

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending																			
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION</td> <td>D Employer identification number 23-7377505</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number 215-387-8406</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$ 13,264,629.</td> </tr> <tr> <td colspan="2">3925 CHESTNUT STREET</td> <td>H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19104</td> <td>H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td colspan="2">F Name and address of principal officer: SUSAN CAMPBELL SAME AS C ABOVE</td> <td>H(c) Group exemption number</td> </tr> </table>	C Name of organization RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION		D Employer identification number 23-7377505	Doing business as		E Telephone number 215-387-8406	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 13,264,629.	3925 CHESTNUT STREET		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19104		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>	F Name and address of principal officer: SUSAN CAMPBELL SAME AS C ABOVE		H(c) Group exemption number
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F Name and address of principal officer: SUSAN CAMPBELL SAME AS C ABOVE		H(c) Group exemption number																	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527																			
J Website: WWW.PHILARMH.ORG																			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other	L Year of formation: 1974 M State of legal domicile: PA																		

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RMH SUPPORTS FAMILIES OF SERIOUSLY ILL CHILDREN BY CREATING A COMMUNITY OF COMFORT AND HOPE.		
	2 Check this box <input type="checkbox"/> 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)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	101
	6 Total number of volunteers (estimate if necessary)	6	1028
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	9,479,032.	10,195,961.
	9 Program service revenue (Part VIII, line 2g)	253,961.	352,881.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	701,524.	435,741.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-63,354.	-71,319.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,371,163.	10,913,264.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	924,284.	2,591,007.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,278,926.	3,937,936.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	102,631.	54,849.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,265,255.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,851,510.	4,859,654.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,157,351.	11,443,446.
19 Revenue less expenses. Subtract line 18 from line 12	2,213,812.	-530,182.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	48,421,260.	43,609,706.
	21 Total liabilities (Part X, line 26)	9,912,726.	7,120,783.
	22 Net assets or fund balances. Subtract line 21 from line 20	38,508,534.	36,488,923.

Part II Signature Block																
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																
Sign Here	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><i>Joseph Delaney</i> Signature of officer</td> <td style="width:30%;">6/29/23 Date</td> </tr> <tr> <td colspan="2">JOSEPH DELANEY, TREASURER Type or print name and title</td> </tr> </table>	<i>Joseph Delaney</i> Signature of officer	6/29/23 Date	JOSEPH DELANEY, TREASURER Type or print name and title												
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Paid Preparer Use Only	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Print/Type preparer's name FRANK H. SMITH</td> <td>Preparer's signature FRANK H. SMITH</td> <td>Date 06/13/23</td> <td>Check if self-employed <input type="checkbox"/></td> <td>PTIN P00639053</td> </tr> <tr> <td>Firm's name MARCUM LLP</td> <td colspan="2">Firm's EIN 11-1986323</td> <td colspan="2">Phone no. (202) 227-4000</td> </tr> <tr> <td colspan="2">Firm's address 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036</td> <td colspan="3"></td> </tr> </table>	Print/Type preparer's name FRANK H. SMITH	Preparer's signature FRANK H. SMITH	Date 06/13/23	Check if self-employed <input type="checkbox"/>	PTIN P00639053	Firm's name MARCUM LLP	Firm's EIN 11-1986323		Phone no. (202) 227-4000		Firm's address 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036				
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May the IRS discuss this return with the preparer shown above? See instructions Yes No

RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION

Form 990 (2022)

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Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

4a (Code:) (Expenses \$ 9,002,632. including grants of \$ 2,491,007.) (Revenue \$ 338.) HOUSE PROGRAM - TWO RONALD MCDONALD HOUSES, TOGETHER SERVING UP TO 147 FAMILIES EACH NIGHT, OFFER HOLISTIC SUPPORT AND LODGING TO FAMILIES TRAVELING 25 MILES OR FURTHER TO PHILADELPHIA TO RECEIVE MEDICAL CARE FOR THEIR SERIOUSLY ILL CHILDREN. FOUNDED AS THE FIRST RONALD MCDONALD HOUSE IN THE WORLD, RMHC-PHI IS THE MODEL FOR MORE THAN 375 HOUSES IN 65 COUNTRIES AND REGIONS AROUND THE GLOBE AND HAS SUPPORTED THOUSANDS OF FAMILIES IN MORE THAN 45 YEARS OF OPERATION.

