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ARMANINO ^{LLP}

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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)

2018

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 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RONALD MCDONALD HOUSE CHARITIES - BAY AREA		D Employer identification number 94-2538615	
	Doing business as		E Telephone number (650) 470-6000	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 520 SAND HILL ROAD		G Gross receipts \$ 13,172,560.	
	City or town, state or province, country, and ZIP or foreign postal code PALO ALTO, CA 94304		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	F Name and address of principal officer: LAURA BOUDREAU SAME AS C ABOVE		H(c) Group exemption number ▶	

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

J Website: WWW.RMHSTANFORD.ORG

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1979 **M State of legal domicile:** CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: KEEPS CRITICALLY ILL CHILDREN & THEIR FAMILIES TOGETHER AND NEAR THE CARE & RESOURCES THEY NEED.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	104
	6 Total number of volunteers (estimate if necessary)	6	6856
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,817,179.	6,185,639.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	421,959.	607,832.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	669,523.	604,880.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	523,579.	576,592.
		9,432,240.	7,974,943.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	71,070.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,630,228.	3,619,082.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,153,347.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,167,908.	4,088,267.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,798,136.	7,778,419.	
19 Revenue less expenses. Subtract line 18 from line 12	2,634,104.	196,524.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	94,617,358.	95,864,291.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,782,323.	2,038,481.
	90,835,035.	93,825,810.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	LAURA BOUDREAU, INTERIM CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LAWRENCE S. KUECHLER	Preparer's signature LAWRENCE S. KUECHLER	Date 09/09/19	Check if self-employed <input type="checkbox"/>	PTIN P00233621
	Firm's name ▶ ARMANINO LLP	Firm's EIN ▶ 94-6214841	Phone no. 408-200-6400		
	Firm's address ▶ 50 W. SAN FERNANDO ST, STE 500 SAN JOSE, CA 95113				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE ORGANIZATION IS TO PROVIDE COMMUNITIES SUPPORT, ACCESS TO MEDICAL CARE, AND THE HEALING POWER OF FAMILY AND HOME FOR CRITICALLY ILL CHILDREN.

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

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

4a (Code:) (Expenses \$ 6,071,876. including grants of \$) (Revenue \$ 678,090.) WHEN CHILDREN MUST TRAVEL LONG DISTANCES TO ACCESS TOP MEDICAL CARE, ACCOMMODATIONS AND SUPPORT FOR FAMILIES CAN BE EXPENSIVE OR NOT READILY AVAILABLE. OUR RONALD MCDONALD HOUSE PROGRAMS OFFER SHORT AND LONG-TERM LODGING, IN-HOSPITAL AND RESIDENTIAL MEAL SUPPORT, THERAPEUTIC SUPPORT, RECREATIONAL AND WELLNESS ACTIVITIES AND EDUCATIONAL PROGRAMMING FOR SIBLINGS AND PATIENTS. OUR PROGRAMS INCLUDE A 123 BEDROOM RONALD MCDONALD HOUSE AT STANFORD NEAR LUCILE PACKARD CHILDREN'S HOSPITAL AND A 11 BEDROOM RONALD MCDONALD HOUSE OF SAN FRANCISCO UNIQUELY LOCATED INSIDE UCSF BENIOFF CHILDREN'S HOSPITAL.

SEE SCHEDULE O FOR CONTINUATION.

4b (Code:) (Expenses \$ 71,070. including grants of \$ 71,070.) (Revenue \$) RONALD MCDONALD CARE MOBILE THE RONALD MCDONALD CARE MOBILE ("RMCM") PROGRAM PROVIDES ORAL HEALTH SERVICES TO LOW INCOME CHILDREN WHO WOULD OTHERWISE GO WITHOUT CARE. THROUGH PARTNERSHIPS WITH LOCAL HEALTHCARE ORGANIZATIONS, OUR RMCM PROGRAMS IN THE SOUTH AND EAST BAY AREA ARE BRINGING ESSENTIAL ORAL HEALTH CARE SERVICES AND EDUCATION DIRECTLY TO THOSE IN NEED SO CHILDREN FACING SOCIOECONOMIC AND CULTURAL BARRIERS TO CARE CAN RECEIVE HIGH QUALITY CONVENIENT DENTAL SERVICES AND EDUCATION.

