCER AND THEIR SIBLINGS. RONALD MCDONALD CAMP, LOCATED IN THE POCONO MOUNTAINS OF PENNSYLVANIA, INCLUDES ALL OF THE ACTIVITIES FOUND AT A TRADITIONAL OVERNIGHT SUMMER CAMP, SUCH AS SWIMMING, SAILING, HIKING, SPORTS, ARTS AND CRAFTS, YOGA, AND ROPE COURSES, EXCEPT THAT, AT THIS CAMP, CAMPERS CAN PARTICIPATE NO MATTER WHAT LIMITATIONS THEY HAVE. FOR MANY CAMPERS, THE WEEK AT CAMP IS THE FIRST TIME THEY HAVE EVER TRIED THE ACTIVITIES OFFERED, AND THEY GO HOME NOT ONLY HAVING DISCOVERED A NEW TALENT OR LEARNED A NEW SKILL,**

4c (Code \_\_\_\_\_) (Expenses \$ 123,469. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**FAMILY ROOMS PROGRAM - THREE RONALD MCDONALD FAMILY ROOMS TWO AT CHOP AND ONE AT ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN EXTEND THE COMFORT AND SUPPORT OF THE HOUSES INTO THE HOSPITAL BY OFFERING A QUIET PLACE TO REST AND RECHARGE AWAY FROM THE BEDSIDE FOR FAMILIES WHOSE CHILDREN ARE RECEIVING TREATMENT. OUR FIRST FAMILY ROOM AT CHOP OPENED IN THE ONCOLOGY UNIT IN 2006. THIS FAMILY ROOM IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK INCLUDING HOLIDAYS; ANY PATIENT AND HIS/HER FAMILY IN ONE OF THE COMBINED TOTAL OF 50 PATIENT BEDS ON THE ONCOLOGY UNIT MAY USE THE FAMILY ROOM. IN MARCH OF 2017, RMH OPENED A FAMILY ROOM AT ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN TO SERVE THE CRITICAL CARE TOWER. THIS FAMILY ROOM SERVES UP TO 65 BEDS A NIGHT. IN 2018, RMH OPENED A SECOND FAMILY ROOM AT CHOP'S SEASHORE HOUSE.**

4d Other program services (Describe on Schedule O)

(Expenses \$ 101,904. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **6,323,383.**

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**RONALD MCDONALD HOUSE CHARITIES OF THE  
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**Part IV Checklist of Required Schedules** (continued)

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	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	87
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</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	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	27		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent.		
	27		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA, NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**LAUREEN MENDELERO - (215) 386-4977**  
**3925 CHESTNUT STREET, PHILADELPHIA, PA 19104**

**RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION**

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER DEGNAN- PRESIDENT- UNTIL 07/2019; VICE PRESIDENT	1.00 1.00	X		X				0.	0.	0.
(2) RICHARD PROBINSKY VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) CHARLES MONTUFAR VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) LEONARD BERNSTEIN- VICE PRESIDENT - UNTIL 07/2019; PRESIDENT	1.00 1.00	X		X				0.	0.	0.
(5) ROBERT BIGLIN- TREASURER - UNTIL 12/2019; VICE PRESIDENT	1.00 1.00	X		X				0.	0.	0.
(6) CYNTHIA KEAVENEY- SECRETARY - UNTIL 07/2019; VICE PRESIDENT	1.00	X		X				0.	0.	0.
(7) JOSEPH DELANEY DIR. - UNTIL 12/2019; TREASURER	1.00	X		X				0.	0.	0.
(8) MICHAEL KELLY- DIRECTOR - UNTIL 07/2019; SECRETARY	1.00	X		X				0.	0.	0.
(9) AUDREY E. EVANS, MD CHAIRMAN EMERITUS	1.00	X						0.	0.	0.
(10) MARIAN CONICELLA DIRECTOR	1.00	X						0.	0.	0.
(11) AMY FOX DIRECTOR	1.00	X						0.	0.	0.
(12) MATTHEW HINTON DIRECTOR	1.00	X						0.	0.	0.
(13) STEVEN HWANG, MD DIRECTOR	1.00	X						0.	0.	0.
(14) JOHN M. MARIS, MD DIRECTOR	1.00	X						0.	0.	0.
(15) PETER MARUCA DIRECTOR - UNTIL 06/2019	1.00	X						0.	0.	0.
(16) SEAN MCINTYRE DIRECTOR	1.00	X						0.	0.	0.
(17) MICHAEL MENKOWITZ DIRECTOR	1.00	X						0.	0.	0.

**RONALD MCDONALD HOUSE CHARITIES OF THE  
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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SALLI MICKELBERG DIRECTOR	1.00	X					0.	0.	0.	
(19) JILL MILLER DIRECTOR	1.00	X					0.	0.	0.	
(20) JAMES O'CONNOR DIRECTOR	1.00	X					0.	0.	0.	
(21) JAN PECARSKY DIRECTOR	1.00	X					0.	0.	0.	
(22) DONNA PILLA-ABBONIZIO DIRECTOR	1.00	X					0.	0.	0.	
(23) CHRISTOPHER ROAK DIRECTOR	1.00	X					0.	0.	0.	
(24) MARK ROSENBERG DIRECTOR	1.00	X					0.	0.	0.	
(25) ANNE SCARDINO DIRECTOR	1.00	X					0.	0.	0.	
(26) MANISH SHAH DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							521,649.	0.	41,658.	
<b>d Total (add lines 1b and 1c)</b>							521,649.	0.	41,658.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
P. AGNES, INC 2101 PENROSE AVENUE, PHILADELPHIA, PA 19145	CONSTRUCTION SERVICES	4,771,969.
VALLEY DESIGN & MFG, 8315 COUNTY ROAD 235, FREDRICKSBURG, OH 44627	CONSTRUCTION SERVICES	443,970.
UNIVERSITY CITY DISTRICT, 3940-42 CHESTNUT STREET, PHILADELPHIA, PA 19104	LANDSCAPING AND SECURITY	262,029.
NEUMANS KITCHEN, 1626 NORTH AMERICAN STREET, PHILADELPHIA, PA 19122	CATERING	177,968.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

