

\*\* PUBLIC DISCLOSURE COPY \*\*

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)

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

|  |  |  |
|--|--|--|
| <p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input checked="" type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>   | <p><b>C</b> Name of organization<br/><b>Ronald McDonald House Charities of Northeast Ohio, Inc.</b></p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br/><b>10415 Euclid Avenue</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/><b>Cleveland, OH 44106</b></p> <p><b>F</b> Name and address of principal officer: <b>Craig Wilson same as C above</b></p> | <p><b>D</b> Employer identification number<br/><b>34-1269123</b></p> <p><b>E</b> Telephone number<br/><b>216-229-5757</b></p> <p><b>G</b> Gross receipts \$ <b>15,194,692.</b></p> <p><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If "No," attach a list. See instructions</p> <p><b>H(c)</b> Group exemption number ▶</p> |
| <p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p><b>J</b> Website: ▶ <b>www.rmhcneo.org</b></p> <p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p> |  |  |
|  |  | <p><b>L</b> Year of formation: <b>1978</b> <b>M</b> State of legal domicile: <b>OH</b></p>   |

**Part I Summary**

|            |   |            |                                  |                     |
|------------|---|------------|----------------------------------|---------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>Enhances the healthcare experience for families and children through comfort, care and</b> |            |                                  |                     |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                   |            |                                  |                     |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   |                                  | <b>26</b>           |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   |                                  | <b>26</b>           |
| <b>5</b>   | Total number of individuals employed in calendar year 2021 (Part V, line 2a)  | <b>5</b>   |                                  | <b>64</b>           |
| <b>6</b>   | Total number of volunteers (estimate if necessary)  | <b>6</b>   |                                  | <b>259</b>          |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  |                                  | <b>0.</b>           |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, Part I, line 11  | <b>7b</b>  |                                  | <b>0.</b>           |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)   | <b>8</b>   | <b>Prior Year</b>                | <b>Current Year</b> |
| <b>9</b>   | Program service revenue (Part VIII, line 2g)  | <b>9</b>   | <b>8,205,579.</b>                | <b>6,511,257.</b>   |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>10</b>  | <b>246,074.</b>                  | <b>170,661.</b>     |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>11</b>  | <b>148,529.</b>                  | <b>157,792.</b>     |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>12</b>  | <b>60,343.</b>                   | <b>3,535.</b>       |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>13</b>  | <b>8,660,525.</b>                | <b>6,843,245.</b>   |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>14</b>  | <b>0.</b>                        | <b>0.</b>           |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>15</b>  | <b>0.</b>                        | <b>0.</b>           |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>16a</b> | <b>2,420,595.</b>                | <b>3,159,525.</b>   |
| <b>16b</b> | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>942,633.</b>   | <b>16b</b> | <b>0.</b>                        | <b>355,254.</b>     |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>17</b>  | <b>2,673,253.</b>                | <b>2,959,218.</b>   |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>18</b>  | <b>5,093,848.</b>                | <b>6,473,997.</b>   |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12  | <b>19</b>  | <b>3,566,677.</b>                | <b>369,248.</b>     |
| <b>20</b>  | Total assets (Part X, line 16)  | <b>20</b>  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
| <b>21</b>  | Total liabilities (Part X, line 26)   | <b>21</b>  | <b>35,372,940.</b>               | <b>36,230,740.</b>  |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20  | <b>22</b>  | <b>1,018,295.</b>                | <b>426,772.</b>     |
| <b>22</b>  |   | <b>22</b>  | <b>34,354,645.</b>               | <b>35,803,968.</b>  |

**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.

|                               |   |                                |   |
|-------------------------------|---|--------------------------------|---|
| <b>Sign Here</b>              | <p>Signature of officer</p> <p><b>Craig Wilson, Chief Executive Officer</b></p> <p>Type or print name and title</p> | Date                           |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>Rebekuh Eley</b>   | Preparer's signature           | Date  |
|                               | Firm's name ▶ <b>RSM US LLP</b>   | Firm's EIN ▶ <b>42-0714325</b> | Check if self-employed <input type="checkbox"/> PTIN <b>P01247672</b> |
|                               | Firm's address ▶ <b>30 South Wacker Dr, Suite 3300 Chicago, IL 60606-3392</b>                                       | Phone no. <b>312-634-3400</b>  |   |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
The mission of Ronald McDonald House Charities of Northeast Ohio, Inc. is to enhance the healthcare experience for families and children through comfort, care and supportive services.

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

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

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

4a (Code: ) (Expenses \$ 4,070,990. including grants of \$ 0. ) (Revenue \$ 170,661. )  
Ronald McDonald House programs in Cleveland and Akron give families a welcoming place to stay so they can focus on caring for their children. Comfortable rooms, meals, inviting common areas and landscaped grounds are a safe and welcome retreat from the hospital setting. Families also benefit from the comradery and community they find in our House programs.

At full capacity, RMHC NEO can accommodate 95 families per night at the Akron and Cleveland locations. COVID impacted these numbers, yet 12,025 nights of lodging were provided for 620 families. Many families visited more than once, bringing the total number of family visits to 795. The average stay was 22 nights; four long-term families returned home after

4b (Code: ) (Expenses \$ 479,797. including grants of \$ 0. ) (Revenue \$ 0. )  
Ronald McDonald Family Room programs in four Cleveland-area hospitals (Cleveland Clinic Children's, Cleveland Clinic Fairview Hospital, MetroHealth Medical Center and University Hospitals Rainbow Babies and Children's Hospital) offer a space for families to rest and recharge just steps from their child's treatment room. Each Family Room is equipped with a kitchenette stocked with snacks and beverages, comfortable sitting area with TV, small play area for children, and computers with internet. Some also include a private restroom with shower and laundry facilities and sleep rooms (assigned by hospital staff). Happy Wheels mobile hospitality carts bring comfort to the bedside for those who cannot step away.