SEE SCHEDULE O FOR CONTINUATION.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,142,946.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 104		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders N/A 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? N/A 13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 24 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 in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 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 in Schedule O)
- 19** Describe in 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 _____
 CYNTHIA SEMENOFF, DIRECTOR OF FINANCE - 650-470-6009
 520 SAND HILL ROAD, PALO ALTO, CA 94304

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEAN TRUESDALE TREASURER	1.00	X		X			0.	0.	0.	
(2) ANNE LAWLER SECRETARY	1.00	X		X			0.	0.	0.	
(3) ANNETTE EROS CHIEF EXECUTIVE OFFICER	40.00	X		X			197,060.	0.	31,598.	
(4) SCOTT RODRICK VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(5) JENNY CHANG PRESIDENT	1.00	X		X			0.	0.	0.	
(6) AMY OLIVER VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(7) LEE ANN FREEMAN DIRECTOR	1.00	X					0.	0.	0.	
(8) LISA CASWELL DIRECTOR	1.00	X					0.	0.	0.	
(9) DAVID ROSENTHAL DIRECTOR - FROM 3/17	1.00	X					0.	0.	0.	
(10) EILEEN BOCCI CAMPBELL DIRECTOR	1.00	X					0.	0.	0.	
(11) HELEN WILMOT DIRECTOR	1.00	X					0.	0.	0.	
(12) JEFF SILK DIRECTOR	1.00	X					0.	0.	0.	
(13) CYNTHIA MAHOOD LEVIN DIRECTOR	1.00	X					0.	0.	0.	
(14) MELINDA LITHERLAND DIRECTOR	1.00	X					0.	0.	0.	
(15) BRAD O'BRIEN DIRECTOR	1.00	X					0.	0.	0.	
(16) CYNTHIA LOPEZ BEVERAGE - TO 07/ DIRECTOR	1.00	X					0.	0.	0.	
(17) CHRISTOPHE D. MOSBY DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHERYL CHENG DIRECTOR	1.00	X					0.	0.	0.	
(19) BRAD LYMAN DIRECTOR	1.00	X					0.	0.	0.	
(20) BOB MCINTIRE DIRECTOR	1.00	X					0.	0.	0.	
(21) RICH NAMEROW DIRECTOR - FROM 3/17	1.00	X					0.	0.	0.	
(22) ANNE MCCUNE DIRECTOR	1.00	X					0.	0.	0.	
(23) RICHARD SEILER DIRECTOR	1.00	X					0.	0.	0.	
(24) JUDI REES DIRECTOR	1.00	X					0.	0.	0.	
(25) JULIA ERWIN-WEINER - TO 03/18 DIRECTOR	1.00	X					0.	0.	0.	
(26) GERRY HINCKLEY DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							197,060.	0.	31,598.	
c Total from continuation sheets to Part VII, Section A							552,061.	0.	67,007.	
d Total (add lines 1b and 1c)							749,121.	0.	98,605.	

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 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SYSCO SAN FRANCISCO INC. 5900 STEWART AVE., FREMONT, CA 94538	FOOD AND FOOD SERVICE PRODUCTS	189,844.
TASTE CATERING & EVENT PLANNING 201 ADRIAN ROAD, MILLBRAE, CA 94030	SPECIAL EVENT CATERING	107,674.