**SEE PART VII, SECTION A CONTINUATION SHEETS**

Form 990 (2019)



RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARLENE WEINBERG DIRECTOR	1.00	X						0.	0.	0.
(28) SUSAN WENGER DIRECTOR - UNTIL 06/2019	1.00	X						0.	0.	0.
(29) STEPHEN WRIGHT DIRECTOR	1.00	X						0.	0.	0.
(30) KEN YOUNGBLOOD DIRECTOR - UNTIL 09/2019	1.00	X						0.	0.	0.
(31) SUSAN CAMPBELL EXECUTIVE DIRECTOR	40.00 1.00			X				186,300.	0.	13,951.
(32) GRETTA PFALZGRAF DIRECTOR OF OPERATIONS	40.00				X			122,400.	0.	14,031.
(33) LAWRENCE JACOBSON DIRECTOR OF LEADERSHIP GIVING	40.00				X			110,949.	0.	3,063.
(34) LAUREEN MENDELERO DIRECTOR OF FINANCE	40.00				X			102,000.	0.	10,613.
Total to Part VII, Section A, line 1c								521,649.		41,658.

**RONALD MCDONALD HOUSE CHARITIES OF THE  
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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	1,014,091.				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	7,889,009.				
	g	Non-cash contributions included in lines 1a-1f	\$ 252,498.				
	h	<b>Total.</b> Add lines 1a-1f	8,903,100.				
	<b>Program Service Revenue</b>	2 a	_____				
b		_____					
c		_____					
d		_____					
e		_____					
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)	324,854.			324,854.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	652,954.			
			(ii) Other				
	b	Less cost or other basis and sales expenses	622,331.				
	c	Gain or (loss)	30,623.				
d	Net gain or (loss)	30,623.			30,623.		
8 a	Gross income from fundraising events (not including \$ 1,014,091. of contributions reported on line 1c) See Part IV, line 18						
		8a	262,399.				
		8b	659,642.				
c	Net income or (loss) from fundraising events	<397,243.>			<397,243.		
9 a	Gross income from gaming activities See Part IV, line 19						
		9a	55,464.				
		9b	21,300.				
c	Net income or (loss) from gaming activities	34,164.			34,164.		
10 a	Gross sales of inventory, less returns and allowances						
		10a	93,662.				
		10b	114,442.				
c	Net income or (loss) from sales of inventory	<20,200.>	<27,594.>		7,394.		
<b>Miscellaneous Revenue</b>	11 a	_____					
	b	_____					
	c	_____					
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d					
12	<b>Total revenue.</b> See instructions	8,875,298.	<27,594.>	0.	<208.>		

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**Part IX Statement of Functional Expenses**

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

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

X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,008,267.	1,008,267.	-	
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	200,251.	60,075.	80,100.	60,076.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,510,501.	1,663,891.	217,970.	628,640.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,735.	26,739.	3,082.	9,914.
9 Other employee benefits	289,015.	187,884.	24,990.	76,141.
10 Payroll taxes	202,974.	130,114.	24,475.	48,385.
11 Fees for services (nonemployees)				
a Management				
b Legal	10,807.	7,355.	3,452.	
c Accounting	69,950.	47,606.	22,344.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,854.		23,854.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	922,357.	627,736.	84,972.	209,649.
12 Advertising and promotion				
13 Office expenses	721,600.	645,079.	54,920.	21,601.
14 Information technology	201,770.	149,378.	14,365.	38,027.
15 Royalties				
16 Occupancy	1,107,545.	157,053.	950,492.	
17 Travel	77,593.	58,970.	6,697.	11,926.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	610,035.	610,035.		
23 Insurance	125,309.	117,108.	1,692.	6,509.
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 O.)				
a <b>GUEST MEALS &amp; ASSIST.</b>	471,835.	468,471.		3,364.
b <b>LOSS ON DISPOSAL</b>	246,896.	246,896.		
c <b>MISCELLANEOUS</b>	45,350.	39,706.	5,611.	33.
d <b>VOLUNTEER PROGRAM</b>	43,510.	43,510.		
e All other expenses	60,851.	27,510.	7,854.	25,487.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	8,990,005.	6,323,383.	1,526,870.	1,139,752.
26 <b>Joint costs.</b> 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)

**RONALD MCDONALD HOUSE CHARITIES OF THE  
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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	2,789,910.	1	742,949.
	<b>2</b> Savings and temporary cash investments	500,367.	2	400,083.
	<b>3</b> Pledges and grants receivable, net	3,976,090.	3	2,629,813.
	<b>4</b> Accounts receivable, net	30,411.	4	1,168,155.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
	<b>7</b> Notes and loans receivable, net	15,076,200.	7	15,076,200.
	<b>8</b> Inventories for sale or use	117,571.	8	107,540.
	<b>9</b> Prepaid expenses and deferred charges	77,759.	9	93,396.
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	24,495,216.		
	<b>b</b> Less accumulated depreciation	5,401,347.		
		13,402,054.	10c	19,093,869.
	<b>11</b> Investments - publicly traded securities	3,449,441.	11	5,035,906.
	<b>12</b> Investments - other securities. See Part IV, line 11		12	
	<b>13</b> Investments - program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
<b>15</b> Other assets. See Part IV, line 11		15		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	39,419,803.	16	44,347,911.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	493,342.	17	623,196.
	<b>18</b> Grants payable	4,843,826.	18	0.
	<b>19</b> Deferred revenue	918,958.	19	956,458.
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	1,131,772.	23	8,805,433.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25	7,387,898.	26	10,385,087.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	27,167,538.	27	30,372,620.
	<b>28</b> Net assets with donor restrictions	4,864,367.	28	3,590,204.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		31	
	<b>32 Total net assets or fund balances</b>	32,031,905.	32	33,962,824.
	<b>33 Total liabilities and net assets/fund balances</b>	39,419,803.	33	44,347,911.