SINCE OPENING, THE FLAGSHIP HOUSE - LOCATED AT 3925 CHESTNUT STREET GREW TO 72,000 SQUARE FEET TO ACCOMMODATE A TOTAL OF 45 FAMILIES EACH NIGHT IN 1995; IN 2008, RMHC-PHI OPENED A SECOND 27,000-SQUARE-FOOT, THREE-STORY HOME WITH 20 BEDROOMS LOCATED AT 100 E. ERIE AVENUE TO MEET

4b (Code:) (Expenses \$ 287,209. including grants of \$) (Revenue \$ 4,700.) CAMP PROGRAM - EVERY AUGUST, RONALD MCDONALD CAMP ENABLES CHILDREN WITH CANCER AND THEIR SIBLINGS TO EXPERIENCE THE JOYS OF SUMMER CAMP. CREATED BY RMH CO-FOUNDER DR. AUDREY E. EVANS IN 1986, THIS ONE-WEEK CAMP WAS ONE OF THE VERY FIRST OF ITS KIND TO OFFER A CAMP EXPERIENCE SPECIFICALLY DESIGNED FOR CHILDREN WITH CANCER AND THEIR SIBLINGS. RONALD MCDONALD CAMP, LOCATED IN THE POCONO MOUNTAINS OF PENNSYLVANIA, INCLUDES ALL OF THE ACTIVITIES FOUND AT A TRADITIONAL OVERNIGHT SUMMER CAMP, SUCH AS SWIMMING, SAILING, HIKING, SPORTS, ARTS AND CRAFTS, YOGA, AND ROPE COURSES, EXCEPT THAT, AT THIS CAMP, CAMPERS CAN PARTICIPATE NO MATTER WHAT LIMITATIONS THEY HAVE. FOR MANY CAMPERS, THE WEEK AT CAMP IS THE FIRST TIME THEY HAVE EVER TRIED THE ACTIVITIES OFFERED, AND THEY GO HOME NOT ONLY HAVING DISCOVERED A NEW TALENT OR LEARNED A NEW SKILL,

4c (Code:) (Expenses \$ 100,000. including grants of \$ 100,000.) (Revenue \$) CARE MOBILE PROGRAM - THE RONALD MCDONALD CARE MOBILE (RMCM) PROGRAM PROVIDES ACCESS TO PEDIATRIC MEDICAL, DENTAL AND/OR HEALTH EDUCATION SERVICES FOR CHILDREN LIVING IN UNDERSERVED COMMUNITIES. THE RMCM PROGRAM IS BREAKING DOWN THE BARRIERS TO HEALTH CARE, EXPANDING CRITICAL HEALTH CARE ACCESS AND EXTENDING THE CHARITY'S REACH TO COUNTLESS UNDERSERVED CHILDREN. THE RMCM PROGRAM SERVES CHILDREN THAT ARE AT GREAT RISK TO DEVELOP ACUTE CONDITIONS, DENTAL PROBLEMS, CHRONIC DISEASES AND EVEN SERIOUS LIFELONG ILLNESSES. THROUGH PARTNERSHIPS WITH ST. CHRISTOPHER'S FOUNDATION FOR CHILDREN, RMHC-PHI IS BRINGING CRITICAL DENTAL SERVICES TO UNDER-INSURED OR UN-INSURED CHILDREN RIGHT IN THEIR OWN NEIGHBORHOOD THROUGH ONSITE VISITS AT SCHOOLS, HEAD START PROGRAMS AND HOMELESS SHELTERS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 54,581. including grants of \$) (Revenue \$ 348,181.)

4e Total program service expenses 9,444,422.

Form 990 (2022)

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

Part IV Checklist of Required Schedules

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

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	26
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

RONALD MCDONALD HOUSE CHARITIES OF THE
PHILADELPHIA REGION

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		101
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	26		
b Enter the number of voting members included on line 1a, above, who are independent	1b	26		
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			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			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			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b 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			X

Section 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 on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a 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 on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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			