4c (Code: ) (Expenses \$ 89,794. including grants of \$ 0. ) (Revenue \$ 0. )  
RedTreehouse.org, the online Ronald McDonald Family Resource Link, supports the well-being of families and children with challenges, disabilities and health care needs. Managing a child's ongoing medical care and needs can be complicated and finding the right resources can be time-consuming. RedTreehouse.org is a curated collection of 6,000+ resources to help families find the support they need.

In addition to resource listings, RedTreehouse.org houses a collection of original Helpful Guides, which offer information and compilations of resources on a variety of topics relevant to the families we serve. 2021 was a year of growth for RedTreehouse.org. Site usage increased by 69 percent over the previous year to 22,799 visits, while the number of

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 67,131. including grants of \$ 0. ) (Revenue \$ 0. )

4e Total program service expenses 4,707,712.

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**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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?<br><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  |

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

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

**Note:** All Form 990 filers are required to complete Schedule O

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

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

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

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

Table with 3 columns: Question, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | 1b 26  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | X   |    |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | X   |    |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 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 **Craig Wilson - 216-229-5757**  
**10415 Euclid Avenue, Cleveland, OH 44106**

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Form 990 (2021)

34-1269123 Page 7

**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, 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)<br>Name and title                                    | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) Wilson, Craig G.<br>Chief Executive Officer          | 40.00<br>0.00   |  |                       | X       |              |                              | 168,203. | 0.  | 51,199.  |   |
| (2) Hubbard, Judy<br>Chief Operating Officer             | 40.00<br>0.00   |  |                       |         | X            |                              | 110,703. | 0.  | 29,810.  |   |
| (3) Lonero, Michelle R.<br>Chief Financial Officer       | 40.00<br>0.00   |  |                       | X       |              |                              | 94,168.  | 0.  | 37,781.  |   |
| (4) O'Callahan, Tim<br>Sr. Director of Leadership Giving | 40.00<br>0.00   |  |                       |         | X            |                              | 102,181. | 0.  | 29,120.  |   |
| (5) Berckmueller, Fritz<br>President                     | 1.00<br>0.00  | X  |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (6) Bennett III, Lewis E.<br>Vice President              | 1.00<br>0.00  | X  |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (7) Fanous, Nicholas<br>Treasurer                        | 1.00<br>0.00  | X  |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (8) Kahn, Ronald L.<br>Secretary                         | 1.00<br>0.00  | X  |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (9) Ansel, Amy<br>McDonald's Co-op Representative        | 1.00<br>0.00  | X  |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (10) Ahuja, MD, Sanjay<br>Trustee                        | 1.00<br>0.00  | X  |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (11) Bediako, Trina<br>Trustee                           | 1.00<br>0.00  | X  |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (12) Chadsey, Jeananne<br>Trustee                        | 1.00<br>0.00  | X  |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (13) Charek, Tom<br>Trustee                              | 1.00<br>0.00  | X  |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (14) Donovan, Cate<br>Trustee                            | 1.00<br>0.00  | X  |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (15) Hollis, Barry<br>Trustee                            | 1.00<br>0.00  | X  |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (16) Hord, MD, Jeffrey<br>Trustee                        | 1.00<br>0.00  | X  |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (17) Locke, Tom<br>Trustee                               | 1.00<br>0.00  | X  |                       |         |              |                              | 0.       | 0.  | 0.   |   |

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) Marks, Michelle<br>Trustee                                | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) McFarlane, Kimberly<br>Trustee                            | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) Milet, Salvatore<br>Trustee                               | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) Myeroff, Kevin<br>Trustee                                 | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) Novak, Michael<br>Trustee                                 | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) Perdue, John<br>Trustee                                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) Richmond, Craig<br>Trustee                                | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (25) Ryan, Kevin<br>Trustee                                    | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (26) Strauss, Keith<br>Trustee                                 | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 475,255.  | 0.   | 147,910.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 475,255.  | 0.   | 147,910.  |

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 **3**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> 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)<br>Name and business address   | (B)<br>Description of services         | (C)<br>Compensation |
|--|--|---------------------|
| TrueSense Marketing<br>P.O. Box 641114, Pittsburgh, PA 15264-1114                      | Third Party Direct Mail Marketing Fees | 355,254.            |
| Ashton Technology Solutions, Inc., 23625<br>Commerce Park Ste 130, Beachwood, OH 44122 | IT Support Services                    | 176,056.            |
| Securitas Security Services USA, Inc.<br>P.O. Box 403412, Atlanta, GA 30384            | Security Services                      | 138,770.            |
|  |  |                     |
|  |  |                     |

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 **3**

See Part VII, Section A Continuation sheets





Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Form 990 (2021)