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**RONALD MCDONALD HOUSE CHARITIES OF THE  
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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	8,875,298.
2	Total expenses (must equal Part IX, column (A), line 25)	8,990,005.
3	Revenue less expenses Subtract line 2 from line 1	<114,707.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	32,031,905.
5	Net unrealized gains (losses) on investments	685,139.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	1,360,487.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	33,962,824.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION** Employer identification number **23-7377505**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )
- 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

RONALD MCDONALD HOUSE CHARITIES OF THE

Schedule A (Form 990 or 990-EZ) 2019

PHILADELPHIA REGION

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11382960.	6852230.	9046613.	19318893.	8903100.	55503796.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	11382960.	6852230.	9046613.	19318893.	8903100.	55503796.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3760089.
<b>6 Public support.</b> Subtract line 5 from line 4						51743707.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	11382960.	6852230.	9046613.	19318893.	8903100.	55503796.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	81,438.	85,114.	206,443.	376,487.	324,854.	1074336.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>11 Total support.</b> Add lines 7 through 10						56578132.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	2,113,843.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	91.46 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	15	92.38 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2019

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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		

**Section 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		

**Section 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

RONALD MCDONALD HOUSE CHARITIES OF THE

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

RONALD MCDONALD HOUSE CHARITIES OF THE

Schedule A (Form 990 or 990-EZ) 2019 PHILADELPHIA REGION

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j <b>Remainder.</b> Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7	\$		
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c <b>Remainder.</b> Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

RONALD MCDONALD HOUSE CHARITIES OF THE

**Part VI**

**Supplemental Information**

Provide the explanations required by Part II line 10 Part II line 17a or 17b Part III line 12, Part IV Section A, lines 1 2 3b, 3c 4b 4c 5a 6 9a 9b 9c, 11a 11b and 11c Part IV Section B lines 1 and 2, Part IV, Section C, line 1 Part IV Section D, lines 2 and 3 Part IV, Section E lines 1c 2a, 2b 3a and 3b, Part V, line 1 Part V, Section B line 1e, Part V, Section D, lines 5 6 and 8 and Part V Section E, lines 2 5 and 6 Also complete this part for any additional information (See instructions)

Multiple horizontal lines for supplemental information.

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION</b>	Employer identification number <b>23-7377505</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

LHA

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RONALD MCDONALD HOUSE CHARITIES OF THE

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	0.													
<b>d</b>	Other exempt purpose expenditures	9,104,447.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	9,104,447.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns	605,222.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	151,306.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	397,324.	1,000,000.	443,929.	605,222.	2,446,475.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,669,713.
<b>c</b> Total lobbying expenditures	12,000.	36,000.	36,000.		84,000.
<b>d</b> Grassroots nontaxable amount	99,331.	250,000.	110,982.	151,306.	611,619.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					917,429.
<b>f</b> Grassroots lobbying expenditures		36,000.			36,000.

RONALD MCDONALD HOUSE CHARITIES OF THE

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

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

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

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

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

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

**Part IV** Supplemental Information

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

**PART II-A**

THE PURPOSE OF LOBBYING ACTIVITIES IS FOR THE SOLE PURPOSE OF SHARING INFORMATION ON EXPANSION PLANS.



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No 1545-0047

**2019**  
Open to Public Inspection

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION** Employer identification number **23-7377505**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under 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 the following amounts required to be reported under FASB ASC 958 relating to these items	
a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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Schedule D (Form 990) 2019

**RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION**

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	498,470.	579,174.	545,165.	552,135.	603,068.
b Contributions					
c Net investment earnings, gains, and losses	96,057.	<41,647.>	73,887.	34,292.	<8,459.>
d Grants or scholarships					
e Other expenditures for facilities and programs	38,619.	39,057.	39,878.	41,262.	42,474.
f Administrative expenses					
g End of year balance	555,908.	498,470.	579,174.	545,165.	552,135.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  89.49 %
  - c Term endowment  10.51 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     | X  |
| (ii) Related organizations  |     | X  |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		258,976.		258,976.
b Buildings		22,323,077.	5,239,375.	17,083,702.
c Leasehold improvements				
d Equipment		1,913,163.	161,972.	1,751,191.
e Other				
<b>Total.</b> Add lines 1a through 1e. <i>(Column (d) must equal Form 990, Part X, column (B), line 10c.)</i>				<b>19,093,869.</b>

**RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION**

Schedule D (Form 990) 2019

23-7377505 Page 3

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

Schedule D (Form 990) 2019

**RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION**

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

**RMH PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON RMH'S TAX-EXEMPT STATUS.**

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

**2019**

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION**

Employer identification number  
**23-7377505**

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>				▶		

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

RONALD MCDONALD HOUSE CHARITIES OF THE

Schedule G (Form 990 or 990-EZ) 2019

PHILADELPHIA REGION

23-7377505 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		AWARDS BANQUET	HIT 'EM FOR THE HOUSE	2	
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts	1,020,593.	131,820.	124,077.	1,276,490.
2	Less. Contributions	865,477.	81,820.	66,794.	1,014,091.
3	Gross income (line 1 minus line 2)	155,116.	50,000.	57,283.	262,399.
<b>Direct Expenses</b>					
4	Cash prizes	12,388.	5,000.	0.	17,388.
5	Noncash prizes	0.	4,625.	1,880.	6,505.
6	Rent/facility costs	210,693.	46,568.	34,978.	292,239.
7	Food and beverages	179,681.	0.	8,816.	188,497.
8	Entertainment	24,246.	7,560.	1,500.	33,306.
9	Other direct expenses	86,109.	9,869.	25,729.	121,707.
10	Direct expense summary. Add lines 4 through 9 in column (d)				659,642.
11	Net income summary. Subtract line 10 from line 3, column (d)				<397,243.>

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
2	Cash prizes			17,388.	17,388.
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses			3,912.	3,912.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				21,300.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				34,164.