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 2

SEE PART VII, SECTION A CONTINUATION SHEETS

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CYNTHIA SEMENOFF DIRECTOR OF FINANCE	40.00			X				125,874.	0.	20,306.
(28) JAY MCCULLOUGH CHIEF DEVELOPMENT OFFICER	40.00				X			157,542.	0.	17,435.
(29) LAURA BOUDREAU COO	40.00				X			153,106.	0.	17,012.
(30) BRIONY CARPANO SEOANE DIRECTOR PROGRAM & OPER	40.00					X		115,539.	0.	12,254.
Total to Part VII, Section A, line 1c								552,061.		67,007.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 10,153.				
	b Membership dues	1b				
	c Fundraising events	1c 607,862.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,567,624.				
	g Noncash contributions included in lines 1a-1f: \$	845,686.				
	h Total. Add lines 1a-1f	▶ 6,185,639.				
Program Service Revenue	2 a PROGRAM SERVICE REV	Business Code 624100	264,630.	264,630.		
	b LPCH FEE	624100	234,962.	234,962.		
	c ROOM DONATIONS	624100	108,240.	108,240.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶ 607,832.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 607,663.			607,663.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	4,646,599.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	4,609,650.	39,732.		
		c Gain or (loss)	36,949.	-39,732.		
	d Net gain or (loss)	▶ -2,783.			-2,783.	
	8 a Gross income from fundraising events (not including \$ 607,862. of contributions reported on line 1c). See Part IV, line 18	a 904,469.				
		b Less: direct expenses	b 518,772.			
c Net income or (loss) from fundraising events		▶ 385,697.			385,697.	
9 a Gross income from gaming activities. See Part IV, line 19	a 150,100.					
	b Less: direct expenses	b 29,463.				
	c Net income or (loss) from gaming activities	▶ 120,637.			120,637.	
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	624100	70,258.	70,258.			
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d	▶ 70,258.					
12 Total revenue. See instructions	▶ 7,974,943.	678,090.	0.	1,111,214.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	71,070.	71,070.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	719,934.	511,153.	50,395.	158,386.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,241,129.	1,585,196.	153,905.	502,028.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	57,306.	40,498.	3,918.	12,890.
9 Other employee benefits	350,723.	248,169.	24,133.	78,421.
10 Payroll taxes	249,990.	176,970.	17,241.	55,779.
11 Fees for services (non-employees):				
a Management				
b Legal	1,793.	1,778.	4.	11.
c Accounting	48,952.	81.	48,871.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	98,004.		98,004.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	302,729.	188,572.	9,912.	104,245.
12 Advertising and promotion	52,587.	37,202.	3,603.	11,782.
13 Office expenses	62,833.	58,249.	1,611.	2,973.
14 Information technology	136,571.	68,017.	4,215.	64,339.
15 Royalties				
16 Occupancy	361,614.	351,380.	6,823.	3,411.
17 Travel	17,684.	14,033.	862.	2,789.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	62,473.	44,226.	4,308.	13,939.
20 Interest	216,533.	210,037.	4,331.	2,165.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,609,550.	1,561,264.	32,191.	16,095.
23 Insurance	56,222.	54,464.	1,172.	586.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HOUSE SUPPLIES - OTHER	879,175.	878,465.	473.	237.
b DONOR ENGAGEMENT AND AC	109,676.			109,676.
c OTHER	68,501.	38,752.	16,154.	13,595.
d VOLUNTEER	3,370.	3,370.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,778,419.	6,142,946.	482,126.	1,153,347.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,593,949.	1	3,084,951.
	2 Savings and temporary cash investments		2	2,490,389.
	3 Pledges and grants receivable, net	2,843,521.	3	1,469,728.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	85,099.	9	193,499.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 51,684,096.		
	b Less: accumulated depreciation	10b 10,197,530.	42,879,682.	10c 41,486,566.
	11 Investments - publicly traded securities	19,661,563.	11	25,260,933.
	12 Investments - other securities. See Part IV, line 11	499,290.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	22,054,254.	15	21,878,225.
16 Total assets. Add lines 1 through 15 (must equal line 34)	94,617,358.	16	95,864,291.	
Liabilities	17 Accounts payable and accrued expenses	492,355.	17	620,481.
	18 Grants payable		18	
	19 Deferred revenue	46,968.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	3,243,000.	24	1,418,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,782,323.	26	2,038,481.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	45,678,509.	27	51,863,800.
	28 Temporarily restricted net assets	35,837,920.	28	32,158,644.
	29 Permanently restricted net assets	9,318,606.	29	9,803,366.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	90,835,035.	33	93,825,810.	
34 Total liabilities and net assets/fund balances	94,617,358.	34	95,864,291.	

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	7,974,943.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,778,419.
3	Revenue less expenses. Subtract line 2 from line 1	3	196,524.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	90,835,035.
5	Net unrealized gains (losses) on investments	5	-2,247,251.
6	Donated services and use of facilities	6	-176,025.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,217,527.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	93,825,810.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in 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 in Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization RONALD MCDONALD HOUSE CHARITIES - BAY AREA

Employer identification number 94-2538615

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,688,873.	10,911,068.	9,035,875.	7,817,179.	6,185,639.	42,638,634.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,688,873.	10,911,068.	9,035,875.	7,817,179.	6,185,639.	42,638,634.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,022,353.
6 Public support. Subtract line 5 from line 4.						34,616,281.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	8,688,873.	10,911,068.	9,035,875.	7,817,179.	6,185,639.	42,638,634.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	527,242.	502,582.	405,718.	417,309.	607,663.	2,460,514.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,123,112.	816,938.	1,152,533.	994,615.	1,124,827.	5,212,025.
11 Total support. Add lines 7 through 10						50,311,173.
12 Gross receipts from related activities, etc. (see instructions)					12	5,450,204.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	68.80 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	71.62 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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:

OTHER INCOME

2014 AMOUNT: \$ 6,915.

2015 AMOUNT: \$ 11,813.

2016 AMOUNT: \$ 14,206.

2017 AMOUNT: \$ 46,412.

2018 AMOUNT: \$ 70,258.

GAMING INCOME

2014 AMOUNT: \$ 206,260.

2015 AMOUNT: \$ 162,850.

2016 AMOUNT: \$ 280,850.

2017 AMOUNT: \$ 191,600.

2018 AMOUNT: \$ 150,100.

EVENT INCOME

2014 AMOUNT: \$ 909,937.

2015 AMOUNT: \$ 642,275.

2016 AMOUNT: \$ 857,477.

2017 AMOUNT: \$ 756,603.

2018 AMOUNT: \$ 904,469.

SCHEDULE A PART II SECTION A

THE DECREASE IN CONTRIBUTIONS IN 2018 WAS DUE TO THE COMPLETION OF OUR

MULTI-YEAR \$46 MILLION CAPITAL CAMPAIGN.