**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   | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                      |                                    |                            |  |           |
|  | <b>b</b> Membership dues  | <b>1b</b>   |                      |                                    |                            |  |           |
|  | <b>c</b> Fundraising events   | <b>1c</b>   | 793,758.             |                                    |                            |  |           |
|  | <b>d</b> Related organizations  | <b>1d</b>   | 476,698.             |                                    |                            |  |           |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>   | 514,900.             |                                    |                            |  |           |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>   | 4,725,901.           |                                    |                            |  |           |
|  | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>   | \$ 445,787.          |                                    |                            |  |           |
|  | <b>h Total.</b> Add lines 1a-1f   |   |                      | 6,511,257.                         |                            |  |           |
|  | Program Service Revenue   | <b>2 a</b> Room Revenue                               | <b>Business Code</b> |                                    |                            |  |           |
|  |   | 900099  |                      | 170,661.                           | 170,661.                   |  |           |
| <b>b</b>   |   |   |                      |                                    |                            |  |           |
| <b>c</b>   |   |   |                      |                                    |                            |  |           |
| <b>d</b>   |   |   |                      |                                    |                            |  |           |
| <b>e</b>   |   |   |                      |                                    |                            |  |           |
| <b>f</b> All other program service revenue   |   |   |                      |                                    |                            |  |           |
| <b>g Total.</b> Add lines 2a-2f  |   |   | 170,661.             |                                    |                            |  |           |
| Other Revenue  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   |                      | 260,670.                           |                            | 260,670.   |           |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds                             |   |                      |                                    |                            |  |           |
|  | <b>5</b> Royalties  |   |                      |                                    |                            |  |           |
|  | <b>6 a</b> Gross rents  | <b>6a</b>   | (i) Real             |                                    |                            |  |           |
|  |   |   |                      | 144,933.                           |                            |  |           |
|  |   |   | (ii) Personal        |                                    |                            |  |           |
|  | <b>b</b> Less: rental expenses  | <b>6b</b>   |                      | 0.                                 |                            |  |           |
|  | <b>c</b> Rental income or (loss)  | <b>6c</b>   |                      | 144,933.                           |                            |  |           |
|  | <b>d</b> Net rental income or (loss)  |   |                      | 144,933.                           |                            | 144,933.   |           |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>   | (i) Securities       |                                    |                            |  |           |
|  |   |   |                      | 7,976,838.                         |                            |  |           |
|  |   |   | (ii) Other           |                                    |                            |  |           |
|  | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>   |                      | 7,976,986.                         | 102,730.                   |  |           |
|  | <b>c</b> Gain or (loss)   | <b>7c</b>   |                      | -148.                              | -102,730.                  |  |           |
| <b>d</b> Net gain or (loss)  |   |   | -102,878.            |                                    | -102,878.                  |  |           |
| <b>8 a</b> Gross income from fundraising events (not including \$ 793,758. of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |   |                      | 106,520.                           |                            |  |           |
|  |   | <b>b</b> Less: direct expenses                        | <b>8b</b>            |                                    | 271,731.                   |  |           |
|  |   | <b>c</b> Net income or (loss) from fundraising events |                      |                                    | -165,211.                  |  | -165,211. |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19   | <b>9a</b>   |   |                      |                                    |                            |  |           |
|  |   | <b>b</b> Less: direct expenses                        | <b>9b</b>            |                                    |                            |  |           |
|  |   | <b>c</b> Net income or (loss) from gaming activities  |                      |                                    |                            |  |           |
| <b>10 a</b> Gross sales of inventory, less returns and allowances  | <b>10a</b>  |   |                      |                                    |                            |  |           |
|  |   | <b>b</b> Less: cost of goods sold                     | <b>10b</b>           |                                    |                            |  |           |
|  |   | <b>c</b> Net income or (loss) from sales of inventory |                      |                                    |                            |  |           |
| Miscellaneous Revenue  | <b>11 a</b> Worker's Compensation Rebate  | <b>Business Code</b>                                  |                      |                                    |                            |  |           |
|  |   | 900099  |                      | 4,476.                             |                            | 4,476.   |           |
|  | <b>b</b>  |   |                      |                                    |                            |  |           |
|  | <b>c</b>  |   |                      |                                    |                            |  |           |
|  | <b>d</b> All other revenue  |   | 900099               |                                    | 19,337.                    |  | 19,337.   |
| <b>e Total.</b> Add lines 11a-11d  |   |   | 23,813.              |                                    |                            |  |           |
| <b>12 Total revenue.</b> See instructions  |   |   | 6,843,245.           | 170,661.                           | 0.                         | 161,327.   |           |

**Ronald McDonald House Charities of  
Northeast Ohio, Inc.**

Form 990 (2021)

