Form 99SCANNED JAN 1 8 2022 23 202 \sim

EXIGNDED TO NOVEMBER 10, 2020
Return of Organization Exempt From Income Tax
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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

0MB No. 1545-0047 Open-to Public

(Rev January 2020) Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2019 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Addres RONALD MCDONALD HOUSE CHARITIES DAYTON X Name change 31-0964793 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 555 VALLEY STREET 937-224-0047 term ated 693,259. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende DAYTON, OH 45404 H(a) Is this a group return F Name and address of principal officer RITA CYR for subordinates? Yes X No SAME AS C ABOVE H(め) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) (4947(a)(1) of If "No," attach a list (see instructions) J Website: WWW.RMHCDAYTON.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other > Year of formation: 1978 M State of legal domicile; OH Part I Summary Briefly describe the organization's mission or most significant activities TO PROVIDE COMMUNITY, COMFORT, AND HOPE TO FAMILIES OF SERIOUSLY ILL CHILDREN. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 36 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 593 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income (rom Form 990) Tilling 39 7.3.3 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) SEP 08 2020 1,389,750. 1,142,038. Program service revenue (Part VIII, line 2g) 224,661. 232,795. 10 Investment income (Part VIII, column (ARDESANSAS CITY, MO 27,388. 25,634. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -3,348. -5,240. 390,739. 1,642,939. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 100,000. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ο. 0. Benefits paid to or for members (Part IX, column (A), line 4) 847 792. 810,295. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ٥. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 235,585. **b** Total fundraising expenses (Part IX, column (D), line 25) 775,386. 779,434. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,723,178. 1,589,729. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -332,439. 53,210. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 3,416,456. 3,610,103. 21 Total liabilities (Part X, line 26) 145,591. 88,888. 3,270,865. Net assets or fund balances Subtract line 21 from line 20 3,521,215. 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 (either than officer) is based on all information of which preparer has any knowledge Naboual M. X Cotto Signature of officer **Date** Sign DEBORAH SLATER, TREASURER Here Type or print name and title Date Print/Type preparer's name Preparer's signature ANNA M HELFEN, 08/27/20 Paid ANNA M HELFEN, CPA P01686651 self-employed Firm's name CLARK, SCHARFER, HACKETT & CO. Preparer Firm's EIN ► 31-0800053 Firm's address 10100 INNOVATION DRIVE

Phone no. 937-226-0070

X Yes

Form 990 (2019)

Use Only

DAYTON, OH 45342

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

	990 (2019) RONALD MCDONALD HOUSE CHARITIES DAYTON 31-0964793 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	RONALD MCDONALD HOUSE CHARITIES OF DAYTON'S MISSION IS TO PROVIDE
	COMMUNITY, COMFORT, AND HOPE TO FAMILIES OF SERIOUSLY ILL CHILDREN.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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. (Code) (Expenses \$ 1,202,314. including grants of \$) (Revenue \$ 232,795.)
4a	(Code) (Expenses \$ 1,202,314. including grants of \$) (Revenue \$ 232,795.) OPERATED RONALD MCDONALD HOUSE OF DAYTON (RMH), WHICH PROVIDES
	TEMPORARY HOUSING FOR FAMILIES WITH HOSPITALIZED CHILDREN FROM THE
	GREATER MIAMI VALLEY REGION. DURING 2019, THE ORGANIZATION PROVIDED
	3,658 NIGHTS OF SERVICE TO 318 FAMILIES FROM 37 OHIO COUNTIES, 20
	STATES, AND 2 COUNTRIES (CANADA, US).
	DITTED THE E COUNTY OF T
	DONATED VOLUNTEER SERVICES VALUED AT \$129,743.86 IN 2019. ALSO ENABLED
	RONALD MCDONALD HOUSE CHARITIES OF THE MIAMI VALLEY REGION TO PROVIDE A
	PLACE FOR FAMILIES TO STAY WHILE THEIR CHIDREN ARE HOSPITALIZED.
	THE RONALD MCDONALD FAMILY ROOM (RMFR) LOCATED INSIDE DAYTON CHILDREN'S
	HOSPITAL PROVIDES COMPLIMENTARY SNACKS, BEVERAGES, LITE MEALS, A
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
	
4d	Other program services (Describe on Schedule O)
-u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,202,314.
	Form 990 (2019)
932002	SEE SCHEDULE O FOR CONTINUATION(S)

Form	990	(2019)	

Form 990 (2019) RONALD MCDONALD HOUSE CHARITIES DAYTON 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)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
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?	9		х
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10	x	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V 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			Ì
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
đ	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 167 If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25° if "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		<u> X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a_	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	.5		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19_		X_
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
		Г	gan .	(0010)

RONALD MCDONALD HOUSE CHARITIES DAYTON 31-0964793 Page 4 Form 990 (2019) Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete X 24a Schedule K If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X 28a "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes." complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N. Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Ye<u>s</u> No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form **990** (2019)

Form 990 (2019) RONALD MCDONALD HOUSE CHARITIES DAYTON 31-0964793 Page 5
| Pairt | Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	(20) (2) (20) (2)		
	filed for the calendar year ending with or within the year covered by this return 2a 36	2.56		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	100000		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	验等		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	if "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>	علاقة	
а	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	Х	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	Ì		
	to file Form 8282?	7c	Si 1974	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7.37	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	27 /	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	64.00 C.		
	sponsoring organization have excess business holdings at any time during the year? N/A	8	14 A CARON (9537023
9	Sponsoring organizations maintaining donor advised funds.	***********	<u> </u>	
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a		\vdash
b		9b	design.	95 4d
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
а		ETTENT CASAN	**************************************	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders N/A 11a		A TOPPOS	
a	Gross income from members or shareholders N/A Gross income from other sources (Do not net amounts due or paid to other sources against		7 (F) 3(1)	
b	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	220	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	11737	5	X
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	7,5	
-	Note: See the instructions for additional information the organization must report on Schedule O	Œ.	- 1 S	
h	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	The same		
c	Enter the amount of reserves on hand			X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15	L	<u>x</u> _
	If "Yes," see instructions and file Form 4720, Schedule N	沙沙	12.4	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	ļ	X
	If "Yes," complete Form 4720, Schedule O.		變物學	
		Form	990	(2019)