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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

RONALD MCDONALD HOUSE CHARITIES
- BAY AREA

Employer identification number

94-2538615

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization RONALD MCDONALD HOUSE CHARITIES - BAY AREA	Employer identification number 94-2538615
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 366,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 311,937.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 185,700.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 384,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 219,175.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RONALD MCDONALD HOUSE CHARITIES - BAY AREA	Employer identification number 94-2538615
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 126,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RONALD MCDONALD HOUSE CHARITIES - BAY AREA	Employer identification number 94-2538615
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	5,000 WELCOME BAGS VALUED AT \$36.54 EACH	\$ 185,700.	09/14/18
5	AABA STOCK	\$ 327,041.	10/29/18
6	SUITE TICKETS, PARKING PASSES, CATERED FOOD, ETC	\$ 219,175.	11/22/18
		\$	
		\$	
		\$	

Name of organization RONALD MCDONALD HOUSE CHARITIES - BAY AREA	Employer identification number 94-2538615
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

2018

Open to Public Inspection

Name of the organization RONALD MCDONALD HOUSE CHARITIES - BAY AREA

Employer identification number 94-2538615

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 about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for line 2(a-d) with 'Held at the End of the Tax Year' column, and yes/no questions about monitoring 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.

Form with questions 1a, 1b, and 2 regarding reporting of art and historical treasures, including checkboxes and dollar amount fields.

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 are a 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 programs
 - 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	20,213,983.	18,205,803.	17,308,285.	17,677,407.	17,753,760.
b Contributions	750,360.	38,448.	42,284.	53,337.	35,929.
c Net investment earnings, gains, and losses	-1,403,205.	2,719,732.	1,305,234.	-422,459.	987,094.
d Grants or scholarships					
e Other expenditures for facilities and programs	780,000.	750,000.	450,000.		1,099,376.
f Administrative expenses					
g End of year balance	18,781,138.	20,213,983.	18,205,803.	17,308,285.	17,677,407.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 52.20 %
- c Temporarily restricted endowment 47.80 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		50,642,063.	9,766,808.	40,875,255.
c Leasehold improvements				
d Equipment		876,296.	430,722.	445,574.
e Other		165,737.		165,737.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				41,486,566.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) LEASE CONTRIBUTION RECEIVABLE RELATED TO DONATED RENT	21,878,225.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	21,878,225.

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	8,373,869.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,247,251.	
b	Donated services and use of facilities	2b	2,524,579.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	277,328.
3	Subtract line 2e from line 1		3	8,096,541.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	98,004.	
b	Other (Describe in Part XIII.)	4b	-219,602.	
c	Add lines 4a and 4b		4c	-121,598.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	7,974,943.

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

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

1	Total expenses and losses per audited financial statements		1	10,600,621.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,700,604.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	219,602.	
e	Add lines 2a through 2d		2e	2,920,206.
3	Subtract line 2e from line 1		3	7,680,415.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	98,004.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	98,004.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	7,778,419.

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:

THE HOUSE'S ENDOWMENT CONSISTS OF DONOR RESTRICTED FUNDS ESTABLISHED FOR

THE BENEFIT OF THE HOUSE. ALL ENDOWMENT GIFTS STIPULATE THAT THE PRINCIPAL

REMAIN INTACT AND THAT INVESTMENT EARNINGS BE EXPENDED ON HOUSE

OPERATIONS. THE HOUSE HAS POLICIES WHICH ARE INTENDED TO MAINTAIN THE

PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY AS WELL AS TO

MOTIVATE REAL GROWTH THROUGH NEW GIFTS. IN 2018 THE BOARD OF DIRECTORS

APPROPRIATED \$780,000 OF ENDOWMENT EARNINGS FOR USE IN OPERATIONS.

PART X, LINE 2:

THE RMHCBA HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER SECTIONS 501(C)(3) OF

THE INTERNAL REVENUE CODE AND 23701(D) OF THE CALIFORNIA REVENUE AND

Part XIII Supplemental Information (continued)

TAXATION CODE. IN ADDITION, THE HOUSE HAS BEEN DETERMINED BY THE INTERNAL

REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF

SECTION 509(A) OF THE INTERNAL REVENUE CODE. HOWEVER, THE RMHCBA IS

SUBJECT TO TAXES ON INCOME, IF ANY, THAT IS UNRELATED TO ITS EXEMPT

PURPOSE. THE RMHCBA EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED

THAT AS OF DECEMBER 31, 2018, THE RMHCBA DOES NOT HAVE ANY SIGNIFICANT

UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE -219,602.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 219,602.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization **RONALD MCDONALD HOUSE CHARITIES**
- BAY AREA

Employer identification number
94-2538615

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		HOUSE PARTY! DINNER GALA	INVITATIONAL GOLF TOURNAMENT	2		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	782,963.	313,384.	415,984.	1,512,331.
	2	Less: Contributions	260,144.	66,484.	281,234.	607,862.
	3	Gross income (line 1 minus line 2)	522,819.	246,900.	134,750.	904,469.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	61,788.	44,378.	6,343.	112,509.
	7	Food and beverages	77,616.	34,432.	31,934.	143,982.
	8	Entertainment	48,261.	5,318.	21,865.	75,444.
	9	Other direct expenses	130,107.	40,179.	16,551.	186,837.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					385,697.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue		150,100.	150,100.	
Direct Expenses	2	Cash prizes				
	3	Noncash prizes		4,052.	4,052.	
	4	Rent/facility costs				
	5	Other direct expenses		25,411.	25,411.	
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				29,463.
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				120,637.