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN CAMPBELL CEO	40.00 2.00			X				214,899.	0.	12,774.
(2) GRETTA PFALZGRAF DIRECTOR OF OPERATIONS	40.00				X			129,224.	0.	12,051.
(3) LAWRENCE JACOBSON DIRECTOR OF LEADERSHIP GIVING	40.00				X			122,500.	0.	16,571.
(4) CHRISTOPHER CALLANAN CHIEF DEVELOPMENT OFFICER	40.00				X			128,600.	0.	8,335.
(5) LAUREEN MENDELERO DIRECTOR OF FINANCE	40.00				X			112,687.	0.	8,787.
(6) SHARON BROWN DIRECTOR OF PEOPLE & CULTURE	40.00				X			108,000.	0.	12,625.
(7) LEONARD BERNSTEIN PRESIDENT	5.00 1.00	X		X				0.	0.	0.
(8) ROBERT BIGLIN VICE PRESIDENT	5.00 1.00	X		X				0.	0.	0.
(9) CINDY KEAVENEY VICE PRESIDENT - AS OF 07/2022	5.00	X		X				0.	0.	0.
(10) DONNA PILLA-ABBONIZIO VICE PRESIDENT	5.00	X		X				0.	0.	0.
(11) CHARLES MONTUFAR VICE PRESIDENT - UNTIL 06/2022	1.00	X		X				0.	0.	0.
(12) MICHAEL KELLY SECRETARY	2.00	X		X				0.	0.	0.
(13) JOSEPH DELANEY TREASURER	2.00 1.00	X		X				0.	0.	0.
(14) AUDREY E. EVANS, MD CHAIRMAN EMERITUS - UNTIL 09/2022	1.00	X						0.	0.	0.
(15) JOSEPH BOODEN DIRECTOR	2.00	X						0.	0.	0.
(16) KIM CARTER DIRECTOR	2.00	X						0.	0.	0.
(17) MARIAN CONICELLA DIRECTOR - UNTIL 06/2022	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATIE DARIUS DIRECTOR	2.00	X					0.	0.	0.	
(19) NATALIA DOMINGUEZ-BUCKLEY DIRECTOR	2.00	X					0.	0.	0.	
(20) SCOTT FISHER DIRECTOR - AS OF 07/2022	2.00	X					0.	0.	0.	
(21) PETER GROLLMAN DIRECTOR - AS OF 07/2022	2.00	X					0.	0.	0.	
(22) PAUL HASHEMI DIRECTOR - AS OF 07/2022	1.00	X					0.	0.	0.	
(23) MATTHEW HINTON DIRECTOR	2.00	X					0.	0.	0.	
(24) STEVEN HWANG, MD DIRECTOR	2.00	X					0.	0.	0.	
(25) BRUCE LEV DIRECTOR	1.00	X					0.	0.	0.	
(26) JOHN M. MARIS, MD DIRECTOR - UNTIL 06/2022	1.00	X					0.	0.	0.	
1b Subtotal							815,910.	0.	71,143.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							815,910.	0.	71,143.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ELLIOTT-LEWIS, 2900 BLACK LAKE PLACE, PHILADELPHIA, PA 19154	HVAC MAINTENANCE	311,634.
MICRO TECHNOLOGY GROUP, INC. 520 STATE ROAD, BENSLEM, PA 19020	IT CONSULTING	147,882.
WYATT ELEVATOR COMPANY 701 ASHLAND AVENUE, FOLCROFT, PA 19032	ELEVATOR MAINTENANCE	129,573.
PINE FOREST CAMP 151 WASHINGTON LANE, JENKINTOWN, PA 19046	ANNUAL CAMP RENTAL	124,567.
PHILADELPHIA CRICKET CLUB, 6025 WEST VALLEY GREEN ROAD, FLOURTOWN, PA 19031	ANNUAL GOLF EVENT VENUE	100,870.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	696,107.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,499,854.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 695,949.				
	h Total. Add lines 1a-1f		10,195,961.				
Program Service Revenue	2 a GUEST FEES	Business Code					
		900099	348,181.	348,181.			
	b CAMP TUITION	900099	4,700.	4,700.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		352,881.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		295,642.			295,642.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				2,096,364.			
	b Less: cost or other basis and sales expenses	7b	1,956,265.				
	c Gain or (loss)	7c	140,099.				
	d Net gain or (loss)		140,099.			140,099.	
8 a Gross income from fundraising events (not including \$ 696,107. of contributions reported on line 1c). See Part IV, line 18	8a		257,296.				
		b Less: direct expenses	8b	355,636.			
		c Net income or (loss) from fundraising events		-98,340.			-98,340.
9 a Gross income from gaming activities. See Part IV, line 19	9a		20,000.				
		b Less: direct expenses	9b	10,000.			
		c Net income or (loss) from gaming activities		10,000.			10,000.
10 a Gross sales of inventory, less returns and allowances	10a		46,485.				
		b Less: cost of goods sold	10b	29,464.			
		c Net income or (loss) from sales of inventory		17,021.	338.		16,683.
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		10,913,264.	353,219.	0.	364,084.		