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17	紫紫	7.2	200
	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.			# Ga
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	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?	2		X
3	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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	المرابعة المرابعة	72.7% 72.7%	ZX.
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	3,00	£.	**
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ,	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent		A STANK	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	* ;ij) ;ii)	-1000.	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1.3
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		9 8 186	
,	taxable entity during the year?	16a		X
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?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
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) a	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X 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	l financ	ıal	
	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			
	RITA CYR - 937-224-0047			
	555 VALLEY STREET, DAYTON, OH 45404			
932006	5 01-20-20	Form	990	(2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations 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)	(B)	Γ		((C)			(D)	(E)	(F)
Name and title	Average	(40	not c	Pos	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson ı	s both	n an	compensation	compensation	amount of
	week	_	cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	ā				ated		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			beuse		(W-2/1099-MISC)		organization
	organizations	a tr	le le		l ge	8 8				and related
	below line)	Individual trustee or director	nstitutional trustee	Officer	кву етрюуев	Highest compensated employee	Former			organizations
(1) LORI MORGAN KERSHNER	2.00	▎▔	┝╧	٦	Ť	as	۳			
CHAIR		х		х				0.	0.	0.
(2) JOE ABOUZEID	2.00									
VICE CHAIR		X		X	<u> </u>			0.	0.	0.
(3) TIM DEHART	2.00									
CO-TREASURER		X		X				0.	0.	0.
(4) DEBORAH PRESTON	2.00									
CO-TREASURER		Х		X				0.	0.	0.
(5) AMY BARNHART	0.50									
TRUSTEE		X			<u> </u>		L	0.	0.	0.
(6) JESSIE BUSH	0.50									
TRUSTEE		X		L.,	ļ	ļ		0.	0.	0.
(7) LINDA DUNDON	0.50]								
TRUSTEE		X	<u> </u>		_			0.	0.	0.
(8) NICK ENDSLEY	0.50								_	_
TRUSTEE		X						0.	0.	0.
(9) ELIZABETH EY, MD	0.50							_ ;	_	_
TRUSTEE		X			L	L_	L	0.	0.	0.
(10) JAYNE GMEINER	0.50								_	_
TRUSTEE		Х	ļ					0.	0.	0.
(11) CHRISTIE GRAY	0.50				1					_
TRUSTEE		X			ļ	<u> </u>	_	0.	0.	0.
(12) TIM GREENLEE	0.50	.								•
TRUSTEE		X	lacksquare				_	0.	0.	0.
(13) ALEX MORGAN	0.50	.								_
TRUSTEE		X			L		<u> </u>	0.	0.	0.
(14) JESSICA RAMSEY	0.50	١					ĺ			
TRUSTEE		X				<u> </u>	\vdash	0.	0.	0.
(15) PENNY RIKE	0.50							_	_	_
TRUSTEE		X	<u> </u>			<u> </u>	_	0.	0.	0.
(16) GEORGIE WOESSNER	0.50								آ ۾	_
TRUSTEE	ļ <u>.</u>	Х		_	<u> </u>	<u> </u>	\vdash	0.	0.	0.
(17) DEBBIE WRIGHT	0.50							_ ;		_
TRUSTEE		X	L	<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
932007 01-20-20										Form 990 (2019)

932007 01-20-20

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)	(C)						(D)	(E)	I		(F)	
Name and title	Average	///	Position (do not check more than one					Reportable	Reportable	Į	Es	tımate	ed
	hours per	box, unless person is officer and a director			ıs botl	h an	compensation	compensation		an	nount	of	
	week	-	cer an	la a a	recio	T	Tee)	from	from related			other	
	(list any hours for	iecto					l	the	organizations			pensa	
•	related	5 5	e e			sated	l	organization (W-2/1099-MISC)	(W-2/1099-MIS	ا (۲		om th anızat	
	organizations	ınste	Jrus		85	ng C	ŀ	(***271033***********************************		ĺ	•	d relat	
	below	Individual trustee or director	Institutional trustee	۰	l ge	st co						ınızatı	
	line)	ě	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) CHRISTOPHER CROOM, MD	0.50												
TRUSTEE (JAN-APR)		х		<u>.</u>				0.		0.			0.
(19) ROGER CASS	0.50												
TRUSTEE (JAN-OCT)		Х		L	L			0.		0.			0.
(20) RITA CYR	40.00												
CHIEF EXECUTIVE OFFICER				X	_	<u> </u>	<u> </u>	104,571.	··	0.	1	5,2	04.
				ŀ			l						
				$ldsymbol{ld}}}}}}$	_	$oxed{oxed}$	╙						
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		<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	┖			— ↓			
					1		ļ						
			<u> </u>	_	<u> </u>	_	<u> </u>						
							l						
	ļ	_	_	<u> </u>	<u> </u>	ļ	┡			\longrightarrow			
		l					l						
			L	L	<u></u>		Ļ	104 571		$\overline{}$			0.4
1b Subtotal	•							104,571.		0.		o, <u>z</u>	04.
c Total from continuation sheets to Part VI	l, Section A							0.		0.		- 7	0.
d Total (add lines 1b and 1c)	-						>	104,571.		0.		0,4	04.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable				1
compensation from the organization										—		Yes	No
A D. (1)				1				L k		ſ	\dashv	162	INO
3 Did the organization list any former officer,		ee, r	ey e	emp	ioye	e, or	nıg	nest compensated empl	oyee on	ŀ			${x}$
line 1a? If "Yes," complete Schedule J for s										}	3		
4 For any individual listed on line 1a, is the su	-		-						ne organization	-	-		<u></u>
and related organizations greater than \$150									lual far againe	-	4		
5 Did any person listed on line 1a receive or a							elate	ed organization or individ	iual for services		5		X
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ich j	oers	on							
Complete this table for your five highest co.	managated ind	lono	ndo	at co	ntr.	acto	re th	nat received more than \$	100 000 of comp	encat	on fre		
the organization. Report compensation for										Cilidat		,,,,	
(A)	ine editoriodi ye	,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. <u></u>	,,,,,	<u></u>		(B)			(0	:)	
Name and business	address	NO	ONE	3				Description of s	ervices	C	ompe		n
				-									
												_	-
									ł				
								`					
													·
2 Total number of independent contractors (ii	ncluding but no	ot lir	nited	to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organization)			<u> </u>				
											Form	990 (2019)