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

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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | | |
|-------------------------------|-----|--------|---|
| a The organization's facility | 13a | 100.00 | % |
| b An outside facility | 13b | | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ RONALD MCDONALD HOUSE CHARITIES - BAY AREA

Address ▶ 520 SAND HILL ROAD - PALO ALTO, CA 94304

- 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 ▶ N/A

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 ▶ \$ 120,637.

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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **RONALD MCDONALD HOUSE CHARITIES
- BAY AREA**

Employer identification number
94-2538615

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JOHN MUIR FOUNDATION CARE MOBILE 1341 GALAXY WAY SUITE D CONCORD, CA 94520	94-2650855		41,585.	0.			TO PROVIDE IMMUNIZATIONS AND HEALTH SCREENINGS, ORAL HEALTH SERVICES, DIAGNOSIS AND TREATMENT
VMC FOUNDATION 2400 MOORPARK ROAD #207 SAN JOSE, CA 95128	77-0187890		29,485.	0.			TO PROVIDE IMMUNIZATIONS AND HEALTH SCREENINGS, ORAL HEALTH SERVICES, DIAGNOSIS AND TREATMENT

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

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

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

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: JOHN MUIR FOUNDATION CARE MOBILE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE IMMUNIZATIONS AND HEALTH

SCREENINGS, ORAL HEALTH SERVICES, DIAGNOSIS AND TREATMENT OF CHRONIC

DISEASE AND HEALTH EDUCATION TO CHILDREN WHO WOULD OTHERWISE GO WITHOUT

DENTAL CARE.

NAME OF ORGANIZATION OR GOVERNMENT: VMC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE IMMUNIZATIONS AND HEALTH

Part IV Supplemental Information

SCREENINGS, ORAL HEALTH SERVICES, DIAGNOSIS AND TREATMENT OF CHRONIC

DISEASE AND HEALTH EDUCATION TO CHILDREN WHO WOULD OTHERWISE GO WITHOUT

DENTAL CARE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **RONALD MCDONALD HOUSE CHARITIES
- BAY AREA**

Employer identification number
94-2538615

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 filing 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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 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) ANNETTE EROS CHIEF EXECUTIVE OFFICER	(i)	197,060.	0.	0.	10,875.	20,723.	228,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAY MCCULLOUGH CHIEF DEVELOPMENT OFFICER	(i)	157,542.	0.	0.	7,930.	9,505.	174,977.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAURA BOUDREAU COO	(i)	153,106.	0.	0.	8,050.	8,962.	170,118.	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)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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 for instructions and the latest information.

Name of the organization **RONALD MCDONALD HOUSE CHARITIES**
- BAY AREA

Employer identification number
94-2538615

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	412,604.	FAIR MARKET VALUE
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TOYS/HOUSE GO)	X	491	428,692.	COST OF COMPARABLE G
26 Other ▶ (AUCTION ITEMS)	X	17	4,390.	COST OF COMPARABLE G
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

	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.		

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, LINE 32B:

A BROKER IS USED TO RECEIVE CONTRIBUTIONS OF STOCK. UPON RECEIPT THE

STOCK IS LIQUIDATED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization RONALD MCDONALD HOUSE CHARITIES - BAY AREA	Employer identification number 94-2538615
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FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

ON JANUARY 1, 2018 THE THREE LOCAL ENTITIES, RONALD MCDONALD HOUSE AT
STANFORD ("RMH STANFORD"), RONALD MCDONALD HOUSE OF SAN FRANCISCO, INC.
("RMHSF") AND RONALD MCDONALD HOUSE CHARITIES OF THE BAY AREA, INC.
("RMHC") MERGED INTO ONE ORGANIZATION TO BETTER SUPPORT FAMILIES WITH
CHILDREN RECEIVING ESSENTIAL PEDIATRIC CARE AT PARTNER HOSPITALS.
SUBSEQUENTLY, THE NAME OF THE NEW ENTITY WAS CHANGED TO RONALD MCDONALD
HOUSE CHARITIES BAY AREA (RMHCBA).

AFTER THE MERGER, RMHCBA CONTINUED THE RONALD MCDONALD CARE MOBILE
PROGRAM, WHICH WAS PREVIOUSLY CONDUCTED BY RMHC. SEE PART III LINE 4B.