9 Enter the state(s) in which the organization conducts gaming activities PA

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

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

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

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

RONALD MCDONALD HOUSE CHARITIES OF THE

Schedule G (Form 990 or 990-EZ) 2019 PHILADELPHIA REGION

23-7377505 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in
 

a	The organization's facility	13a	33.00	%
b	An outside facility	13b	67.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ LAUREEN MENDELERO

Address ▶ 3925 CHESTNUT STREET - PHILADELPHIA, PA 19104

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ CHRISTOPHER CALLANAN

Gaming manager compensation ▶ \$ 0.

Description of services provided ▶ SUPERVISION OF RAFFLE

Director/officer  Employee  Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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

Lined area for supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION**

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN NEW JERSEY - 550 MICKLE BOULEVARD - CAMDEN, NJ 08103	22-2430393	501(c)(3)	481,433.	0.		
RONALD MCDONALD HOUSE CHARITIES OF DELAWARE - 1901 ROCKLAND ROAD - WILMINGTON, DE 19803	51-0295320	501(c)(3)	376,833.	0.		
ST. CHRISTOPHER'S FOUNDATION FOR CHILDREN - 1800 JFK BOULEVARD - PHILADELPHIA, PA 19103	23-2274198	501(c)(3)	100,000.	0.		

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

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

**RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION**

Schedule I (Form 990) (2019)



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

**PART I, LINE 2:**

**RMH PROVIDED SUPPORT FOR CHARITABLE ORGANIZATIONS AND PERFORMED DUE DILIGENCE TO ENSURE THE FUNDING WENT TOWARDS CHARITABLE PURPOSES.**

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION**

Employer identification number

**23-7377505**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

**RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION**

23-7377505 ✓

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organization: Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E)

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
(1) SUSAN CAMPBELL EXECUTIVE DIRECTOR	(i)	176,300.	10,000.	0.	3,921.	10,030.
	(ii)	0.	0.	0.	0.	0.
	(i)					
	(ii)					
	(i)					
	(ii)					
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	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					

RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION



Schedule J (Form 990) 2019

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this p

**PART I, LINE 7:**

**DURING THE YEAR ENDED DECEMBER 31, 2019, SUSAN CAMPBELL, EXECUTIVE  
DIRECTOR, WAS AWARDED A BONUS OF \$10,000 BASED UPON AN APPRAISAL OF HER  
PERFORMANCE.**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION** Employer identification number **23-7377505**

Part I		Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X	17,100.	SALES PRICE	
6	Cars and other vehicles	X	2 9,096.	SALES PRICE	
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	68 27,819.	SALES PRICE	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( <u>MATTRESSES/FU</u> )	X	80 186,318.	SALES PRICE	
26	Other ▶ ( <u>GIFT CARDS</u> )	X	475 12,165.	SALES PRICE	
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **2**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

RONALD MCDONALD HOUSE CHARITIES OF THE

Schedule M (Form 990) 2019

PHILADELPHIA REGION

23-7377505

Page 2

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE M, PART I, COLUMN (B):**

**THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.**

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

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION

Employer identification number  
23-7377505

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

ROOMS EXTEND THE SUPPORT OF ITS HOUSES INTO THE HOSPITAL SETTING AND  
OFFER A QUIET RESPITE SPACE FOR FAMILIES AT CHILDREN'S HOSPITAL OF  
PHILADELPHIA AND ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN. RONALD  
MCDONALD CAMP IS A WEEK-LONG OVERNIGHT CAMP FOR CHILDREN WITH CANCER  
AND THEIR SIBLINGS HELD IN THE POCONO MOUNTAINS EVERY AUGUST. THE  
RONALD MCDONALD CARE MOBILE, OPERATED IN PARTNERSHIP WITH ST.  
CHRISTOPHER'S FOUNDATION FOR CHILDREN, PROVIDES COMPREHENSIVE AND  
CONTINUOUS ORAL HEALTHCARE TO CHILDREN IN NORTH PHILADELPHIA.

**FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:**

EFFECTIVE JANUARY 1, 2019, RMH SIGNED AN AGREEMENT TO MERGE WITH RONALD  
MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION, INC. (RMH  
CHARITIES). RMH CHARITIES IS A NONPROFIT ORGANIZATION REGISTERED IN  
PENNSYLVANIA. BOTH ORGANIZATIONS SHARE THE SAME MISSION OF SUPPORTING  
FAMILIES OF SERIOUSLY ILL CHILDREN BY CREATING A COMMUNITY OF COMFORT  
AND HOPE. RMH IS CONTINUING AS THE SURVIVING ORGANIZATION WITH A NEW  
NAME - RONALD MCDONALD HOUSE CHARITIES PHILADELPHIA REGION.

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

ROOMS ON THE 1ST FLOOR WERE REMOVED AND REPLACED WITH ACTIVITY AREAS,  
THE SECOND FLOOR GUEST ROOMS HAVE BEEN CLOSED BECAUSE THEY ARE BEING  
RENOVATED.

THE HOUSES OFFER FAMILIES A COMFORTABLE AND SECURE ROOM, DAILY

HOME-COOKED MEALS, A 24-HOUR FOOD PANTRY, COMPLIMENTARY TRANSPORTATION

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

Schedule O (Form 990 or 990-EZ) (2019)



Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION**

Employer identification number  
**23-7377505**

AROUND THE CITY, FREE PARKING, AND LAUNDRY FACILITIES ALL JUST MINUTES FROM THE HOSPITAL. THE HOUSES ALSO OFFER TV LOUNGES, INDOOR AND OUTDOOR PLAY SPACES, EXERCISE ROOMS, FAMILY ACTIVITIES, LOANER LAPTOP COMPUTERS AND WIFI, AND SOCIAL WORKER ASSISTANCE. ADDITIONALLY, THE HOUSES OFFER THE SUPPORT OF OTHER FAMILIES WHO UNDERSTAND WHAT IT IS LIKE TO HAVE A SERIOUSLY ILL CHILD. WHILE IT COSTS RMH MORE THAN \$131 PER NIGHT TO PROVIDE THESE SERVICES, FAMILIES ARE ASKED TO PAY \$15 PER NIGHT. HOWEVER, MANY OF THE FAMILIES ARE SO FINANCIALLY DEVASTATED BY THEIR CHILD'S ILLNESS (AS A RESULT OF TREATMENT COSTS, JOB LOSS OR LEAVE, TRAVELING, AND PAYING EXPENSES AT HOME) THAT THEIR FEE IS WAIVED OR REDUCED; NO ONE IS EVER TURNED AWAY DUE TO INABILITY TO PAY.