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 351,351.              | 233,820.                        | 62,891.                                | 54,640.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 2,181,651.            | 1,445,968.                      | 393,337.                               | 342,346.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 1,370.                | 923.                            | 240.                                   | 207.                        |
| <b>9</b> Other employee benefits .....  | 432,860.              | 291,515.                        | 75,826.                                | 65,519.                     |
| <b>10</b> Payroll taxes .....   | 192,293.              | 129,502.                        | 33,685.                                | 29,106.                     |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   | 37,600.               |                                 | 37,600.                                |                             |
| <b>b</b> Legal .....  | 23,683.               |                                 | 23,683.                                |                             |
| <b>c</b> Accounting .....   | 53,183.               |                                 | 53,183.                                |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  | 355,254.              |                                 |  | 355,254.                    |
| <b>f</b> Investment management fees .....   | 2,420.                |                                 | 2,420.                                 |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 166,563.              | 143,713.                        | 22,850.                                |                             |
| <b>12</b> Advertising and promotion .....   |                       |                                 |  |                             |
| <b>13</b> Office expenses .....   | 325,586.              | 295,350.                        | 23,357.                                | 6,879.                      |
| <b>14</b> Information technology .....  | 137,879.              | 91,384.                         | 24,859.                                | 21,636.                     |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 670,249.              | 628,931.                        | 26,114.                                | 15,204.                     |
| <b>17</b> Travel .....  | 7,305.                | 5,514.                          | 597.                                   | 1,194.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 27,737.               | 18,638.                         | 4,865.                                 | 4,234.                      |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  | 476,698.              | 476,698.                        |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 560,114.              | 548,912.                        | 11,202.                                |                             |
| <b>23</b> Insurance .....   | 58,715.               | 53,589.                         | 2,563.                                 | 2,563.                      |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a</b> <b>No Charge Rooms</b>   | 72,681.               | 72,681.                         |  |                             |
| <b>b</b> <b>Care Mobile</b>   | 56,613.               | 56,613.                         |  |                             |
| <b>c</b> <b>Dues and Subscriptions</b>  | 50,655.               | 34,332.                         | 8,727.                                 | 7,596.                      |
| <b>d</b> <b>Annual Campaigns</b>  | 28,083.               |                                 |  | 28,083.                     |
| <b>e</b> All other expenses .....   | 203,454.              | 179,629.                        | 15,653.                                | 8,172.                      |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 6,473,997.            | 4,707,712.                      | 823,652.                               | 942,633.                    |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                               |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Form 990 (2021)

**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|--|--|--------------------------|-------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 659,169.                 | <b>1</b>    | 1,573,280.         |
|  | <b>2</b> Savings and temporary cash investments .....  | 1,603,489.               | <b>2</b>    | 1,467,143.         |
|  | <b>3</b> Pledges and grants receivable, net .....  | 103,295.                 | <b>3</b>    | 67,470.            |
|  | <b>4</b> Accounts receivable, net .....  | 99,113.                  | <b>4</b>    | 102,798.           |
|  | <b>5</b> Loans and other receivables from any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined<br>under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....  |                          | <b>6</b>    |                    |
|  | <b>7</b> Notes and loans receivable, net .....   | 6,596,353.               | <b>7</b>    | 6,596,353.         |
|  | <b>8</b> Inventories for sale or use .....   | 2,452.                   | <b>8</b>    | 5,412.             |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 35,999.                  | <b>9</b>    | 41,253.            |
|  | <b>10a</b> Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....  | <b>10a</b> 16,989,745.   |             |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 6,796,189.    |             |                    |
|  | <b>11</b> Investments - publicly traded securities .....   | 10,632,830.              | <b>10c</b>  | 10,193,556.        |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 15,621,236.              | <b>11</b>   | 16,161,809.        |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 19,004.                  | <b>12</b>   | 21,666.            |
|  | <b>14</b> Intangible assets .....  |                          | <b>13</b>   |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>14</b>   |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....   | 35,372,940.  | <b>15</b>                |             |                    |
| <b>17</b> Accounts payable and accrued expenses .....  | 485,065.   | <b>16</b>                | 36,230,740. |                    |
| <b>18</b> Grants payable .....   |  | <b>17</b>                | 485,065.    |                    |
| <b>19</b> Deferred revenue .....   | 18,330.  | <b>18</b>                |             |                    |
| <b>20</b> Tax-exempt bond liabilities .....  |  | <b>19</b>                | 7,830.      |                    |
| <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |  | <b>20</b>                |             |                    |
| <b>22</b> Loans and other payables to any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons ..... |  | <b>21</b>                |             |                    |
| <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |  | <b>22</b>                |             |                    |
| <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |  | <b>23</b>                |             |                    |
| <b>25</b> Other liabilities (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X<br>of Schedule D .....                                      | 514,900.   | <b>24</b>                |             |                    |
| <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 1,018,295.   | <b>25</b>                | 24,223.     |                    |
| <b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |  | <b>26</b>                | 426,772.    |                    |
| <b>28</b> Net assets without donor restrictions .....  | 26,952,795.  | <b>27</b>                | 27,885,878. |                    |
| <b>29</b> Net assets with donor restrictions .....   | 7,401,850.   | <b>28</b>                | 7,918,090.  |                    |
| <b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |  |                          |             |                    |
| <b>31</b> Capital stock or trust principal, or current funds .....   |  | <b>29</b>                |             |                    |
| <b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |  | <b>30</b>                |             |                    |
| <b>33</b> Retained earnings, endowment, accumulated income, or other funds .....   |  | <b>31</b>                |             |                    |
| <b>34</b> Total net assets or fund balances .....  | 34,354,645.  | <b>32</b>                | 35,803,968. |                    |
| <b>35</b> Total liabilities and net assets/fund balances .....   | 35,372,940.  | <b>33</b>                | 36,230,740. |                    |

Ronald McDonald House Charities of  
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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  | 6,843,245.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 6,473,997.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 369,248.    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 34,354,645. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 1,080,075.  |
| 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  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 35,803,968. |

**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 _____<br>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? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | X   |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____   |     |    |

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Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Schedule A (Form 990) 2021

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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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 3417383. | 3381594. | 3957749. | 8205579. | 6511257. | 25473562. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 3417383. | 3381594. | 3957749. | 8205579. | 6511257. | 25473562. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 25473562. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 3417383. | 3381594. | 3957749. | 8205579. | 6511257. | 25473562.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 100,234. | 112,268. | 122,683. | 251,673. | 405,603. | 992,461.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          | 20,000.  | 120,000. | 116,432. | 23,813.  | 280,245.                 |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 26746268.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       | 1,869,551.               |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 95.24 %                             |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | <b>15</b> | 95.94 %                             |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