FORM 990 PART III LINE 4A, DESCRIPTION OF PROGRAM SERVICE

IT IS WELL-ESTABLISHED THAT THE OUTCOMES OF CRITICALLY ILL CHILDREN ARE
GREATLY INFLUENCED BY THE ABILITY OF PARENTS AND CAREGIVERS TO COPE
WITH AND MANAGE THEIR CHILD'S MEDICAL CARE (MELNYK, 2000). WITH THE
GOAL OF REDUCING CHRONIC STRESS, WORRY, AND FINANCIAL BURDEN
EXPERIENCED BY CAREGIVERS DURING THEIR CHILD'S HOSPITALIZATION AND
ONGOING CARE, RONALD MCDONALD HOUSE CHARITIES BAY AREA HAS PARTNERED
WITH SILICON VALLEY'S CHILDREN'S HEALTH CARE SYSTEMS FOR 40 YEARS TO
CREATE A CONTINUUM OF FAMILY-CENTERED CARE THAT INCLUDES: FREE SHORT-
AND LONG-TERM HOUSING SERVICES FOR FAMILIES DISPLACED BY MEDICAL
CRISES; MEAL SUPPORT; AND COMPREHENSIVE FAMILY SERVICES, INCLUDING
CULTURALLY-RELEVANT PSYCHOSOCIAL SUPPORT AND WELLNESS, ENRICHMENT AND
EDUCATIONAL SERVICES. WHILE WE REQUEST A NOMINAL DONATION OF \$10 PER

NIGHT FOR OVERNIGHT HOUSING, DONOR SUPPORT ENSURES NO FAMILY IS TURNED

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization RONALD MCDONALD HOUSE CHARITIES
- BAY AREA

Employer identification number
94-2538615

AWAY DUE TO INABILITY TO PAY; LESS THAN 30% OF FAMILIES ARE ABLE TO

CONTRIBUTE THIS AMOUNT. DONOR SUPPORT ADVANCES THESE CORE FAMILY

SERVICES AS WELL AS OUR MISSION TO PROVIDE CRITICALLY ILL CHILDREN WITH

COMMUNITIES OF SUPPORT, ACCESS TO MEDICAL CARE, AND THE HEALING POWER

OF FAMILY AND HOME.

FOLLOWING THE MERGER OF THREE RONALD MCDONALD HOUSE AFFILIATES ON

JANUARY 1, 2018, WE FORMED THE REGIONAL RONALD MCDONALD HOUSE CHARITIES

BAY AREA (RMHCBA) CHAPTER TO PROVIDE A CONTINUUM OF FAMILY-CENTERED

CARE THROUGH OUR: 123-BEDROOM RONALD MCDONALD HOUSE AT STANFORD, WHICH

SERVES FAMILIES AT LUCILE PACKARD CHILDREN'S HOSPITAL STANFORD;

COMPREHENSIVE IN-HOSPITAL PROGRAMS AT RONALD MCDONALD HOUSE OF SAN

FRANCISCO LOCATED INSIDE UCSF BENIOFF CHILDREN'S HOSPITAL SAN

FRANCISCO; AND TWO RONALD MCDONALD CARE MOBILES OFFERING FREE ORAL

HEALTH CARE SERVICES TO LOW-INCOME CHILDREN IN SANTA CLARA AND CONTRA

COSTA COUNTIES, OPERATED IN PARTNERSHIP WITH SANTA CLARA VALLEY MEDICAL

CENTER AND JOHN MUIR COMMUNITY HEALTH ALLIANCE, RESPECTIVELY. WHILE OUR

RONALD MCDONALD HOUSE PROGRAMS INCREASE ACCESS TO LIFE SAVING PEDIATRIC

CARE BY PROVIDING ACCOMMODATIONS AND FAMILY SERVICES NEAR OR INSIDE OUR

PARTNER HOSPITALS, OUR RONALD MCDONALD CARE MOBILES INCREASE ACCESS TO

ESSENTIAL ORAL HEALTH CARE SERVICES WHERE LOW-INCOME CHILDREN NEED IT

MOST - THEIR SCHOOLS AND COMMUNITIES.