FAMILIES TRAVELING FROM 25 MILES AWAY OR FURTHER FOR MEDICAL CARE AT PHILADELPHIA HOSPITALS ARE ELIGIBLE TO STAY AT THE HOUSES, AND CHILDREN MUST BE UNDER THE AGE OF 21 AND IN ACTIVE TREATMENT. IN 2019, RMH'S TWO HOUSES COMBINED HAD 2,385 FAMILY STAYS WITH FAMILIES TRAVELING FROM 47 STATES, 31 COUNTRIES AND 3 U.S. TERRITORIES; 32% OF FAMILIES TRAVELED FROM WITHIN PENNSYLVANIA. THE AVERAGE LENGTH OF STAY WAS 14 DAYS, WITH THE LONGEST LENGTH OF STAY FOR ONE FAMILY TOTALING 365 CONSECUTIVE DAYS.

WHILE RMH SERVES FAMILIES WHOSE CHILDREN ARE BEING TREATED FOR AN ARRAY OF ILLNESSES, THE TOP DEPARTMENTS IN 2019 WERE ORTHOPEDICS, ONCOLOGY, NEONATOLOGY AND CARDIOLOGY. EACH YEAR, RMH'S HOSPITAL PARTNERS INCLUDE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP), ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN, SHRINERS HOSPITAL, WILLS EYE HOSPITAL, THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA AND OTHERS.

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION**

Employer identification number  
**23-7377505**

VOLUNTEERS ARE TRULY THE HEART OF THE HOUSES AND RMH RELIES ON THE DEDICATED SERVICE OF MORE THAN 313 VOLUNTEERS TO CREATE A HOME FOR THE FAMILIES IT SERVES. VOLUNTEERS STAFF THE FRONT DESK, DRIVE THE SHUTTLE VANS AND SUPPORT OPERATIONS IN A VARIETY OF OTHER CAPACITIES. IN 2019, VOLUNTEERS CONTRIBUTED 23,393 HOURS OF THEIR TIME, REPRESENTING THE EQUIVALENT OF 13 FULL-TIME STAFF POSITIONS.

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

BUT HAVING GAINED A SENSE OF SELF-CONFIDENCE. FOR CHILDREN WHO HAVE FELT ISOLATED FROM THEIR PEERS THROUGH THEIR ILLNESS, AND SIBLINGS WHO HAVE FELT LEFT OUT, CAMP IS ALSO AN OPPORTUNITY TO JOIN A FAMILY OF CAMPERS WHO CAN RELATE TO ONE ANOTHER, AND TO DEVELOP A WIDE-REACHING SUPPORT NETWORK THAT WILL LAST LONG AFTER THE WEEK OF CAMP IS OVER.

CHILDREN AGES 7 TO 17 (INCLUDING CURRENT OR FORMER CANCER PATIENTS AND ONE SIBLING) ARE WELCOME AT CAMP AND ARE DIVIDED BY AGE INTO JUNIOR AND SENIOR CAMPS. MORE THAN 100 FULLY-TRAINED VOLUNTEER COUNSELORS (MANY OF WHOM ARE CANCER SURVIVORS AND PAST CAMPERS) AND A FULL TEAM OF OVER A DOZEN MEDICAL STAFF, INCLUDING PEDIATRIC ONCOLOGISTS, NURSES AND SOCIAL WORKERS FROM CHOP, DEDICATE A WEEK OF THEIR SUMMER VACATION TO MAKE CAMP POSSIBLE. IN 2019, 233 CAMPERS ATTENDED THE WEEK OF CAMP.

WHILE THERE IS NO CHARGE TO THE PATIENT CAMPERS, AND SIBLINGS CAN ATTEND FOR A NOMINAL FEE OF \$150, THE ACTUAL COST TO ATTEND CAMP IS OVER \$600 PER CAMPER; FUNDING FOR THE WEEK IS PROVIDED SOLELY THROUGH THE CONTRIBUTIONS OF INDIVIDUALS AND ORGANIZATIONS. RONALD MCDONALD CAMP IS ACCREDITED THROUGH THE AMERICAN CAMP ASSOCIATION (ACA) AND IS A MEMBER OF THE CHILDREN'S ONCOLOGY CAMPING ASSOCIATION, INTERNATIONAL

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION**

Employer identification number **23-7377505**

(COCA). RONALD MCDONALD CAMP IS HELD AT THE CAMP TIMBER TOPS FACILITY IN GREELEY, PENNSYLVANIA.

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

THE FAMILY ROOMS OFFER A RANGE OF COMPLIMENTARY AMENITIES AND PROGRAMMING IN A WARM, HOME-LIKE ENVIRONMENT. A CENTRAL PILLAR OF THESE SERVICES IS THE MEAL PROGRAM WHICH, THANKS TO THE GENEROSITY OF DONORS, PROVIDES FAMILIES WITH BREAKFAST AND DINNER AT SCHEDULED TIMES THROUGHOUT THE WEEK AT THE FAMILY-STYLE DINING TABLES LOCATED IN THE ROOMS. SNACKS, COFFEE AND TEA ARE ALSO AVAILABLE TO FAMILIES THROUGH THE PROGRAM. OTHER AMENITIES INCLUDE COMFORTABLE SEATING, KITCHEN FACILITIES, TELEVISIONS, DVD PLAYERS (WITH AN ASSORTMENT OF MOVIES), BOOKS AND MAGAZINES. THE ONCOLOGY FAMILY ROOM ALSO OFFERS LAUNDRY FACILITIES AND A GUEST BATHROOM. PROGRAMMING IN FAMILY ROOMS INCLUDES COMPLIMENTARY HAIRCUTS, YOGA INSTRUCTION, STRESS MANAGEMENT WORKSHOPS, ART THERAPY, CRAFTS AND A VARIETY OF OTHER ACTIVITIES.