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,517,496.	2,517,496.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	73,511.	73,511.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	227,673.	107,007.	29,597.	91,069.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,083,919.	1,964,139.	296,770.	823,010.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,698.	29,407.	5,773.	16,518.
9 Other employee benefits	325,380.	219,442.	11,367.	94,571.
10 Payroll taxes	249,266.	157,443.	22,798.	69,025.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,150.		3,150.	
c Accounting	83,210.		83,210.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	54,849.			54,849.
f Investment management fees	31,302.		31,302.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	830,624.	727,469.	44,165.	58,990.
12 Advertising and promotion	12,881.		12,881.	
13 Office expenses	114,449.	43,140.	64,277.	7,032.
14 Information technology	226,678.	164,320.	33,501.	28,857.
15 Royalties				
16 Occupancy	905,815.	905,815.		
17 Travel	162,417.	130,276.	22,715.	9,426.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	211,474.	191,474.	20,000.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	953,715.	953,715.		
23 Insurance	202,570.	199,310.	557.	2,703.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a GUEST MEALS & ASSIST.	424,415.	424,286.		129.
b DONATED GOODS	292,463.	292,463.		
c PROGRAM SUPPLIES	234,837.	234,837.		
d MISCELLANEOUS	73,848.	73,099.	749.	
e All other expenses	95,806.	35,773.	50,957.	9,076.
25 Total functional expenses. Add lines 1 through 24e	11,443,446.	9,444,422.	733,769.	1,265,255.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,734,716.	1	1,306,037.
	2 Savings and temporary cash investments	1,084,156.	2	358,760.
	3 Pledges and grants receivable, net	840,081.	3	842,651.
	4 Accounts receivable, net	1,414,049.	4	1,526,558.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	15,076,200.	7	15,076,200.
	8 Inventories for sale or use	17,666.	8	15,282.
	9 Prepaid expenses and deferred charges	83,357.	9	79,149.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,036,365.		
	b Less: accumulated depreciation	10b 8,171,158.	20,616,491.	10c 19,865,207.
	11 Investments - publicly traded securities	5,744,378.	11	4,539,475.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	810,166.	15	387.
16 Total assets. Add lines 1 through 15 (must equal line 33)	48,421,260.	16	43,609,706.	
Liabilities	17 Accounts payable and accrued expenses	863,072.	17	732,151.
	18 Grants payable		18	
	19 Deferred revenue	961,458.	19	918,958.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	7,638,196.	23	5,019,674.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	450,000.	25	450,000.
	26 Total liabilities. Add lines 17 through 25	9,912,726.	26	7,120,783.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	36,145,399.	27	34,563,033.
	28 Net assets with donor restrictions	2,363,135.	28	1,925,890.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	38,508,534.	32	36,488,923.
	33 Total liabilities and net assets/fund balances	48,421,260.	33	43,609,706.

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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	10,913,264.
2 Total expenses (must equal Part IX, column (A), line 25)	2	11,443,446.
3 Revenue less expenses. Subtract line 2 from line 1	3	-530,182.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,508,534.
5 Net unrealized gains (losses) on investments	5	-1,222,522.
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	-266,907.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	36,488,923.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19318893.	8903100.	11110835.	9212125.	10195961.	58740914.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	19318893.	8903100.	11110835.	9212125.	10195961.	58740914.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						308,674.
6 Public support. Subtract line 5 from line 4.						58432240.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	19318893.	8903100.	11110835.	9212125.	10195961.	58740914.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	376,487.	324,854.	299,078.	284,822.	295,642.	1580883.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						60321797.
12 Gross receipts from related activities, etc. (see instructions)					12	1,661,903.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	96.87 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	97.49 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
11 Net income from unrelated business activities not included on 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.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

RONALD MCDONALD HOUSE CHARITIES OF THE
PHILADELPHIA REGION

Schedule A (Form 990) 2022

23-7377505 Page 6

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

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

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

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

RONALD MCDONALD HOUSE CHARITIES OF THE
PHILADELPHIA REGION

Schedule A (Form 990) 2022

23-7377505 Page 7

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION) and Employer identification number (23-7377505)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [] 527 political organization
Form 990-PF: [] 501(c)(3) exempt private foundation, [] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

Name of organization RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION	Employer identification number 23-7377505
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>637,059.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>425,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>318,427.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>268,218.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>251,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION	Employer identification number 23-7377505
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION	Employer identification number 23-7377505
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	1580 META SHARES _____ _____ _____	\$ <u>218,427.</u>	<u>07/21/22</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION	Employer identification number 23-7377505
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2022

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a and 1b regarding reporting of art and historical treasures, and question 2 regarding financial gain reporting.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	605,085.	577,005.	555,907.	498,469.	579,174.
b Contributions					
c Net investment earnings, gains, and losses	-100,216.	66,146.	49,686.	96,057.	-41,647.
d Grants or scholarships					
e Other expenditures for facilities and programs	30,415.	38,066.	28,588.	38,619.	39,058.
f Administrative expenses					
g End of year balance	474,454.	605,085.	577,005.	555,907.	498,469.

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,232,928.		1,232,928.
b Buildings		24,662,575.	7,362,531.	17,300,044.
c Leasehold improvements				
d Equipment		2,140,862.	808,627.	1,332,235.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,865,207.