			Check if Schedule O	cont	tains a i	response (or note to any lin	e in this Part VIII	•		. ,
			`			•		(A)	(B)	(C)	(D)
							*	Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						, ,		A STATE OF THE STA	V. 2.2		sections 512 - 514
Grants	1		Federated campaigns			1a .	<u>8,860.</u>				n a la l
, Grants mounts			Membership dues			1b	1.62 4.01				
_s.¥				163,491.							
Gifts, ilar Aı		d	Related organizations			1d					
Sir		·e	Government grants (contr All other contributions, gifts,		•	1e	<u> </u>				
utic		•	similar amounts not included			1f 1,	217,399.			100	
캶		a	Noncash contributions included in			1g \$	128,332.				
Contributions, Giff and Other Similar		_	Total. Add lines 1a-1f		,			1,389,750.			4.5
	*		4				Business Code	第一张的 第一	A Company of the State of the S		
ø	2	а	FAMILY ROOM F	EE	S	•	624100	232,795.	232,795.		
Program Service Revenue		b									
Segue		С									
ran 3ev		d									
50		e									
ш.		† ~	All other program service Total. Add lines 2a-2f	reve	enue	•	<u> </u>	232,795.	CMASS AND GENERAL		
_	3	-	Investment income (include	lina	divider	nds intere	st and	232,1330		Contract of the Contract of th	TO CHEMINATE PROTECTION
			other similar amounts)	,,,,g	aividei	ids, intere	St, and	25,634.	,		25,634.
	4		Income from investment of	of ta	x-exem	pt bond p	roceeds				
	5		Royalties .			_					
			•		(1)) Real	(ii) Personal				C. 4 (8)
	6	а	Gross rents	6a	<u> </u>						
		Þ.	Less rental expenses	6b	<u> </u>						
			Rental income or (loss)	6с	;	i.	<u>.</u>				
			Net rental income or (loss)	—(1 6 6		63 045 - 11	- - 35 55 000 July 1 1/2 J 1000	185. 34.000 to 1.000	27-2022-2026-2048-20	S. The conservation and
	7	а	Gross amount from sales of	 _	- 11	ecurities	(ii) Other				
			assets other than inventory Less cost or other basis	7a	1						
		D	and sales expenses	7b					A PROPERTY.		
enn		c	Gain or (loss)	7c					A CHANGE		46
Other Revenue			Net gain or (loss)		-1				****		
er	8	а	Gross income from fundraising	ng ev	vents (n	ot 🗍					
₹			including \$163	, 4	191.	of					
			contributions reported on	lıne	1c) Se	ее					
			Part IV, line 18			. <u>8a</u>	45,080.				
			Less direct expenses	_	_	8b	50,320.	5 240			F 240
			Net income or (loss) from				· •	-5,240.	THE STATE OF THE S		-5,240.
	9	а	Gross income from gamin Part IV, line 19	y ac	Juvities	See 9a					747
		h	Less direct expenses			9b					100
			Net income or (loss) from	gam	nna act		•	S. 2000 A. C.	Charles and the same statement of the	400000 0 8000 0 00000	Actualist Court of Section 1. Adding 1 or 2014
			Gross sales of inventory, I							\$ 15 F2 (15)	
			and allowances 10a								
		b	Less cost of goods sold 10b				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
		c ·	Net income or (loss) from	sale	s of inv	entory	•	grant of the state	an activity of Company of States, of the company of	ex manage counts and product a count.	Mr. 65 m22000gs. materials Comment Med. C. 18 ma
ی				•			Business Code				
e e	11	a									
llan (ep)		b	-				· · · · · · · · · · · · · · · · · · ·				
Miscellaneous Revenue		ت ي	All other revenue					-			
Σ		-	Total. Add lines 11a-11d				.		- 2 Maria		
	12		Total revenue. See instruction	ns				1,642,939.	232,795.	0.	20,394.
932009		20-									Form 990 (2019)

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All othe	er organizations must co	mplete column (A)								
	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											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21				W. W. Carlotte							
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		1									
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,	110 775	05 000	22 055								
	trustees, and key employees	119,775.	95,820.	23,955.	<u> </u>							
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	553,722.	442 077	18,584.	92,161.							
7	Other salaries and wages	555,722.	442,977.	10,304.	92,101.							
8	Pension plan accruals and contributions (include	9,377.	7 501	122.	1 754							
_	section 401(k) and 403(b) employer contributions)	64,206.	7,501. 51,323.	2,065.	1,754. 10,818.							
9	Other employee benefits	63,215.	50,572.	3,793.	8,850.							
10	Payroll taxes	03,213.	30,372.	3,193.	0,030.							
11	Fees for services (nonemployees)											
a	Management											
b	Legal Accounting	2,918.	2,334.	175.	409.							
c d	Lobbying	2,5200	2,0010	2,31								
	Professional fundraising services. See Part IV, line 17		SAN A WINE									
f	Investment management fees	14,016.	was but he i was . 214. Anne #11.	14,016.								
g	Other (If line 11g amount exceeds 10% of line 25,	,										
3	column (A) amount, list line 11g expenses on Sch O.)	197,354.	67,340.	66,406.	63,608.							
12	Advertising and promotion											
13	Office expenses	50,377.	28,256.	1,308.	20,813.							
14	Information technology											
15	Royalties			,								
16	Occupancy	40,372.	37,546.	807.	2,019.							
17	Travel				<u> </u>							
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	22,494.	3,024.	12,610.	6,860.							
20	Interest											
21	Payments to affiliates	100 004	114 025	0.457	C 140							
22	Depreciation, depletion, and amortization	122,834.	114,235.	2,457.	6,142.							
23	Insurance	14,725.	13,694.	295.	736.							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If											
	line 24è amount exceeds 10% of line 25, column (A)											
	amount, list line 24e expenses on Schedule 0.)		118,566.	0.	9,766.							
a	DONATED GOODS AND SERVI	128,332. 60,842.	60,842.	0.	9,700.							
	CONTRACT LABOR		47,186.	1,015.	2,537.							
С.	MAINTENANCE AND REPAIRS HOUSE SUPPLIES	50,738. 36,028.	36,028.	0.	2,557.							
		38,404.	25,070.	4,222.	9,112.							
	All other expenses	1,589,729.	1,202,314.	151,830.	235,585.							
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,303,143.	1,202,314.	131,030.	233,303.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation. Check here ff following SOP 98-2 (ASC 958-720)				,							
	if following SOP 98-2 (ASC 958-720)	I .	<u> </u>		Form 990 (2019)							

932010 01-20-20

Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 96,018. 296,361 Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 98,077. 76,500. 3 Pledges and grants receivable, net 26.,.6.7.3. 25-610-Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 1,217. 217 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 176,544 basis Complete Part VI of Schedule D 10a 2,017,431. 159,113. 2,106,405. 10b 10c b Less accumulated depreciation 1,192,984. 1,088,066. 11 Investments - publicly traded securities 12 Investments - other securitiès See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 3,416,456. 3,610,103. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 88,888. 145,591. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 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 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 145,591 88,88 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33, 2,210,935. 2,112,206. 27 27 Net assets without donor restrictions ,310,280. ,158,659. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 3,270,865. 3,521,215. 32 Total net assets or fund balances 3,610,103. 3,416,456. Total liabilities and net assets/fund balances Form 990 (2019)