Schedule A (Form 990) 2021

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Schedule A (Form 990) 2021

**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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 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**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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  
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**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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 |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>  |     |    |
| <b>7</b> 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>  |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined 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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Schedule A (Form 990) 2021

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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> |     |    |
| <b>1</b>   |     |    |

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> 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>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

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

|   |  |  |  |
|---|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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> |  |  |  |
| <b>b</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>  |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>   |  |  |  |
| <b>b</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>   |  |  |  |
| <b>2a</b>   |  |  |  |
| <b>2b</b>   |  |  |  |
| <b>3a</b>   |  |  |  |
| <b>3b</b>   |  |  |  |

**Ronald McDonald House Charities of  
Northeast Ohio, Inc.**

Schedule A (Form 990) 2021

34-1269123 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.

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
|--|--|----------------|--------------------------------|
| <b>1</b>                               | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>                               | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>                               | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>                               | Add lines 1 through 3.   | <b>4</b>       |                                |
| <b>5</b>                               | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>                               | 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) | <b>6</b>       |                                |
| <b>7</b>                               | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                                |

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

| <b>Section C - Distributable Amount</b> |   | (A) Prior Year | (B) Current Year<br>(optional) |
|---|---|----------------|--------------------------------|
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, column A)   | <b>1</b>       | Current Year                   |
| <b>2</b>                                | Enter 0.85 of line 1.   | <b>2</b>       |                                |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | <b>3</b>       |                                |
| <b>4</b>                                | Enter greater of line 2 or line 3.  | <b>4</b>       |                                |
| <b>5</b>                                | Income tax imposed in prior year  | <b>5</b>       |                                |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | <b>6</b>       |                                |
| <b>7</b>                                | <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) 2021

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Schedule A (Form 990) 2021

**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 - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2021 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|---|---|--|---|
| 1   | Distributable amount for 2021 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2021   |  |   |
| a   | From 2016   |  |   |
| b   | From 2017   |  |   |
| c   | From 2018   |  |   |
| d   | From 2019   |  |   |
| e   | From 2020   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2021 distributable amount  |  |   |
| i   | Carryover from 2016 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2021 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2021 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2017  |  |   |
| b   | Excess from 2018  |  |   |
| c   | Excess from 2019  |  |   |
| d   | Excess from 2020  |  |   |
| e   | Excess from 2021  |  |   |

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Schedule A (Form 990) 2021

34-1269123 Page 8

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

Schedule A, Part II, Line 10, Explanation for Other Income:

Consulting Services

2018 Amount: \$ 20,000.

2019 Amount: \$ 120,000.

Worker's Compensation Rebate

2020 Amount: \$ 116,432.

2021 Amount: \$ 4,476.

Miscellaneous Revenue

2021 Amount: \$ 19,337.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

|  |   |
|--|---|
| Name of the organization<br><b>Ronald McDonald House Charities of<br/>Northeast Ohio, Inc.</b> | Employer identification number<br><b>34-1269123</b> |
|--|---|

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  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**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**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<br><b>Ronald McDonald House Charities of<br/>                 Northeast Ohio, Inc.</b> | Employer identification number<br><b>34-1269123</b> |
|---|---|

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

| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|-------------------|-----------------------------------|----------------------------|---|
| 1                 | <hr/> <hr/> <hr/>                 | \$ <u>514,900.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2                 | <hr/> <hr/> <hr/>                 | \$ <u>500,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3                 | <hr/> <hr/> <hr/>                 | \$ <u>476,698.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4                 | <hr/> <hr/> <hr/>                 | \$ <u>283,557.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5                 | <hr/> <hr/> <hr/>                 | \$ <u>206,234.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><b>Ronald McDonald House Charities of<br/>Northeast Ohio, Inc.</b> | Employer identification number<br><b>34-1269123</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |



|  |   |
|--|---|
| Name of organization<br><b>Ronald McDonald House Charities of<br/>Northeast Ohio, Inc.</b> | Employer identification number<br><b>34-1269123</b> |
|--|---|

**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

2021

Open to Public Inspection

Name of the organization Ronald McDonald House Charities of Northeast Ohio, Inc. Employer identification number 34-1269123

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 National Register listings), and questions about 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 about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Schedule D (Form 990) 2021

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

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

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 3,918,369.       | 1,794,417.     | 1,506,698.         | 1,595,969.           | 1,390,773.          |
| b Contributions                                  |                  | 1,861,250.     |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 357,630.         | 262,702.       | 287,719.           | -89,271.             | 205,196.            |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 200,000.         |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 4,075,999.       | 3,918,369.     | 1,794,417.         | 1,506,698.           | 1,595,969.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .0000 %
  - b Permanent endowment  51.0491 %
  - c Term endowment  48.9509 %
- 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                  |                                      |                                 |                              |                |
| b Buildings              |                                      | 15,415,540.                     | 6,627,379.                   | 8,788,161.     |
| c Leasehold improvements |                                      |                                 |                              |                |
| d Equipment              |                                      | 1,574,205.                      | 168,810.                     | 1,405,395.     |
| e Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  10,193,556.

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Schedule D (Form 990) 2021

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) Payable to Related Third Party  | 24,223.        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 24,223.        |

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 ...