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

Schedule D (Form 990) 2022

23-7377505 Page **3**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE	450,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	450,000.

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

Schedule D (Form 990) 2022

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

RMH PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2022, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON RMH'S TAX-EXEMPT STATUS.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHAMPIONS OF HOPE (event type)	HIT 'EM FOR THE HOUSE (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	1	500,349.	262,215.	190,839.	953,403.
	2	431,349.	162,070.	102,688.	696,107.
	3	69,000.	100,145.	88,151.	257,296.
Direct Expenses	4				
	5		8,077.		8,077.
	6	69,000.	100,145.	88,151.	257,296.
	7				
	8	8,900.	10,205.	10,185.	29,290.
	9	40,962.	13,684.	6,327.	60,973.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-98,340.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			20,000.
Direct Expenses	2			7,624.	7,624.
	3				
	4				
	5			2,376.	2,376.
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				10,000.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				10,000.

9 Enter the state(s) in which the organization conducts gaming activities: PA
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

RONALD MCDONALD HOUSE CHARITIES OF THE
PHILADELPHIA REGION

- 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	100.00	%
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 LAUREEN MENDELERO

Address 3925 CHESTNUT STREET - PHILADELPHIA, PA 19104

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name THE ORGANIZATION

Gaming manager compensation \$ 5,000.

Description of services provided RECORD KEEPING, MANAGING THE FUNDS, AND PROCESSING THE PAYMENT TO THE WINNER AND MANAGING THE TAX PIECE.

- 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:

(I) NAME OF FUNDRAISER: GIFT PLANNING DEVELOPMENT, LLC

(I) ADDRESS OF FUNDRAISER: 1104 HARROGATE WAY, AMBLER, PA 19002

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AC FILM LLC 100 FRONT STREET, SUITE 300 CONSHOHOCKEN, PA 19428	85-3263467		1,670,876.	0.			FUNDS FOR MOVIE SCENE ASSOCIATED W/RMH 1974 OPENING AND DR. EVANS (FOUNDER) ACTRESS
RONALD MCDONALD HOUSE CHARITIES OF DELAWARE - 1901 ROCKLAND ROAD - WILMINGTON, DE 19803	51-0295320	501(C)(3)	374,429.	0.			GENERAL OPERATING
RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN NEW JERSEY - 550 MICKLE BOULEVARD - CAMDEN, NJ 08103	22-2430393	501(C)(3)	372,190.	0.			GENERAL OPERATING
ST. CHRISTOPHER'S FOUNDATION FOR CHILDREN - 1800 JFK BOULEVARD - PHILADELPHIA, PA 19103	23-2274198	501(C)(3)	100,000.	0.			CAREMOBILE OPERATING EXPENSES

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

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

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

Schedule I (Form 990) 2022

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE TO FAMILIES	44	73,511.	0.		

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

Part III Supplemental Information

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

PART I, LINE 7:

DURING THE YEAR ENDED DECEMBER 31, 2022, EMPLOYEES WERE AWARDED BONUSES
BASED UPON AN APPRAISAL OF THEIR PERFORMANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		99,344.	FMV
6 Cars and other vehicles	X	12	10,664.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	22	383,303.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	103	84,846.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (OTHER)	X	18	66,446.	FMV
26 Other (GIFT CARDS)	X	20	34,693.	FMV
27 Other (PIANO)	X	1	16,653.	FMV
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE M, LINE 32B:

DURING THE YEAR ENDED DECEMBER 31, 2022, RMH USED CHARITABLE ADULT RIDES & SERVICES (CARS), A TAX-EXEMPT ORGANIZATION, TO SOLICIT FOR THE DONATION OF VEHICLES. THE PARTIES COOPERATE FOR THE PURPOSE OF CREATING MUTUALLY ACCEPTABLE MARKETING FOR THE SOLICITATION OF VEHICLE DONATIONS. CARS ACTS ON BEHALF OF THE PARTIES TO ACCEPT DONATED VEHICLES, PROVIDE WRITTEN SUBSTANTIATION OF DONATIONS TO DONORS, AND PROVIDE THE FOLLOWING SERVICES ON BEHALF OF THE PARTIES:

- TOLL-FREE TELEPHONE NUMBER
- DONATION LANDING PAGE
- CARS WEBSITE
- VEHICLE PICKUP AND DISTRIBUTION OF DONOR SUBSTANTIATION
- TITLE, PROCESSING AND TRANSFER
- SALE OF DONATED VEHICLES

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION	Employer identification number	23-7377505
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FORM 990, PART I, LINE 19:

NONCASH EXPENDITURES RESULTING IN THE NET NEGATIVE VARIANCE, INCLUDED
DEPRECIATION AND UNREALIZED LOSS ON INVESTMENTS.