932011 01-20-20

	990 (2019) RONALD MCDONALD HOUSE CHARITIES DAYTON	<u>31-09</u>	64793	Page 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,642	,939.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,589	,729.
3	Revenue less expenses Subtract line 2 from line 1	3	53	,210.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,865.
5	Net unrealized gains (losses) on investments	5	193	,300.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3	,840.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	<u>3,521</u>	<u>,215.</u>
_k P _a	TXII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
			No. 1886 100	es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	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			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	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		22,000	
	X Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		x
	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 Sch		5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		x
	Act and OMB Circular A-133?		3a	- ^- -
, b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	red audit	_	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	90 (2019)
			Form 3	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

RONALD MCDONALD HOUSE CHARITIES DAYTON 31-0964793 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) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) 8 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 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 ____ 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 RONALD MCDONALD HOUSE CHARITIES DAYTON 31-0964

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 31-0964793 Page 2

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

Sec	ction A. Public Support	-		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and							
	membership feès received. (Do not							
	include any "unusual grants ")	1187304.	1235105.	_1318170	_1366699.	_1188960-	-6296238-	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to			*			•	
	or expended on its behalf							
3	The value of services or facilities	,						
	furnished by a governmental unit to	1 .				,		
	the organization without charge	,						
4	Total. Add lines 1 through 3	1187304.	1235105.	1318170.	1366699.	1188960.	6296238.	
5	The portion of total contributions		TEM Y					
	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)			大學學、物效		180 m (24 / 1874 m)	868,090.	
6	Public support. Subtract line 5 from line 4		學等的學的學的	的學學的學			5428148.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	· (c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	1187304.	1235105.	1318170.	1366699.	1188960.	6296238.	
8	Gross income from interest,							
	dividends, payments received on					,		
	securities loans, rents, royalties,					ļ.		
	and income from similar sources	16,490.	24,030.	26,631.	27,388.	25,634.	120,173.	
9	Net income from unrelated business							
	activities, whether or not the	•					,	
	business is regularly carried on							
10	Other income Do not include gain							
	or loss from the sale of capital						,	
	assets (Explain in Part VI)		75,000.				75,000.	
11	Total support. Add lines 7 through 10	系的條例以使用	ATTACK TO THE	変化の表示の	经验证证证	學物學學	6491411.	
12	Gross receipts from related activities,	etc (see instruction	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)		
	organization, check this box and stop	o here					<u> </u>	
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))	-	14	83.62 %	
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	85.20 %	
16a	33 1/3% support test - 2019. If the	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box		
	stop here. The organization qualifies	as a publicly supp	orted organization				►X	
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	, and if the organization meets the "fac					rt VI how the organ	ization	
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization	•		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	heck a box on line	13, 16a, 16b, or 1	1 7a, and l ine 1 5 is 1	10% or	
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	ıın Part VI how the		
	organization meets the "facts-and-circ						· •	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions		
	Schedule A (Form 990 or 990-EZ) 2019							

Schedule A (Form 990 or 990 EZ) 2019 RONALD MCDONALD HOUSE CHARITIES DAYTON 31-0964793 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (e) 2019 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (f) Total 1 Gifts, grants, contributions, and membership feès received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2017 (d) 2018 (a) 2015 (b) 2016 (e) 2019 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 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 bére Section C. Computation of Public Support Percentage 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment/income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % %

io investigent income percentage non-zoto conecute A, r art in, inte 17	10
19 a 33 $1/3\%$ $support tests$ - 2019, If the organization did not check the box on line 14, and line 15 is more than 33	i 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	ion
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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

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

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 RONALD MCDONALD HOUSE CHARITIES DAYTON

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.)