THE FAMILY ROOMS SERVE FAMILIES TRAVELING FROM BOTH NEAR AND FAR. FAMILIES COMING FROM 25 MILES AWAY OR FARTHER AND STAYING AT PHILADELPHIA RONALD MCDONALD HOUSE IN THE EVENING ARE ABLE TO TAKE A BREAK IN THE ROOMS DURING THE DAY, AND FAMILIES RESIDING CLOSER THAN 25 MILES WHO DO NOT WISH TO LEAVE THEIR CHILD'S SIDE DUE TO AGE OR SEVERITY OF ILLNESS CAN UTILIZE THE ROOMS AS MUCH AS NEEDED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CARE MOBILE - THE RONALD MCDONALD CARE MOBILE (RMCM) PROGRAM PROVIDES ACCESS TO PEDIATRIC MEDICAL, DENTAL AND/OR HEALTH EDUCATION SERVICES

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION	Employer identification number	23-7377505
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FOR CHILDREN LIVING IN UNDERSERVED COMMUNITIES. THE RMCM PROGRAM IS BREAKING DOWN THE BARRIERS TO HEALTH CARE, EXPANDING CRITICAL HEALTH CARE ACCESS AND EXTENDING THE CHARITY'S REACH TO COUNTLESS UNDERSERVED CHILDREN. THE RMCM PROGRAM SERVES CHILDREN THAT ARE AT GREAT RISK TO DEVELOP ACUTE CONDITIONS, DENTAL PROBLEMS, CHRONIC DISEASES AND EVEN SERIOUS LIFELONG ILLNESSES. THROUGH PARTNERSHIPS WITH LOCAL HEALTHCARE ORGANIZATIONS AND GOVERNMENT MINISTRIES, RMHC-PHI IS BRINGING CLINICAL SERVICES AND HEALTH EDUCATION DIRECTLY TO THOSE IN NEED, SO CHILDREN CAN RECEIVE HIGH QUALITY, CONVENIENT CARE RIGHT IN THEIR OWN NEIGHBORHOOD FROM URBAN COMMUNITIES TO REMOTE, HARD-TO-REACH AREAS. EXPENSES \$ 101,904. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

EFFECTIVE JANUARY 1, 2019, RMH SIGNED AN AGREEMENT TO MERGE WITH RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION, INC. (RMH CHARITIES). RMH IS CONTINUING AS THE SURVIVING ORGANIZATION WITH A NEW NAME - RONALD MCDONALD HOUSE CHARITIES PHILADELPHIA REGION. THE GOVERNING DOCUMENTS WERE AMENDED TO REFLECT THE MERGER AND NEW ORGANIZATION NAME.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE REVIEWED THE FEDERAL FORM 990 QUESTIONS AND DRAFTS AS PART OF THE 2019 AUDIT REVIEW OF THE FINANCIAL STATEMENTS WITH ITS PUBLIC ACCOUNTING FIRM. THE FINANCE COMMITTEE MADE RECOMMENDATIONS TO THE FULL BOARD OF DIRECTORS RELATED TO THE FEDERAL FORM 990 REVIEW BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

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

ALL EMPLOYEES, BOARD OF DIRECTORS AND OFFICERS OF RMH ARE OBLIGATED TO

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION	Employer identification number 23-7377505
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AVOID ANY SITUATION IN WHICH AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST COULD ARISE. IF ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST ARISES, ALL EMPLOYEES, BOARD OF DIRECTORS AND OFFICERS MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD OF DIRECTORS PRESIDENT, EXECUTIVE DIRECTOR, AND HR MANAGER. THE BOARD OF DIRECTORS PRESIDENT, EXECUTIVE DIRECTOR, AND THE HUMAN RESOURCES DEPARTMENT WILL REVIEW THE FACTS OF EACH SITUATION AND DETERMINE THE APPROPRIATE CONSEQUENCES OR COURSES OF ACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. COMPENSATION SURVEYS ARE UTILIZED DURING THE DETERMINATION PROCESS. THE LAST COMPENSATION SURVEY FOR THE EXECUTIVE DIRECTOR WAS COMPLETED IN NOVEMBER 2017. ALL OTHER SALARY REVIEWS ARE CONDUCTED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE PRESIDENT OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE RMH GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CLEANING SERVICES:

PROGRAM SERVICE EXPENSES	168,138.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	168,138.

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION	Employer identification number	23-7377505
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**PUBLIC RELATIONS:**

PROGRAM SERVICE EXPENSES	295,733.
MANAGEMENT AND GENERAL EXPENSES	18,870.
FUNDRAISING EXPENSES	208,436.
TOTAL EXPENSES	523,039.

**SECURITY:**

PROGRAM SERVICE EXPENSES	105,034.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	105,034.

**PAYROLL PROCESSING FEES:**

PROGRAM SERVICE EXPENSES	15,524.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,524.

**CONTRACTED SERVICES:**

PROGRAM SERVICE EXPENSES	43,307.
MANAGEMENT AND GENERAL EXPENSES	66,102.
FUNDRAISING EXPENSES	1,213.
TOTAL EXPENSES	110,622.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	922,357.