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

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

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

THE EXPANDING NEED FOR SERVICES THROUGHOUT THE CITY OF PHILADELPHIA.
RMHC-PHI HAS RECENTLY EXPANDED THE CHESTNUT STREET LOCATION FROM 45
BEDROOMS TO 127 BEDROOMS TO ADDRESS THE INCREASING DEMAND FOR SERVICES.
CONSTRUCTION OF THE NEW FACILITY BEGAN IN THE SUMMER OF 2017 AND
CONCLUDED IN EARLY 2020. THE HOUSES OFFER FAMILIES A COMFORTABLE AND
SECURE ROOM, DAILY HOME-COOKED MEALS, A 24-HOUR FOOD PANTRY,
COMPLIMENTARY TRANSPORTATION AROUND THE CITY, FREE PARKING, AND LAUNDRY
FACILITIES - ALL JUST MINUTES FROM THE HOSPITAL. THE HOUSES ALSO OFFER
TV LOUNGES, INDOOR AND OUTDOOR PLAY SPACES, EXERCISE ROOMS, FAMILY
ACTIVITIES, LOANER LAPTOP COMPUTERS AND WIFI, AND SOCIAL WORKER

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF THE PHILADELPHIA REGION	Employer identification number	23-7377505
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ASSISTANCE. ADDITIONALLY, THE HOUSES OFFER THE SUPPORT OF OTHER FAMILIES WHO UNDERSTAND WHAT IT IS LIKE TO HAVE A SERIOUSLY ILL CHILD. WHILE IT COSTS RMHC-PHI MORE THAN \$149 PER NIGHT TO PROVIDE THESE SERVICES, FAMILIES ARE ASKED TO PAY \$15 PER NIGHT. HOWEVER, MANY OF THE FAMILIES ARE SO FINANCIALLY DEVASTATED BY THEIR CHILD'S ILLNESS (AS A RESULT OF TREATMENT COSTS, JOB LOSS OR LEAVE, TRAVELING, AND PAYING EXPENSES AT HOME) THAT THEIR FEE IS WAIVED OR REDUCED; NO ONE IS EVER TURNED AWAY DUE TO INABILITY TO PAY.

FAMILIES TRAVELING FROM 25 MILES AWAY OR FURTHER FOR MEDICAL CARE AT PHILADELPHIA HOSPITALS ARE ELIGIBLE TO STAY AT THE HOUSES, AND CHILDREN MUST BE UNDER THE AGE OF 21 AND IN ACTIVE TREATMENT. IN 2022, RMHC-PHI'S TWO HOUSES COMBINED HAD 1,611 FAMILY STAYS WITH FAMILIES TRAVELING FROM 49 STATES, 35 COUNTRIES AND 1 U.S. TERRITORY; 34% OF FAMILIES TRAVELED FROM WITHIN PENNSYLVANIA. THE AVERAGE LENGTH OF STAY WAS 24 DAYS, WITH THE LONGEST LENGTH OF STAY FOR ONE FAMILY TOTALING 365 CONSECUTIVE DAYS DURING 2022.

WHILE RMHC-PHI SERVES FAMILIES WHOSE CHILDREN ARE BEING TREATED FOR AN ARRAY OF ILLNESSES, THE TOP DEPARTMENTS IN 2022 WERE ORTHOPEDICS, ONCOLOGY, NEONATOLOGY, CARDIOLOGY, AND NEUROLOGY. EACH YEAR, RMHC-PHI'S HOSPITAL PARTNERS INCLUDE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP), ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN, SHRINERS HOSPITAL, WILLS EYE HOSPITAL, THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA AND OTHERS.

VOLUNTEERS ARE TRULY THE HEART OF THE HOUSES AND RMHC-PHI RELIES ON THE DEDICATED SERVICE OF MORE THAN 283 REGULARLY SCHEDULED VOLUNTEERS TO CREATE A HOME FOR THE FAMILIES IT SERVES. VOLUNTEERS STAFF THE FRONT

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DESK, DRIVE THE SHUTTLE VANS AND SUPPORT OPERATIONS IN A VARIETY OF OTHER CAPACITIES.