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Per In Supporting Organizations (continued) Yes No	Sche	dule A (Form 990 or 990-EZ) 2019 RONALD MCDONALD HOUSE CHARITIES DAYTON	31-0964793	3 P.	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either cales our or together with personal described in (b) and (c) below, the governing podry of a supported organization? 11 A family member of a person described in (a) or (b) above? 5. ASS's controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, people detail in Part VI. 11 Did the directors, muttess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or frustees at all times during the tax yea? If "No." describe in Part VI how the supported organizations described in (b) and the organization and with conditions or restitions, if any, applied to such powers during the tax year? 2 Did the organization operate for the benefit of any supported organization powers during the tax year? 2 Did the organization operate for the benefit of any supported organization of the than the supported organization of the than than the supported organization of the than the supported organization of the supported organization of the than the supported organization of the than the supported organization of the supported organization of the supported organization or trustees of each 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 arrived than the supported organization's or trustees of each of the organization's directors or trustees of each of the supported organization of the supported organization of the supported organization of the supported organization of the					
a A person who directly controls, either alone or logither with persons described in (s) and (c) below, the governing pody of a supported organization? b A family member of a person described in (s) above? If "Yes" to a.b. o.c. provide detail in Part VI. c A 33% controlled entity of a person described in (s) above? If "Yes" to a.b. o.c. provide detail in Part VI. b 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 organizations directors or trustees at all times during the tax year. If No. describe the Part VI how the supported organizations have the power to regularly appoint or electral tests at majority of the organization of directors or trustees at all times during the tax year. If No. describe the Part VI how the supported organization above the powers to appoint adriff remove directors or trustees at all times during the tax year. Or controlled the supported organization organization operated for the benefit of any supported organization organization operated for the benefit of any supported organization or their than the supported organization operated for the benefit of any supported organization? If "Yes," explain in Part VI now provinging such benefit carried out the purposes of the supported organization? If "No," describe in Part VI now control or management of the supported corganizations? If "No," describe in Part VI now control or management of the supporting Organizations. 1 Were a majority of the organization is supported organizations, by the lax day of the fifth month of the organization is tax year. (i) a vortice or or trustees of each of the organization was vested in the same persons that controlled or managed the supported organizations or the proper supported organizations? 1 Ord the organization provide to each of its supported organizations by the fifth month of the organizations is tax year. (ii) a copy of the Form 99 of the town 99 of the view of the organization organization and				Yes	No
a A person who directly controls, either alone or logither with persons described in (s) and (c) below, the governing pody of a supported organization? b A family member of a person described in (s) above? If "Yes" to a.b. o.c. provide detail in Part VI. c A 33% controlled entity of a person described in (s) above? If "Yes" to a.b. o.c. provide detail in Part VI. b 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 organizations directors or trustees at all times during the tax year. If No. describe the Part VI how the supported organizations have the power to regularly appoint or electral tests at majority of the organization of directors or trustees at all times during the tax year. If No. describe the Part VI how the supported organization above the powers to appoint adriff remove directors or trustees at all times during the tax year. Or controlled the supported organization organization operated for the benefit of any supported organization organization operated for the benefit of any supported organization or their than the supported organization operated for the benefit of any supported organization? If "Yes," explain in Part VI now provinging such benefit carried out the purposes of the supported organization? If "No," describe in Part VI now control or management of the supported corganizations? If "No," describe in Part VI now control or management of the supporting Organizations. 1 Were a majority of the organization is supported organizations, by the lax day of the fifth month of the organization is tax year. (i) a vortice or or trustees of each of the organization was vested in the same persons that controlled or managed the supported organizations or the proper supported organizations? 1 Ord the organization provide to each of its supported organizations by the fifth month of the organizations is tax year. (ii) a copy of the Form 99 of the town 99 of the view of the organization organization and	11	Has the organization accepted a gift or contribution from any of the following persons?		e marroy.	
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Section B. Type I Supporting Organizations 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 derectors or trustees at all times during the tay sear? If "No," describe in Part VI now the supported organization's derectors or trustees at all times during the tay sear? If "No," describe in Part VI now the supported organization's derectors or trustees at all times during the tay sear. If "No," describe in the organization searches that one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, it any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization operated, supported organization of the thin the supported organization of the thin the supported organization of the supported organization ("Yes," explain in Part VI now providing such benefit carned out the purposes of the supported organization ("Yes," explain in Part VI now providing such benefit carned out the purposes of the supported organization ("Yes," explain in Part VI now providing organization in supported organizations ("Yes," to "describe in Part VI now control or manager or trustees of each of the organization supported organization(s)? "If "No," describe in Part VI now control or manager or trustees of each of the organization and supported organizations and the supported organization is supported organizations in supported organizations is governing documents in effect on the date of notification, to the extent only previously provided? 1 Did the organization provide to each of its supported organizations is supported organizations is governing documents in effect on the date to notification, and it organization is a very supported organization is supported organizations? 2 Were any of the organiza	b		11b		
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	edule A (Form 990 or 990-EZ) 2019 RONALD MCDONALD HOUSE CH			1-0964793 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov 20, 1970 (explain in Pa	art VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must com-	plete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		· ,
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or		'	
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	激流		
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	- T-9		
	factors (explain in detail in Part VI)	- 32		
2		2	•	
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	LEVI IVA	
4	Enter greater of line 2 or line 3.	4		,
5	Income tax imposed in prior year	5	MERADIT NEW	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	ıntegra	ited Type III supporting organ	nization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 RONALD MCDONA			1-0964793 Page 7
Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Section D - Distributions	Current Year		
 Amounts paid to supported organizations to accomplish exe 	empt purposes		
2 Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpos	es of supported organizations	s	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			,
6 Other distributions (describe in Part VI) See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which t	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	(ıii) Distributable Amount for 2019
Distributable amount for 2019 from Section C, line 6			_
2 Underdistributions, if any, for years prior to 2019 (reason-		777	
able cause required- explain in Part VI) See instructions	Washington St.		6.28
3 Excess distributions carryover, if any, to 2019	3-1-1-1	Wer And State of the State of t	
a From 2014	9.000000000000000000000000000000000000		
b From 2015			FANCE TO SERVE TO SERVE SERVE
c From 2016			200
d From 2017	PAGE NICOLARIA		
e From 2018			7.5
f Total of lines 3a through e	301 x 225 x 4 apr x 200 x 200 x 200 x 10 x 100 x 200 x 100 x		
g Applied to underdistributions of prior years		THE STATE OF THE PARTY OF THE STATE OF THE S	
			TO SHARE SHEED WELL COLUMN TO SHEET
h Applied to 2019 distributable amount	**************************************		
i Carryover from 2014 not applied (see instructions)	· · · · · · · · · · · · · · · · · · ·		
j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D.	1704-170-170-170-170-170-170-170-170-170-170		
4 Distributions for 2019 from Section D, line 7 \$			
		200 - 754 SEGNA SERVINAL SERVI	
a Applied to underdistributions of prior years	468		IN ARREST AND CONTINUES AND ARREST AND THE
b Applied to 2019 distributable amount	144.00.2008.00.400.0.400.0.400.0.400.0.400.0.400.0.400.0.400.0.400.0.400.0.400.0.400.0.400.0.400.0.400.0.400.0		
c Remainder Subtract lines 4a and 4b from 4		Control of the Contro	
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	SERVICES SERVICES - SERVICES - SERVICES - SE	ARREST AND ARREST ARREST AND ARREST A	
7 Excess distributions carryover to 2020. Add lines 3j	Ì		
and 4c.	LALTOCALE HELT ALCORDANCE		
8 Breakdown of line 7	1982 (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982)		
a Excess from 2015	(3/42/3/2014)		
b Excess from 2016	**************************************		
c Excess from 2017	ASSESSMENT OF THE PROPERTY OF		
d Excess from 2018		TO A STATE OF THE PARTY OF THE	
e Excess from 2019		SHOW SHAPARE IZE MEASURE	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990	or 990-EZ) 201	9 RONALD I	MCDONAL	D HOUSE	CHARITI	ES DAYTON	31-0964793	Page 8
Part VI	Supple	mental Info	rmation. Provided to the second	de the explan	ations required	by Part II, line	10, Part II, line 17a	or 17b, Part III, line 12, s 1 and 2, Part IV, Section	
	line 1, Pa	rt IV, Section D	, lines 2 and 3, Pa	rt IV, Section	E, lines 1c, 2a	, 2b, 3a, and 3l	b, Part V, line 1, Par	t V, Section B, line 1e, Pa	irt V,
	Section D (See instr), lines 5, 6, and uctions)	d 8, and Part V, Se	ection E, lines	s 2, 5, and 6 Al	so complete th	nis part for any addit	ional information	
SCHEDI	ILE A.	LIST OF	UNUSUAL	GRANTS	RECEIVE	BD:			
<u></u>	•		01102011	<u> </u>				·	
DESCRI	PTION	: BEQUES	T						
DATE:	02/05	/19	AMOUNT:	20079	0.				
							-		
		-							
-						<u> </u>			
								-	
									