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

NET ASSET TRANSFER FROM MERGER	1,360,487.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	End-of

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had 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 char status (if sect 501(c)(3))
PRMH, INC. - 81-4788244 3925 CHESTNUT STREET PHILADELPHIA, PA 19104	SUPPORT MISSION OF RMH	PENNSYLVANIA	501(C)(3)	LINE 12A,

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

**RONALD MCDONALD HOUSE CHARITIES OF THE**



Schedule R (Form 990) 2019

**PHILADELPHIA REGION**

**Part III** Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, b organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(i)
							Disprop alloc: <b>Yes</b>

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f)
					Share of total income



**RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION**

Schedule R (Form 990) 2019



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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- 1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to related organization(s)
  - c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
  - e Loans or loan guarantees by related organization(s)
  
  - f Dividends from related organization(s)
  - g Sale of assets to related organization(s)
  - h Purchase of assets from related organization(s)
  - i Exchange of assets with related organization(s)
  - j Lease of facilities, equipment, or other assets to related organization(s)
  
  - k Lease of facilities, equipment, or other assets from related organization(s)
  - l Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
  - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
  - o Sharing of paid employees with related organization(s)
  
  - p Reimbursement paid to related organization(s) for expenses
  - q Reimbursement paid by related organization(s) for expenses
  
  - r Other transfer of cash or property to related organization(s)
  - s Other transfer of cash or property from related organization(s)

**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 trans

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method
(1) PRMH, INC.	K	950,492.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			



**RONALD MCDONALD HOUSE CHARITIES OF THE  
PHILADELPHIA REGION**

Schedule R (Form 990) 2019

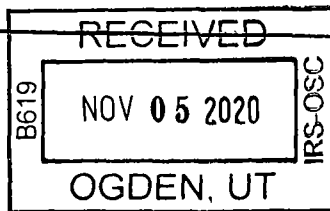


**Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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


(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets
				Yes	No		





Entity# : 65406  
Date Filed : 12/27/2018  
Effective Date : 01/01/2019  
Pennsylvania Department of State

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: NICOLE GRIMME PENNCORP SERVICE GROUP, INC. Name: 800 NORTH SECOND STREET Address: PO BOX 1210 HARRISBURG, PA 17102-1210 City: 81344 State: Zip Code: <input checked="" type="checkbox"/> Return document by email to: <a href="mailto:penncorp@penncorp.net">penncorp@penncorp.net</a>	<p align="center"><b>Statement of Merger</b> DSCB:15-335 (7/1/2015)</p>  <p align="center">TCO190110MC1574</p>
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Read all instructions pri

Fee: \$70 plus \$40 for each association that is a party to the merger  
The minimum amount to be submitted with this filing is \$150

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 335 (relating to Statement of merger), the undersigned, desiring to effect a merger, hereby states that:

**A. For the surviving association:**

- The name of the surviving association is: The Philadelphia Ronald McDonald House Inc.
- The jurisdiction of formation of the surviving association: Pennsylvania
- The type of association of the surviving association is (check only one):
  - Business Corporation
  - Nonprofit Corporation
  - Limited Liability Company
  - Limited Partnership
  - Limited Liability (General) Partnership
  - Limited Liability Limited Partnership
  - Business Trust
  - Professional Association
  - Other \_\_\_\_\_

2018 DEC 27 PM 1:48  
PA. DEPT. OF STATE

2019 JAN -7 PM 3:40  
PA. DEPT. OF STATE

4. The surviving association is a (check only one box, provide address and follow instructions for attachments):

- Domestic (Pennsylvania) filing entity already in existence on Department of State records  
*If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.*
- NEW domestic (Pennsylvania) filing entity (includes limited liability limited partnership)  
*Attach to this Statement the public organic record of the new entity.*
- Foreign filing association or foreign limited liability partnership already registered with the Department.  
*If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.*
- Foreign filing association or foreign limited liability partnership simultaneously seeking registration with the Department of State  
*Attach to this Statement a completed form DSCB: 15-412 (Foreign Registration Statement) with applicable fee and attachments.*

Its current registered office address. Complete part (a) OR (b) – not both:

(a) 3921-3925 Chestnut Street                      Philadelphia                      PA                      19104                      Philadelphia  
Number and street                                      City                                      State                                      Zip                                      County

(b) c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider                                      County

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- NEW domestic (Pennsylvania) limited liability partnership or electing partnership  
*Attach completed DSCB: 15-8201 (Statement of Registration) or DSCB: 15-8701A (Statement of Election)*
- Domestic association that is not a domestic filing association  
*Attach to this Statement tax clearance certificates.*

The address, including street and number, if any, of its principal office:

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_  
Number and street                                      City                                      State                                      Zip                                      County

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- Foreign association that is not, and will not, be registered with the Department of State  
*Attach to this Statement tax clearance certificates.*

The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_  
Number and street                                      City                                      State                                      Zip

**B. For the merging association(s) that are not surviving the merger:**

1. The name of the merging association is: Ronald McDonald House Charities of the Philadelphia Region, Inc.

2. The jurisdiction of formation of the merging association: Pennsylvania

3. The type of association is (check only one):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business Corporation             | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Business Trust           |
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company        | <input type="checkbox"/> Limited Liability Limited Partnership   | <input type="checkbox"/> Other _____              |

4. Check and complete one of the following addresses.

<input checked="" type="checkbox"/>	<p><b>If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</b></p> <p>(a) <u>22 Breckenridge Dr.</u>                      <u>Ivyland</u>                      <u>PA</u>                      <u>18974</u>                      <u>Bucks</u>  <small>Number and street                      City                      State                      Zip                      County</small></p> <p>(b) c/o: _____  <small>Name of Commercial Registered Office Provider                      County</small></p>
<input type="checkbox"/>	<p><b>If the merging association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</b></p> <p>_____  <small>Number and street                      City                      State                      Zip                      County</small></p>
<input type="checkbox"/>	<p><b>If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</b></p> <p>_____  <small>Number and street                      City                      State                      Zip</small></p>

**Use Statement of Merger – Addendum (DSCB:15-335AD)  
for additional merging parties that are not surviving the merger.**

C. Effective date of statement of merger (check, and if appropriate complete, one of the following):

- This Statement of Merger shall be effective upon filing in the Department of State.
- This Statement of Merger shall be effective on: 01/01/2018 at 12:01 a.m.  
Date (MM/DD/YYYY) Hour (If any)

D. Approval of merger by merging associations (check all applicable statement(s)):

- For domestic entities – The merger was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter C (relating to merger).
- For foreign associations – The merger was approved in accordance with the laws of the jurisdiction of formation.
- For domestic associations that are not domestic entities – The merger was approved by the interest holders of the merging association in the manner required by its organic law.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned merging associations have caused this Statement of Merger to be signed by duly authorized officers thereof this 17th day of DECEMBER, 20 18.