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Schedule D (Form 990) 2021

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**Part V, line 4:**

Ronald McDonald House Charities of Northeast Ohio's endowment fund exists to preserve, protect and grow the corpus of the fund, and to provide an ongoing flow of funds to support the mission of RMHC NEO.

**Part X, Line 2:**

The Ronald McDonald House Charities of Northeast Ohio, Inc. is a not-for-profit organization as described in section 501(c)(3) of the Internal Revenue Code. The Ronald McDonald House Charities of Northeast Ohio, Inc. is exempt from federal income taxes on related income pursuant to 501(a) of the Internal Revenue Code.

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

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

The Financial Accounting Standards Board (FASB) provides guidance for how uncertain income tax positions should be recognized, measured, disclosed and presented in the financial statements. This requires the evaluation of tax positions taken or expected to be taken in the course of preparing RMHC NEO's tax returns to determine whether the tax positions are more-likely-than-not of being sustained when challenged or when examined by the applicable tax authority. Tax positions not deemed to meet the more-likely-than-not threshold would be recorded as a tax benefit or expense and liability in the current year. For the period January 1, 2021 through December 31, 2021, management has determined that there are no uncertain tax positions.



**Ronald McDonald House Charities of  
Northeast Ohio, Inc.**

Schedule G (Form 990) 2021

34-1269123 Page 2

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

|                 |  | (a) Event #1  | (b) Event #2                           | (c) Other events    | (d) Total events<br>(add col. (a) through<br>col. (c)) |          |
|-----------------|--|---|--|---------------------|--|----------|
|                 |  | Pro-Am<br>(event type)                                      | Wine, Women<br>& Shoes<br>(event type) | 4<br>(total number) |  |          |
| Revenue         | 1  | Gross receipts  | 433,980.                               | 133,750.            | 332,548.   | 900,278. |
|                 | 2  | Less: Contributions   | 370,180.                               | 133,030.            | 290,548.   | 793,758. |
|                 | 3  | Gross income (line 1 minus line 2)                          | 63,800.                                | 720.                | 42,000.  | 106,520. |
| Direct Expenses | 4  | Cash prizes   |  |                     |  |          |
|                 | 5  | Noncash prizes  | 22,524.                                |                     | 5,780.   | 28,304.  |
|                 | 6  | Rent/facility costs   | 14,740.                                |                     | 16,584.  | 31,324.  |
|                 | 7  | Food and beverages  | 19,725.                                | 1,489.              | 11,424.  | 32,638.  |
|                 | 8  | Entertainment   |  |                     |  |          |
|                 | 9  | Other direct expenses                                       | 118,958.                               | 39,200.             | 21,307.  | 179,465. |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |  |                     |  | 271,731. |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |  |                     | -165,211.  |          |

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

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

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



Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Schedule G (Form 990) 2021

34-1269123 Page 3

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:

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

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

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

**Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:**

(i) Name of Fundraiser: TrueSense Marketing

(i) Address of Fundraiser: PO Box 64114, Pittsburgh, PA 15264-1114



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**34-1269123**

**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                                  |
|-----------|-------------------------------------|-------------------------------------|
| <b>1b</b> |                                     |                                     |
| <b>2</b>  |                                     |                                     |
| <b>4a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>4b</b> |                                     | <input checked="" type="checkbox"/> |
| <b>4c</b> |                                     | <input checked="" type="checkbox"/> |
| <b>5a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>5b</b> |                                     | <input checked="" type="checkbox"/> |
| <b>6a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>6b</b> |                                     | <input checked="" type="checkbox"/> |
| <b>7</b>  | <input checked="" type="checkbox"/> |                                     |
| <b>8</b>  |                                     | <input checked="" type="checkbox"/> |
| <b>9</b>  |                                     |                                     |

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

Schedule J (Form 990) 2021

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

34-1269123

Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title                              |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) Wilson, Craig G.<br>Chief Executive Officer | (i)  | 163,203.   | 5,000.                              | 0.                                  | 14,531.  | 36,668.                 | 219,402.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Schedule J (Form 990) 2021

34-1269123

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**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:

The bonus paid to the CEO was discretionary.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **Ronald McDonald House Charities of Northeast Ohio, Inc.** Employer identification number **34-1269123**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   | X                          | 4   | 7,009.   | Fair Value  |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               | X                          |   | 161,972.   | Fair Value  |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               |                            |   |  |   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  | X                          | 414   | 76,039.  | Fair Value  |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ▶ ( <u>Tickets/Gifts</u> )                          | X                          | 303   | 95,466.  | Fair Value  |
| 26 Other ▶ ( <u>Toys</u> )                                   | X                          | 120   | 70,726.  | Fair Value  |
| 27 Other ▶ ( <u>Equipment</u> )                              | X                          | 2   | 30,550.  | Fair Value  |
| 28 Other ▶ ( <u>Furniture</u> )                              | X                          | 6   | 4,025.   | Fair Value  |

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** **0**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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.   |     |    |

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Schedule M (Form 990) 2021

34-1269123

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**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):

The organization is reporting the number of contributions.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**Open to Public  
Inspection

Name of the organization

Ronald McDonald House Charities of  
Northeast Ohio, Inc.

Employer identification number

34-1269123

**Form 990, Part I, Line 1, Description of Organization Mission:**

supportive services.

**Form 990, Box B, Amended Return**The filing Organization is amending the 2021 Form 990 to included  
updated information in the narratives for Part VI, Lines 4, 7a and 11b.

The narratives have been updated and reflected on Schedule O.