			· · · · · · · · · · · · · · · · · · ·						
-									
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							-		
									
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									,,
		<u></u>	···						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	RONALD MCDONALD HO			31-0964793
Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar I	Funds or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6		
		(a) Donor advised funds	(t) 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 don	or advised funds	S
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a		can be used on	ıly
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other p	urpose confern	ng
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on For	m 990, Part IV, I	line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (for example, recrea	tion or education) 🔲 Presen	vation of a histor	rically important land area
	Protection of natural habitat	Presen	vation of a certifi	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in t	he form of a con	servation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic	c structure	İ
	listed in the National Register		L	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminate	d by the organiz	ation during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located -		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, hand	dling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforce	ing conservation	easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing c	onservation ease	ements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of sect	ion 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			└ Yes
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	iote to the organization's financial	statements that	t describes the
Do	organization's accounting for conservation easements	Art Historical Transuras	or Other Si	milar Accete
Pai	t III Organizations Maintaining Collections of		, or other si	illiai Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for put			ce of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	n in furtherance	of public service,
	provide the following amounts relating to these items			. .
	(i) Revenue included on Form 990, Part VIII, line 1			5
	(ii) Assets included in Form 990, Part X			.
2	If the organization received or held works of art, historical treating		tinancial gain, pi	rovide
	the following amounts required to be reported under FASB A	SC 958 relating to these items		
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s tor Form 990.		Schedule D (Form 990) 2019

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

932051 10-02-19

		MCDONALD H				31	L-09	<u>64793</u>	Page 2
Pa	rt III Organizations Maintaining C							(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that m	iake signi	ficant use	of its		
	collection items (check all that apply)								
а	Public exhibition	C	Loan or exc	hange program					
b	Scholarly research	€	e Other						
С	Preservation for future generations		-						
4	Provide a description of the organization's co	llections and explain	n how they further th	ne organization's	s exempt	purpose	ın Part	XIII	
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	sures, or other s	sımılar as:	sets		_	
	to be sold to raise funds rather than to be ma							Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the organization	n answered "Ye	s" on Fo	rm 990, P	art IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21							
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other assets	s not incl	uded	_	_	
	on Form 990, Part X?						L	_ Yes	U No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table						
								Amount	
С	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 Fo	orm 990, Part X, line	21, for escrow or co	ustodial account	t liability?	•		Yes	∐ No
	If "Yes," explain the arrangement in Part XIII								
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	1	1				
		(a) Current year	(b) Prior year	(c) Two years b		Three year	rs back		years back
1a	Beginning of year balance	1,088,066.	1,357,611.	1,332,7	786.	1,282	,813 <u>.</u>	1,	543,011.
b	Contributions								
С	Net investment earnings, gains, and losses	204,918.	-119,545.	174,8	825.	99	,973.		-29,519.
đ	Grants or scholarships			ļ					
е	Other expenditures for facilities				İ				
	and programs	100,000.	150,000.	150,0	000.	50	,000.		230,679.
f	Administrative expenses								
g	End of year balance	1,192,984.	1,088,066.	1,357,6	511.	1,332	,786.	1,	282,813.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as					
а	Board designated or quasi-endowment	.21	_%						
b	Permanent endowment ► 43.70	%							
C	Term endowment ►56.09	%							
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%							
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held ar	nd administered	for the o	rganızatıo	n	_	
	by							1 1	Yes No
	(i) Unrelated organizations							3a(i)	Х
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b	
4	4 Describe in Part XIII the intended uses of the organization's endowment funds								
Par	t VI Land, Buildings, and Equipm			_					
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a S	ee Form 990, P	art X, line	10		-	
	Description of property	(a) Cost or o	1 ' '	or other		mulated		(d) Book	value
		basis (investr		(other)	depre	ciation			7.61
1a	Land			5,781.					781.
b	Buildings		3,38	1,348.	1,80	3,045	-	1,578	303.
С	Leasehold improvements						. 	-	4.5-
d	Equipment			1,304.		$\frac{3,107}{2,061}$			1,197.
	Other			8,111.	25	2,961		65	,150.
Total	. Add lines 1a through 1e (Column (d) must ed	gual Form 990. Part	X. column (B), line 1	0c.)			▶	2,017	,431.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 RONALD MCDONALD HOUSE C		31-0964793 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta		eturn.
Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 12a.	1 007 565
1 Total revenue, gains, and other support per audited financial statements		1 1,887,565.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	l - l 102 200	
a Net unrealized gains (losses) on investments	2a 193,300	
b Donated services and use of facilities	2b 15,022.	4
c Recoveries of prior year grants	2c	4.3.1
d Other (Describe in Part XIII)	2d 50,320.	
e Add lines 2a through 2d		2e 258,642.
3 Subtract line 2e from line 1		3 1,628,923.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	44.046	
 Investment expenses not included on Form 990, Part VIII, line 7b 	4a 14,016.	4.3
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c 14,016.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12	J	5 1,642,939.
Part XII Reconciliation of Expenses per Audited Financial St	atements With Expenses per	Return.
Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 12a.	1 4 625 045
1 Total expenses and losses per audited financial statements		1 1,637,215.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a 15,022.	
b Prior year adjustments	2b	4:21
c Other losses	2c	
d Other (Describe in Part XIII)	2d 50,320.	
e Add lines 2a through 2d		2e 65,342.
3 Subtract line 2e from line 1		3 1,571,873.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 14,016.	
b Other (Describe in Part XIII)	4b 3,840.	<u> </u>
c Add lines 4a and 4b		4c 17,856.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 1	(8.)	5 1,589,729.
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 a	ny additional information	
PART V, LINE 4:		
MULL ODGANITZAMIONIC DATOLINGAMINO CONCICUO OF	A FIRTH CHEAMEN MA CI	מעש שמסממו
THE ORGANIZATION'S ENDOWMENT CONSISTS OF	A FUND CREATED TO SU	JPPORT THE
MISSION AND VISION OF PROVIDING_RESIDENTI	AL LIVING OHARTERS I	OR FAMILIES
MIDDION AND VIDION OF TROVIDING REDIDENTE	im biving gointible :	OIL TIMILDIDD
OF HOSPITALIZED CHILDREN FROM THE GREATER	MIAMI VALLEY AREA.	ITS ENDOWMENT
INCLUDES DONOR-RESTRICTED ENDOWMENT FUNDS	THAT ARE CLASSIFIED	AND REPORTED
BASED ON THE EXISTENCE OR ABSENCE OF DONO	R-IMPOSED RESTRICTION	ONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
		FA 200
FUNDRAISING EXPENSES		50,320.
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES		50,320.
932054 10-02-19		Schedule D (Form 990) 2019
~ ~		