DURING THE YEAR ENDED DECEMBER 31, 2022, RMHC-PHI AWARDED A GRANT TO AN EXTERNAL ORGANIZATION TO PRODUCE A FILM ENTITLED "AUDREY'S CHILDREN," WHICH IS ABOUT THE LIFE OF OUR ORGANIZATION'S VISIONARY AND CO-FOUNDER, DR. AUDREY EVANS. GRANT MONIES WERE USED TO DIRECTLY FUND THE EXPENSES ASSOCIATED WITH FILMING THE SCENES AROUND THE OPENING OF THE RONALD MCDONALD HOUSE AND COSTS ASSOCIATED WITH THE AUDREY EVANS ACTOR. GRANT MONIES WERE RECEIVED BY DONORS FOR FILM PRODUCTION AND THE AMOUNT AWARDED WAS \$1,670,876 AND IS INCLUDED IN GRANTS AND CONTRIBUTIONS ON THE STATEMENT OF FUNCTIONAL EXPENSES WITHIN THE HOUSE PROGRAM EXPENSES.

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

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

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

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IN 2022, RMHC-PHI HOSTED TWO WEEKS OF RMC FOR CHILDREN WITH CANCER AND THEIR SIBLINGS WITH PRIMARY GOALS OF KEEPING CAMPERS SAFE AND PROVIDING AN INCLUSIVE COMMUNITY OF FUN WHERE CAMPERS CAN EXPERIENCE ENGAGEMENT'S ACTIVITIES LIKE ANY OTHER KID.

A WEEK OF VIRTUAL CAMP WAS HELD IN JULY FOR 30 CAMPERS WHOSE MEDICAL CONDITIONS DID NOT ALLOW FOR IN PERSON ATTENDANCE. RMHC-PHI STAFF AND CAMP VOLUNTEERS HELD RMC VIRTUALLY ON THE ZOOM PLATFORM AND UTILIZED A PASSWORD PROTECTED PORTAL FOR CAMPERS AND FAMILIES TO ACCESS DAILY ACTIVITIES AND EVENING ENTERTAINMENT. EACH CAMPER RECEIVED A CAMPER ACTIVITY PACKAGE PRIOR TO CAMP WHICH CONTAINED A CAMP T-SHIRT, SUPPLIES FOR ACTIVITIES THROUGHOUT THE WEEK, AN INSTRUCTIONS FOR ACCESSING ALL ONLINE CAMP PROGRAMMING. CAMPER GROUPS PARTICIPATED DAILY IN SMALL GROUP CABIN TIME, AGE-APPROPRIATE ACTIVITIES, AND LEARNED ABOUT INDUSTRIES WITH BEHIND-THE-SCENES LOOKS WITH PROFESSIONALS. IN THE EVENINGS, CAMPERS AND COUNSELORS LOGGED ON FOR ALL CAMP ACTIVITIES WITH SPECIAL GUESTS, GAMES, AND THE MUCH-LOVED DANCE PARTY. 35 VOLUNTEERS PARTICIPATED TO RUN THIS CAMP WEEK.

IN AUGUST, 92 CAMPERS RETURNED TO IN PERSON CAMP PROGRAMMING FOR A WEEK AT A CAMPGROUND IN THE POCONO MOUNTAINS. RMHC-PHI COORDINATED WITH HEALTHCARE PARTNERS TO ENSURE A SAFE RETURN TO IN PERSON ACTIVITIES WHICH PRIORITIZED IMMUNOCOMPROMISED CAMPER HEALTH. CAMPERS AND COUNSELORS WERE REQUIRED TO BE VACCINATED, COMPLY WITH PRE-CAMP TESTING, AND ACTIVITIES WERE DONE THROUGHOUT THE WEEK WITH SMALLER COHORT GROUPS OF CAMPERS TO MINIMIZE ANY POTENTIAL EXPOSURE TO OTHER CAMPERS. 93 VOLUNTEERS TOOK PART AS COUNSELORS, ACTIVITY SPECIALISTS, AND MEDICAL TEAM MEMBERS. THIS SUMMER, THE CAMP ALSO RECEIVED THE

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HIGHEST MARKS ON THE ACCREDITATION PROCESS THROUGH THE AMERICAN CAMPING ASSOCIATION, THE STANDARD OF CAMP EXCELLENCE.

WHILE THERE IS NO CHARGE TO THE PATIENT CAMPERS, SIBLINGS TRADITIONALLY CAN ATTEND FOR A NOMINAL FEE OF \$150. IN 2022, SIBLING FEES TOTALED \$4,700. FUNDING FOR THE WEEK IS PROVIDED SOLELY THROUGH THE CONTRIBUTIONS OF INDIVIDUALS AND ORGANIZATIONS. RONALD MCDONALD CAMP IS ACCREDITED THROUGH THE AMERICAN CAMP ASSOCIATION (ACA) AND IS A MEMBER OF THE CHILDREN'S ONCOLOGY CAMPING ASSOCIATION, INTERNATIONAL (COCA). RONALD MCDONALD CAMP, WHEN HELD IN-PERSON, IS HELD AT THE CAMP TIMBER TOPS FACILITY IN GREELEY, PENNSYLVANIA.