**Form 990, Part III, Line 4a, Program Service Accomplishments:**a total of 3,093 nights. The longest stay was 1,163 nights. When  
families could not be accommodated hotel nights were provided (60  
nights for 29 families). Families came from 13 countries and 39 US  
states. Ohio residents made up 71.5 percent of families; other top  
states included Pennsylvania, Michigan, New York, and Indiana. Ohio  
residents came from 59 different counties, the top eight counties being  
Stark, Summit, Wayne, Mahoning, Trumbull, Huron, Columbiana, and  
Lorain. International families made up 3 percent of families, but 8.5  
percent of room nights.No family is ever charged a room fee. Though the nightly room cost is  
approximately \$100, families are never asked to pay. They are invited  
to donate toward continued operations if they are able. The average  
nightly donation in 2021 was \$6.23.**Meals are an essential service, nourishing the bodies and souls of the**

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

Schedule O (Form 990) 2021



|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | Ronald McDonald House Charities of<br>Northeast Ohio, Inc. | Employer identification number | 34-1269123 |
|--------------------------|--|--------------------------------|------------|

families staying at our House programs. Restrictions were loosened throughout the year, but the number of groups and volunteers was still more limited. Still, 84 meal groups helped to prepare meals and the Family Meal Program served 38,604 lunches and dinners, daily continental breakfast and 24/7 access to self-serve snacks and beverages. Thirty-seven catered meals were donated by groups who could not cook in person. In total, across programs, the meal program saved families more than \$600,000 in dining-out costs.

Volunteers play a vital role in keeping our House programs running and serving our families with compassion and care. Their presence was dearly missed when they could not be onsite, and we were thrilled to be able to welcome individual volunteers in all House positions back in 2021. 132 volunteers contributed 10,890 hours to our House programs. This includes seven pet therapy partners who brought nine dogs for 32 visits!

Form 990, Part III, Line 4b, Program Service Accomplishments:

Throughout 2021, restrictions on the number and frequency of visitors made these programs even more critical to families with hospitalized children. With the risk of COVID remaining high, we successfully implemented new procedures and found new ways to serve families right on the pediatric unit, when and where they need it most. In total, 2,069 families registered at Family Rooms, visiting more than 10,215 times. Where available, 1,636 loads of laundry were washed and 340 showers taken.

Since parents could no longer come and go throughout the day, the food

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | Ronald McDonald House Charities of<br>Northeast Ohio, Inc. | Employer identification number | 34-1269123 |
|--------------------------|--|--------------------------------|------------|

we made available became even more important. We stocked up on grab-and-go snacks, fruit and microwaveable items and in June launched the boxed lunch program, delivering fresh, healthy meals on select days. Throughout the year 7,991 meals were provided in the Family Room programs, saving families more than \$87,000 and the time and stress involved with leaving the pediatric unit to find something to eat.

We brightened children's days with 1,412 gifts of stuffed animals, craft kits, art supplies, pajamas and toys. Families were also able to celebrate special occasions right in the hospital, with treats and gifts for winter holidays, Valentine's Day, Mother's Day, Father's Day, Halloween and more.

Due to continued restrictions on volunteer services in some hospitals, Family Room volunteers were not able to return in all locations. This required utilization of paid staff to operate those programs, limiting hours of operation. By year's end, all Family Room locations were utilizing volunteers. Twenty-seven volunteers provided 1,352 hours of service in these hospital-based programs.

Form 990, Part III, Line 4c, Program Service Accomplishments:

individual users increased by 79 percent to 18,373. Much of this growth came from our increased social media outreach. We worked with six parents and professionals to share site resources with their networks, which helped us reach families who were seeking support from their peers online.

Form 990, Part III, Line 4d, Other Program Services:

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | Ronald McDonald House Charities of<br>Northeast Ohio, Inc. | Employer identification number | 34-1269123 |
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Ronald McDonald Care Mobile, in partnership with UH Rainbow Babies & Children's Hospital, provides dental service to children ages 3-12 in underserved areas of Northeast Ohio. The state-of-the-art dentist office on wheels provides diagnostic, preventative and restorative treatment and education to at-risk children right in their own communities.

Though still limited by COVID restrictions, the Care Mobile served a significant number of families in 2021. It traveled to eleven different locations, serving 632 families through 235 dental visits and 397 dental hygiene/health education visits.

Expenses \$ 67,131. including grants of \$ 0. Revenue \$ 0.

Providing Support, Teaching, Awareness and Resources, our Ronald McDonald STAR Center at Cleveland Clinic Children's Outpatient Center is a fun learning environment for children during siblings' outpatient visits. This allows Caregivers to turn their full attention to the child receiving treatment. The STAR Center remained closed during 2021 due to COVID.

Expenses \$ 0. including grants of \$ 0. Revenue \$ 0.

#### 2021 Ronald McDonald House Volunteer Narrative

It is because of the commitment of hundreds of individual and group volunteers that RMHC NEO can carry out its mission. From greeting families at Ronald McDonald House and Family Room programs, assisting with donations, to preparing meals, routine maintenance and landscaping, volunteers keep operations flowing.

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
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|--------------------------|--|--------------------------------|------------|

In 2021, 259 individual volunteers provided 12,240 hours of service, adding up to a value of \$349,000.