Schedule D (Form 990) 2019 RONALD MCDONALD HOUSE CHARITIES DAYTON Part XIII Supplemental Information (continued)	31-0964793 Pa	ge 5
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
RECLASSIFICATION OF DONATED GOODS AND SERVICES EXPENSE TO		
BALANCE SHEET	3,840) <u>.</u>
	·	
		
	-	
· · · · · · · · · · · · · · · · · · ·		
		

Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury

➤ Attach to Form 990 or Form 990-EZ.

onternal Revenue Service							
lame of the organization Employer identification number							
		MCDONALD HOUSE CHA					64793
		Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17 Form 99	0-EZ filers are not
	complete this par	sed funds through any of the followir	a activ	ution (Chock all that apply		
a X Mail solicitat	•	· · · —	_		overnment grants		
==	email solicitations			_	nment grants		
c Phone solici	itations	g X Special		_	_		
d X In-person so	licitations						
-		or oral agreement with any individual		-			
• • •	•	art VII) or entity in connection with p			_		Yes No
b if "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu	ant to	agree	ments under which th	ne fundraiser is	to be
compensated at le	:ast \$5,000 by trie	r	<u> </u>		1	· · · · · · · · · · · · · · · · · · ·	
(i) Name and addres	s of individual		(iii) fundr	Did	(iv) Gross receipts	(v) Amount pa to (or retained	h.A. I. (VI) Alliquit paid
or entity (fund		(ii) Activity	or con	ustody trol of	from activity	fundraiser	organization
			contribi	ſ		listed in col	<u>"</u>
TRUESENSE MARKETING COMMERCE DRIVE, FR		DONOR MARKETING PROGRAM - DIRECT MAIL	Yes	No X	134,854.	60,4	178. 74,376.
COMMERCE DRIVE, FR	EEDOM, FA	DIRECT MAIL	 		131,031.	, ,	14,570.
			<u> </u>				
			 				
			1				
			+ -				
	-		†				
			<u> </u>				
Total					134,854.	60,4	178. 74,376.
	ch the organization	n is registered or licensed to solicit	contribi	utions			
or licensing.							
ЭН							
,							
·							
							

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

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

SEE PART IV FOR CONTINUATIONS

		le G (Form 990 or 990-EZ) 2019 RONALD				0964793 Page 2			
Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gro							
_		or fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	is greater than \$5,000.			
			DOORS OF	(b) Event #2	(C) Other events	(d) Total events			
			COMPASSION	GOLF EVENT	2	(add col (a) through			
		•	(event type)	(event type)	(total number)	col (c))			
ne		•	(event type)	(event type)	(total hamber)				
Revenue	1	Gross receipts	81,337.	64,476.	62,758.	208,571.			
_	2	Less Contributions	58,113.	45,822.	59,556.	163,491.			
	3	Gross income (line 1 minus line 2)	23,224.	18,654.	3,202.	45,080.			
	4	Cash prizes							
Ø	5	Noncash prizes .							
Direct Expenses	6	Rent/facility costs	11,612.	18,654.		30,266.			
rect E	7	Food and beverages	11,612.	0.		11,612.			
Δ	8	Entertainment							
	9	Other direct expenses	859.	750.	6,833.	8,442.			
		Direct expense summary. Add lines 4 through			•	50,320.			
		Net income summary Subtract line 10 from li			•	-5,240.			
Pa	rt I			990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a							
an an		,	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue			(2) 595	bingo/progressive bingo	(6) 6 99	col (a) through col (c))			
3eve									
	1	Gross revenue							
Se	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Orect E	4	Rent/facility costs							
-	_	Other direct expenses							
	5	Other direct expenses	Yes %	Yes %	Yes %	}			
	6	Volunteer labor			Yes % No				
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
9	Ent	ter the state(s) in which the organization condu	cts gaming activities _						
а	a Is the organization licensed to conduct gaming activities in each of these states?								
b	b If "No," explain								
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No								
D		Yes," explain							
	_								
93208	2 00	-11-19			Schedule G (For	m 990 or 990-EZ) 2019			

Schedule G (Form 990 or 990-EZ) 2019 RONALD MCDONALD HOUSE CHARITIES DAYTON 31-09	9 <u>647</u> 93	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	%
b An outside facility	13b	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party		
• · · · · · · · · · · · · · · · · · · ·		
Name		
Address ►		
16 Gaming manager information		
Name		
Gaming manager compensation > \$		
Description of any one annual of the second		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
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		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
Sendoul C, Time 1, Bird 20, Bibl of the michigan in the moral band.		
(I) NAME OF FUNDRAISER: TRUESENSE MARKETING		
(I) ADDRESS OF FUNDRAISER: 155 COMMERCE DRIVE, FREEDOM, PA 15042		
		
932083 09-11-19 Schedule G (Form	990 or 990	-EZ) 2019

Schedule G (Form 990 or 990-EZ)	RONALD MCDONALD	HOUSE	CHARITIES DAYTO	N 31-0964793	Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	rmation (continued)				
<u> </u>	(00:11.11.000)				
•					
			`		
					-
•					
					_
					
•					
					
					
			•		

Schedule G (Form 990 or 990-EZ)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

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

Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public

Open to Public Inspection

Employer identification number

Name of the organization 31-0964793 RONALD MCDONALD HOUSE CHARITIES DAYTON Part I Types of Property (a) (b) (c) (d) Noncash contribution Check if Number of Method of determining contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications X 111,476.FMV Clothing and household goods Cars and other vehicles 6 Boats and planes Intellectual property Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 3,840.FMV Х Real estate - Residential 15 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory Drugs and medical supplies 20 Taxidermy 21 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 105 13,016.FMV (DONATED AUCTI) 25 Other 26 Other 27 Other 28 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 Yes 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? 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a 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,

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

Schedule M (Form 990) 2019

Schedule M	(Form 990) 2019	RONALD	MCDONALD	<u>HOUSE</u>	CHARITIES	DAYTON	<u>31-0964793</u>	Page 2
Part II	Supplementa is reporting in Pa this part for any a	l Information (b)	on. Provide the in the the the the the the the the the the	nformation r	required by Part I, lir the number of item	nes 30b, 32b, and s received, or a c	d 33, and whether the organizembination of both Also con	ation oplete
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932142 09-27-1	9	<u>.</u>					Schedule M (For	n 990) 2019

932142 09-27-19

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 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