OUR RONALD MCDONALD HOUSES COMBINED SERVED MORE THAN 8,200 CAREGIVERS,

PATIENTS, AND SIBLINGS THROUGH OUR OVERNIGHT ACCOMMODATION PROGRAM IN

2018, A 70% INCREASE OVER THE PRIOR YEAR. THIS RAPID GROWTH IS LARGELY

DUE TO THE FACT THAT 2018 ALSO MARKED THE FIRST FULL YEAR OPERATING OUR

NEWLY EXPANDED RONALD MCDONALD HOUSE AT STANFORD, WHICH IS THE LARGEST

Name of the organization RONALD MCDONALD HOUSE CHARITIES
- BAY AREA

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OF ITS KIND IN THE WORLD. BY DOUBLING OUR CAPACITY TO HOUSE FAMILIES
ACCESSING CARE AT STANFORD FROM 47 GUEST ROOMS TO 123, WE INCREASED THE
NUMBER OF INDIVIDUAL CAREGIVERS AND CHILDREN STAYING AT OUR STANFORD
HOUSE BY NEARLY 33 % TO 6,594 IN 2018. THE NUMBER OF CHILDREN IN OUR
CARE GREW 25 % TO MORE THAN 2,100 PATIENTS AND SIBLINGS. IN 2018, WE
EXPANDED OUR: TECHNOLOGICAL, DEVELOPMENT, AND PROGRAMMATIC
INFRASTRUCTURE; MEAL SUPPORT SERVICES (MEGABITES); PSYCHOSOCIAL SUPPORT
(FAMILY SUPPORT SERVICES); AND ENRICHMENT PROGRAMS, INCLUDING ADDING A
NEW CREDENTIALLED K-12 RONALD MCDONALD HOUSE SCHOOL, A FIRST-OF-ITS-KIND
MAKERSPACE, SUSTAINABLE GARDEN, DYNAMIC ACTIVITY ROOMS, AND EXPANDED
DAY-USE ACCESS TO OUR FACILITIES AND PROGRAMS.

IN 2018, OUR TWO HOUSES OFFSET MORE THAN \$16 MILLION IN LODGING, MEAL
AND SUPPORT SERVICES FOR FAMILIES, REDUCING THE EMOTIONAL AND FINANCIAL
BURDEN OF THEIR CHILDREN'S ILLNESSES AND TREATMENTS. WE PROVIDED 34,578
NIGHTS OF ACCOMMODATION FOR 2,543 OVERNIGHT FAMILIES. OUR MEGABITES
MEAL PROGRAM SERVED 140,000 MEALS TO BOTH OVERNIGHT AND DAY-USE
FAMILIES. OUR DISTINCTIVE FAMILY SUPPORT SERVICES PROGRAM PROVIDED
NEARLY 3,000 HOURS OF PSYCHOSOCIAL SUPPORT TO FAMILIES COPING WITH THE
TRAUMA OF THEIR CHILD'S ILLNESS AND TREATMENT. MORE THAN 5,100
VOLUNTEERS CONTRIBUTED NEARLY 27,000 HOURS TO DELIVER CHILD ENRICHMENT
AND FAMILY WELLNESS PROGRAMMING, INCLUDING: SEASONAL DAY CAMPS FOR
SIBLINGS AND PATIENTS; HOLIDAY PROGRAMS; RECREATIONAL ACTIVITIES THAT
HELP FAMILIES COPE WITH STRESS THROUGH PLAY; COMMUNITY-BUILDING EVENTS
THAT FACILITATED PEER SUPPORT; AND WELLNESS SERVICES SUCH AS FREE
HAIRCUTS AND MASSAGE. FOR CAREGIVERS WANTING TO STAY JUST STEPS AWAY
FROM THEIR SICK CHILDREN, OUR HAPPY WHEELS HOSPITALITY CARTS BROUGHT A
BIT OF HOME TO PATIENTS' BEDSIDES; VOLUNTEERS PROVIDE MORE THAN 26,000

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ITEMS TO FAMILIES, INCLUDING HOT BEVERAGES, SNACKS, TOILETRIES AND FUN

ACTIVITIES TO HELP FAMILIES UNABLE TO LEAVE THE HOSPITAL.

TOP CLINICAL SERVICES ACCESSED BY OUR STANFORD FAMILIES INCLUDED:

CARDIOLOGY (26%), HEMATOLOGY/ONCOLOGY (16%), LIVER TRANSPLANT (8%), AND

NEONATAL INTENSIVE CARE (7%). TOP CLINICAL SERVICES ACCESSED BY SAN

FRANCISCO FAMILIES INCLUDED: CARDIAC (32%), PREMATUREITY (16%),

NEUROLOGY (12%), BIRTH DEFECTS (5%), AND RESPIRATORY (4%).

ADDITIONALLY, OUR RONALD MCDONALD CARE MOBILES PROVIDED FREE DENTAL

SERVICES TO 1,627 CHILDREN IN 2018.

RELYING ON COMMUNITY SUPPORT

THE HOUSE RECEIVES MORE THAN 90% OF ITS OPERATING REVENUE FROM PUBLIC

CONTRIBUTIONS, INCLUDING INDIVIDUALS, FOUNDATIONS AND CORPORATIONS, AND

RELIES HEAVILY ON VOLUNTEERS TO PROVIDE HUNDREDS OF STAFFING HOURS EACH

WEEK. IN 2018, MORE THAN 5,100 VOLUNTEERS DONATED \$741,785-WORTH OF

SERVICE HOURS. COMMUNITY SUPPORT IS CRITICAL TO OUR SUSTAINABILITY. WE

REQUEST A NOMINAL \$10 PER NIGHT DONATION FROM FAMILIES; HOWEVER, DUE TO

THE FINANCIAL BURDEN OF THEIR CHILDREN'S COMPLEX MEDICAL CARE AND THE

FACT THAT 50% OF OUR FAMILIES MEET FEDERAL POVERTY THRESHOLDS, LESS

THAN 30% OF FAMILIES ARE ABLE TO CONTRIBUTE MAKING DONOR SUPPORT

ESSENTIAL TO OUR ABILITY TO HELP THOUSANDS OF FAMILIES ANNUALLY. IN

2018, 9.8% OF REVENUE WAS EARNED INCOME, INCLUDING FAMILY DONATIONS AND

STATE-FUNDED AGENCIES (BASED ON FAMILY ELIGIBILITY FOR AID).