Expenses \$ 0. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section A, line 4:

The Code of Regulations of Ronald McDonald House Charities of Northeast Ohio, Inc. was amended three times in 2021. The first amendment adopted and effective May 25, 2021 added a new section to Article III to establish a McDonald's Advisory Committee comprised of representative groups of McDonald's NEO Owner/Operators selected by the McDonald's NEO Co-Op, Northeast Ohio McDonald's vendors invited to serve by the McDonald's NEO Co-Op, Directors of the Corporation appointed by the Corporation President, and Corporation staff members designated by the Corporation's Chief Executive Officer. The purposes of the McDonald's Advisory Committee are to maintain a flow of communications between the McDonald's Owner/Operators and the Corporation and to promote awareness and engagement of McDonald's employees in the Corporation's mission and programs. This first amendment also amended the Standing Committees provision to retitle the Facilities and Operations Committee to be the Facilities Committee and to establish a separate Programs Committee. The second amendment adopted and effective July 20, 2021 amended Section 3 of Article II to provide that the person serving from time to time as Secretary of the Northeastern Ohio McDonald's Business Association, Inc. be a full member of the Corporation's Board of Directors. The third amendment adopted and effective September 14, 2021 amended Section 2 of Article III to provide that approval of the appointment of members of Community Trustees is to be made by the Corporation's Governance Committee rather than by the full Board of

|                          |  |                                |            |
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| Name of the organization | Ronald McDonald House Charities of<br>Northeast Ohio, Inc. | Employer identification number | 34-1269123 |
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Directors.

Form 990, Part VI, Section A, line 7a:

Section 3 of Article II of The Code of Regulations of Ronald McDonald House Charities of Northeast Ohio, Inc. (RMHC NEO) was amended effective July 20, 2021 to provide that the person serving from time to time as Secretary of the Northeastern Ohio McDonald's Business Association, Inc. be a full member of the Corporation's Board of Directors. Thus, it is the members of that organization and not the RMHC NEO Board who make that determination by who they elect to be their Secretary.

Form 990, Part VI, Section B, line 11b:

Prior to filing with the IRS, the Form 990 was reviewed by the Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Senior Accountant, Chair of the Audit Committee, Treasurer, and the Officers of the Board of Directors. In addition, a final copy of the Form 990 was provided to each member of the governing board before it was filed.

Form 990, Part VI, Section B, Line 12c:

Any trustee, principal officer, member of a committee with board-delegated powers, or any other person who is in a position to exercise substantial influence over the decisions of the board or who has a direct or indirect financial interest must annually sign a conflict of interest form. A potential conflict of interest must be disclosed prior to any discussion and the individual with the conflict of interest must leave the board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members at the meeting shall decide if a conflict of interest exists. If a conflict of

|                          |  |                                |            |
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interest does exist, that individual may be present during discussion but must leave the room for any final discussion and the vote. The disclosure and subsequent vote on the conflict of interest along with the vote on the issue at hand must be noted in meeting minutes.

Form 990, Part VI, Section B, Line 15:

The Human Resource Task Force reviews the organizational and compensation structure of RMHC NEO. The committee approves salary adjustments for RMHC NEO staff and documentation is maintained in electronic personnel files. Staff salaries and percentage of increase are approved annually by the board as part of the budgeting process. A salary study was updated by an outside consultant in 2021. This study was used to benchmark whether RMHC NEO staff were being compensated appropriately and will be reviewed and updated every two-three years under the purview of the Human Resource Task Force and Chief Operating Officer.

The Executive Committee conducts an annual review of the Chief Executive Officer's performance, sets goals and approves compensation. The Human Resource Task Force provides compensation recommendations, based on available and relevant compensation surveys used as benchmarks to determine competitive practices.

Form 990, Part VI, Section C, Line 19:

The organization will provide copies (via US mail, email, or in person), of governing documents, conflict of interest policies and financial statements within one week of a request from the public, for the same period of time as set forth in Internal Revenue Code section 6104(d).



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization **Ronald McDonald House Charities of Northeast Ohio, Inc.** Employer identification number **34-1269123**

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

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

**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)<br>Name, address, and EIN of related organization                                 | (b)<br>Primary activity  | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity             | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|--|--|----------------------------|---|--|--|----|
|   |  |  |                            |   |  | Yes  | No |
| Children's Family Care, Inc. - 34-1405958<br>141 West State Street<br>Akron, OH 44302 | Rental for families with children being treated at Akron Children's Hospital | Ohio   | 501(c)(3)                  | PF  | Ronald McDonald House Charities of Northeast | X  |    |
|   |  |  |                            |   |  |  |    |
|   |  |  |                            |   |  |  |    |
|   |  |  |                            |   |  |  |    |
|   |  |  |                            |   |  |  |    |
|   |  |  |                            |   |  |  |    |
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|   |  |  |                            |   |  |  |    |
|   |  |  |                            |   |  |  |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
See Part VII for Continuations





**Ronald McDonald House Charities of  
Northeast Ohio, Inc.**

Schedule R (Form 990) 2021

**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 |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    | X   |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 |     | X  |

**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)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) Children's Family Care, Inc.    | K                                | 573,588.               | FMV  |
| (2) Children's Family Care, Inc.    | C                                | 476,698.               | FMV  |
| (3)                                 |                                  |                        |  |
| (4)                                 |                                  |                        |  |
| (5)                                 |                                  |                        |  |
| (6)                                 |                                  |                        |  |



Ronald McDonald House Charities of  
Northeast Ohio, Inc.

**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:

Children's Family Care, Inc.

Direct Controlling Entity: Ronald McDonald House Charities of Northeast  
Ohio, Inc.