RONALD MCDONALD HOUSE CHARITIES DAYTON

Employer identification number 31-0964793

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
RESPITE/RELAXATION AREA, LAUNDRY FACILITIES, SHOWER FACILITIES, A
CHARGING STATION, AND COMPUTER ACCESS WITH PRINTER AND FAX TO FAMILIES
WITH CHILDREN INPATIENT AT DAYTON CHILDREN'S HOSPITAL AND ONLY STEPS
AWAY FROM THE BEDSIDE. IN 2019 THE RMFR INSIDE OF DAYTON CHILDREN'S
HOSPITAL SERVED 2071 NEW FAMILIES AND 15,910 INDIVIDUALS FROM 16 STATES
AND 48 OHIO COUNTIES.
IN 2019 THE RMFR INSIDE OF MIAMI VALLEY HOSPITAL SERVED 640 NEW
FAMILIES AND 15,119 INDIVIDUALS FROM 5 STATES AND 23 OHIO COUNTIES.
THIS RMFR SERVES ANTEPARTUM MOTHERS AND FAMILIES OF BABIES IN THE
NEONATAL INTENSIVE CARE UNIT. THIS SPACE PROVIDES THE AMENITIES OF
COMPLIMENTARY SNACKS, BEVERAGES, LITE MEALS, A RESPITE/RELAXATION AREA,
LAUNDRY AND ACCESS TO AN I-PAD AND INTERNET.
FORM 990, PART VI, SECTION A, LINE 7A:
THREE (3) OF THE TWENTY-FIVE TRUSTEES WILL BE APPOINTED. TWO (2) OF THE
APPOINTED TRUSTEES SHALL BE MEMBERS OF THE MIAMI VALLEY MCDONALD'S
COOPERATIVE, ONE REPRESENTATIVE BEING A MCDONALD'S OWNER OPERATOR AND THE
OTHER A REPRESENTATIVE OF THE MCDONALD'S CORPORATE OFFICES. THE THIRD
APPOINTED TRUSTEE SHALL BE A MEMBER OF THE SENIOR MANAGEMENT OF THE
CHILDREN'S MEDICAL CENTER, DAYTON.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PROVIDED TO THE ORGANIZATION'S EXECUTIVE DIRECTOR AND FINANCE
COMMITIEE MEMBERS FOR AN IN-DEPTH REVIEW OF THE RETURN. PRIOR TO THE TIME
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

RONALD MCDONALD HOUSE CHARITIES DAYTON

Employer identification number 31-0964793

OF FILING WITH THE IRS, THE FORM 990 IS ALSO PROVIDED TO EACH VOTING MEMBER

OF THE GOVERNING BODY OF THE ORGANIZATION FOR THEIR REVIEW. EACH VOTING

MEMBER IS GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND COMMENT ON THE FORM

990 BEFORE IT IS FILED WITH THE IRS.

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

DURING ORIENTATION, NEW BOARD MEMBERS RECEIVE A COPY OF THE ORGANIZATION'S

CONFLICT OF INTEREST POLICY. ANNUALLY, AT THE FIRST BOARD MEETING OF THE

YEAR, ALL BOARD MEMBERS SIGN AN "ANNUAL INTERESTED PARTIES STATEMENT"

INDICATING THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY AND

DISCLOSING ANY KNOWN CONFLICTS OF INTEREST. AT BOARD MEETINGS, SHOULD

THERE BE AN ITEM OF BUSINESS THAT MIGHT POSE A CONFLICT OF INTEREST, THE

BOARD MEMBER(S) INVOLVED MAY PARTICIPATE IN THE DISCUSSION BUT THEY MUST

LEAVE THE ROOM WHEN THE VOTE IS TAKEN AND THEY MUST ABSTAIN FROM VOTING ON

THAT ITEM OF BUSINESS. THIS ABSTENTION IS DOCUMENTED IN THE MINUTES OF THE

BOARD MEETING. IN ADDITION, AT THE END OF EACH BOARD MEETING, ALL BOARD

MEMBERS COMPLETE A SHORT SELF-ASSESSMENT FORM THAT INCLUDES A QUESTION

ABOUT WHETHER POTENTIAL CONFLICTS OF INTEREST WERE DISCLOSED. THE BOARD

CHAIR FOLLOWS UP WITH ANY BOARD MEMBER WHO INDICATES THAT POTENTIAL

CONFLICTS OF INTEREST MIGHT NOT HAVE BEEN DISCLOSED.

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

USING INFORMATION FROM THE RMHC SALARY ADMINISTRATION PLAN FOR THE POSITION

OF EXECUTIVE DIRECTOR, THE CHAIR OF THE BOARD FACILITATES THE ANNUAL REVIEW

AND ANY RECOMMENDATION FOR COMPENSATION CHANGE. THE EXECUTIVE COMMITTEE OF

THE BOARD OF TRUSTEES EVALUATES THE EXECUTIVE DIRECTOR ANNUALLY IN WRITING

AND PRESENTS AN OVERVIEW OF THE ANNUAL EVALUATION TO THE FULL BOARD.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization RONALD MCDONALD HOUSE CHARITIES DAYTON	Employer identification number 31-0964793
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE	ON THE WEBSITE
OF THE OHIO SECRETARY OF STATE. THE CONFLICT OF INTEREST P	OLICY IS NOT A
PUBLIC DOCUMENT. THE ORGANIZATION'S FORM 990 AND AUDITED F	INANCIAL
STATEMENTS ARE AVAILABLE BY CONTACTING THE ORGANIZATION AT	555 VALLEY
STREET, DAYTON, OHIO 45404 OR BY VISITING THE WEBSITE AT	
www.RMHCDAYTON.ORG.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	18,752.
MANAGEMENT AND GENERAL EXPENSES	403.
FUNDRAISING EXPENSES	2,936.
TOTAL EXPENSES	22,091.
PROFESSIONAL FEES:	1000000
PROGRAM SERVICE EXPENSES	48,588.
MANAGEMENT AND GENERAL EXPENSES	66,003.
FUNDRAISING EXPENSES	60,672.
TOTAL EXPENSES	175,263.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	197,354.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RECLASSIFICATION OF DONATED GOODS AND SERVICES EXPENSE TO	· · · · · · · · · · · · · · · · · · ·
BALANCE SHEET	3,840.
FORM 990, PART XII, LINE 2C:	, 22
THE ORGANIZATION'S PROCESS FOR OVERSIGHT OF THE AUDIT OF I	TS FINANCIAL dule O (Form 990 or 990-EZ) (2019)
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