The Philadelphia Ronald  
McDonald House Inc.  
Name of Merging Association

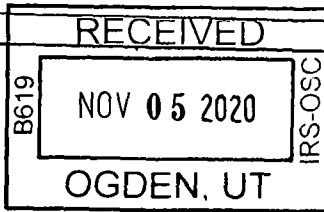
Ronald McDonald House Charities  
of the Philadelphia Region, Inc.  
Name of Merging Association

[Signature]  
Signature


[Signature]  
Signature

BOARD PRESIDENT  
Title

President RMAC Philadelphia  
Title



**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to:  Name _____ Address _____ City _____ State _____ Zip Code _____ <input checked="" type="checkbox"/> Return document by email to: <u>mschwarz@mmwr.com</u>	<b>Articles of Amendment</b> Domestic Corporation DSCB:15-1915/5915 (rev. 7/2015)  1915
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$70

Check one:  Business Corporation (§ 1915)       Nonprofit Corporation (§ 5915)

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:  
The Philadelphia Ronald McDonald House, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:  
*(Complete only (a) or (b), not both)*

(a) Number and Street	City	State	Zip	County
3921-3925 Chestnut Street,	Philadelphia,	PA	19104	Philadelphia

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_  
c/o: \_\_\_\_\_

3. The statute by or under which it was incorporated: PA Nonprofit Corporation Law of 1972

4. The date of its incorporation: 05/18/1974  
(MM/DD/YYYY)

5. Check, and if appropriate complete, one of the following:

The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

The amendment shall be effective on: 01/01/2019 at 12:01 a.m.  
Date (MM/DD/YYYY)      Hour (if any)



DSCB:15-1915/5915-2

6. Check one of the following:

- The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).
- The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. Check, and if appropriate complete, one of the following:

- The amendment adopted by the corporation, set forth in full, is as follows
- \_\_\_\_\_
- \_\_\_\_\_

- The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. Check if the amendment restates the Articles:

- The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

19TH day of DECEMBER, 2018

The Philadelphia Ronald McDonald House, Inc.

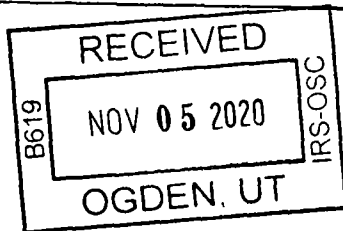
Names of Corporation

[Signature]

Signature

BOARD PRESIDENT

Title



Rev 11/28/18

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
CORPORATION BUREAU**

**AMENDED & RESTATED  
ARTICLES OF INCORPORATION**

**RONALD McDONALD HOUSE CHARITIES  
OF THE PHILADELPHIA REGION**

In accordance with the requirements of 15 Pa. C.S. § 5915 (relating to articles of amendment), the articles of incorporation of The Philadelphia Ronald McDonald House, Inc. are hereby amended and restated in their entirety as follows:

1. The name of the corporation is: **Ronald McDonald House Charities of the Philadelphia Region.**
  
2. The address, including street and number, of its registered office in this Commonwealth is:  
3925 Chestnut St.  
Philadelphia, PA 19104
  
3. The corporation is incorporated under Pennsylvania's Nonprofit Corporation Law of 1988, as amended, exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provisions of any future United States Internal Revenue Law (hereinafter referred to as the "Code"), including in particular to provide temporary, convenient and subsidized housing to the patients of Children's Hospital of Philadelphia and other pediatric medical facilities and their families, whenever the need shall arise, and for the provision of summer camp and other activities for such patients, and for other out-patient services for such patients and their families.
  
4. The corporation does not contemplate pecuniary gain or profit, incidental or otherwise. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in paragraph 3 hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Code or (b) by a corporation contributions to which are deductible under Section 170(c)(2) of the Code.

4782188v1

5. The term of its existence is perpetual.
6. The corporation is organized on a nonstock basis.
7. The corporation shall have no members.
8. The names and addresses, including street and number, of the original incorporators were:

Mr. & Mrs. Allen Bilofsky  
Four Hickory Lane  
Cherry Hill, NJ 08034

Mr. & Mrs. Wallace Blore  
7938 Pickering Ave.  
Philadelphia, PA 19150

Mr. Paul DiPlacido  
2802 Yorkship Road, Fairview Village  
Camden, NJ 08104

Dr. Audrey E. Evans  
226 W. Rittenhouse Square, Apt. 2610  
Philadelphia, PA 19103

Mrs. Shirley Friedman  
101 Meeting House Lane  
Cherry Hill, NJ 08002

Ms. Juanita Guagenti  
2440 S. 13<sup>th</sup> St.  
Philadelphia, PA 19146

Mr. Russell Nigro  
2348 S. Hutchinson St.  
Philadelphia, PA 19148

Mr. & Mrs. Stuart Peltz  
201 Clwyd Road  
Bala Cynwyd, PA 19004

Mr. & Mrs. William Watts  
4 Booth Lane  
Haverford, PA 19041

Mr. Philip Wiser  
3900 Ford Road  
Philadelphia, PA 19131

Mr. Robert Cushman  
123 S. Broad Street  
Philadelphia, PA 19109

9. Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all the remaining assets of the corporation exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Code or to one or more governmental units described in Section 170(c)(1) of the Code as the Board of Directors shall determine, to be used exclusively for charitable purposes. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for charitable purposes to one or more such organizations, as said Court shall determine. Under no circumstances shall any assets be distributed, upon dissolution, upon sale of substantially all of the assets, or otherwise, to directors, officers, or employees of the corporation.