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

IN 2022, THE RMCM VISITED 37 UNIQUE SITE LOCATIONS AND PROVIDED DENTAL EDUCATION AND CARE TO 1,433 CHILDREN. THE RMCM PROVIDED THIS VITAL CARE AND EDUCATION FOR A TOTAL OF 223 DAYS.

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

FAMILY ROOMS PROGRAM - THREE RONALD MCDONALD FAMILY ROOMS TWO AT CHOP AND ONE AT ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN EXTEND THE COMFORT AND SUPPORT OF THE HOUSES INTO THE HOSPITAL BY OFFERING A QUIET PLACE TO REST AND RECHARGE AWAY FROM THE BEDSIDE FOR FAMILIES WHOSE CHILDREN ARE RECEIVING TREATMENT. THE FIRST FAMILY ROOM AT CHOP OPENED IN THE ONCOLOGY UNIT IN 2006. THIS FAMILY ROOM IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK INCLUDING HOLIDAYS; ANY PATIENT AND HIS/HER FAMILY IN ONE OF THE COMBINED TOTAL OF 50 PATIENT BEDS ON THE ONCOLOGY UNIT MAY USE THE FAMILY ROOM. IN MARCH OF 2017, RMHC-PHI OPENED A FAMILY ROOM AT ST.

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CHRISTOPHER'S HOSPITAL FOR CHILDREN TO SERVE THE CRITICAL CARE TOWER.

THIS FAMILY ROOM SERVES UP TO 65 BEDS A NIGHT. IN 2018, RMHC-PHI OPENED A SECOND FAMILY ROOM AT CHOP'S SEASHORE HOUSE.

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

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

EXPENSES \$ 54,581. INCLUDING GRANTS OF \$ 0. REVENUE \$ 348,181.

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

THE FINANCE COMMITTEE REVIEWED THE FEDERAL FORM 990 QUESTIONS AND DRAFTS AS PART OF THE 2022 AUDIT REVIEW OF THE FINANCIAL STATEMENTS WITH ITS PUBLIC

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ACCOUNTING FIRM. THE FINANCE COMMITTEE MADE RECOMMENDATIONS TO THE FULL BOARD OF DIRECTORS RELATED TO THE FEDERAL FORM 990 REVIEW BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

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

ALL EMPLOYEES, BOARD OF DIRECTORS AND OFFICERS OF RMH ARE OBLIGATED TO AVOID ANY SITUATION IN WHICH AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST COULD ARISE. IF ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST ARISES, ALL EMPLOYEES, BOARD OF DIRECTORS AND OFFICERS MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD OF DIRECTORS PRESIDENT, EXECUTIVE DIRECTOR, AND HR MANAGER. THE BOARD OF DIRECTORS PRESIDENT, EXECUTIVE DIRECTOR, AND THE HUMAN RESOURCES DEPARTMENT WILL REVIEW THE FACTS OF EACH SITUATION AND DETERMINE THE APPROPRIATE CONSEQUENCES OR COURSES OF ACTION.

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

THE CEO'S SALARY IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. COMPENSATION SURVEYS ARE UTILIZED DURING THE DETERMINATION PROCESS. THE LAST COMPENSATION SURVEY FOR THE CEO WAS COMPLETED IN DECEMBER 2022. ALL OTHER SALARY REVIEWS ARE CONDUCTED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE PRESIDENT OF THE BOARD.

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

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

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

EMPLOYEE RETENTION TAX CREDIT DISALLOWED

-266,907.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PRMH, INC. - 81-4788244 3925 CHESTNUT STREET PHILADELPHIA, PA 19104	SUPPORT MISSION OF RMH	PENNSYLVANIA	501(C)(3)	LINE 12A, I	RONALD MCDONALD HOUSE CHARITIES OF THE	<input checked="" type="checkbox"/>	
PRMH EQUIPMENT, INC. - 85-3118006 3925 CHESTNUT STREET PHILADELPHIA, PA 19104	SUPPORT MISSION OF RMH	PENNSYLVANIA	501(C)(3)	LINE 12A, I	RONALD MCDONALD HOUSE CHARITIES OF THE	<input checked="" type="checkbox"/>	

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PRMH, INC.	K	350,932.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

PRMH, INC.

DIRECT CONTROLLING ENTITY: RONALD MCDONALD HOUSE CHARITIES OF THE
PHILADELPHIA REGION

NAME OF RELATED ORGANIZATION:

PRMH EQUIPMENT, INC.

DIRECT CONTROLLING ENTITY: RONALD MCDONALD HOUSE CHARITIES OF THE
PHILADELPHIA REGION