FORM 990 PART III LINE 4B, DESCRIPTION OF PROGRAM SERVICE

Name of the organization RONALD MCDONALD HOUSE CHARITIES
- BAY AREA

Employer identification number
94-2538615

RMHCBA SUPPORTS THIS PROGRAM THROUGH ANNUAL OPERATING SUPPORT AND
PROVIDING THE MOBILE CLINIC FACILITY. CLINICAL PARTNERS AND HEALTH CARE
ORGANIZATIONS PROVIDE DENTAL SCREENINGS AND SERVICES, PATIENT TRACKING,
ASSISTANCE WITH BENEFIT ENROLLMENT, AND ASSISTANCE IN IDENTIFYING AND
ESTABLISHING A CONNECTION TO A DENTAL AND MEDICAL HOME FOR THE CHILD
AND THE FAMILY. HEALTH CARE PARTNERS ALSO MANAGE THE MOBILE CLINIC AND
PROGRAM COORDINATION.

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

ON JANUARY 1, 2018 THE THREE LOCAL ENTITIES, RONALD MCDONALD HOUSE AT
STANFORD ("RMH STANFORD"), RONALD MCDONALD HOUSE OF SAN FRANCISCO, INC.
("RMHSF") AND RONALD MCDONALD HOUSE CHARITIES OF THE BAY AREA, INC.
("RMHC") MERGED INTO ONE ORGANIZATION TO BETTER SUPPORT FAMILIES WITH
CHILDREN RECEIVING ESSENTIAL PEDIATRIC CARE AT PARTNER HOSPITALS. AS PART
OF THIS MERGER, THE RMH STANFORD BOARD OF DIRECTORS AMENDED ITS ARTICLES OF
INCORPORATION, CHANGING ITS NAME TO RONALD MCDONALD HOUSE CHARITIES BAY
AREA ("RMHCBA").

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

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE
ORGANIZATION'S FORM 990. THE FINANCE COMMITTEE SUBSEQUENTLY REVIEWS THE
FORM 990 AND APPROVES IT FOR SUBMISSION TO THE IRS. COPIES OF THE FORM 990
AND ALL RELATED SCHEDULES ARE PROVIDED TO THE BOARD OF DIRECTORS BEFORE IT
IS FILED.

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

DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A

Name of the organization RONALD MCDONALD HOUSE CHARITIES
- BAY AREA

Employer identification number
94-2538615

CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE

TO THE RMHCBA. TO PROTECT THE INTEGRITY OF THE DECISION-MAKING PROCESS OF

THE RMHCBA, POTENTIAL AND ACTUAL AS WELL AS PERCEIVED CONFLICTS BETWEEN THE

RMHCBA AND THE INDIVIDUAL'S PERSONAL, PROFESSIONAL AND BUSINESS INTERESTS

ARE TO BE DISCLOSED. POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY

THE SECRETARY OF THE BOARD AND REVIEWED BY A COMMITTEE OF THE BOARD.

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

THE COMPENSATION COMMITTEE, COMPOSED OF INDEPENDENT DIRECTORS AND OFFICERS

OF THE HOUSE'S GOVERNING BODY, MEETS ANNUALLY TO REVIEW AND APPROVE THE

COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. USING INPUT FROM AN OUTSIDE

COMPENSATION FIRM, THE COMMITTEE REVIEWS ANALYSIS OF SIMILARLY QUALIFIED

PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS

PREPARED BY AN INDEPENDENT COMPENSATION CONSULTANT. MINUTES OF THE MEETING

ARE RECORDED AND FILED. INPUT FROM AN OUTSIDE COMPENSATION FIRM WAS LAST

UTILIZED IN THE COMMITTEE'S REVIEW IN FISCAL 2017.

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

RMHCBA MAINTAINS ITS ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF

INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS AT ITS CURRENT LOCATION:

520 SAND HILL ROAD IN PALO ALTO, CALIFORNIA. COPIES OF THESE DOCUMENTS ARE

AVAILABLE ON REQUEST FOR A NOMINAL FEE. THE MOST RECENT FORM 990 AND

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE RMHCBA'S WEBSITE.

FORM 990, PART X, LINE 15 & SCHEDULE D PART IX:

THE RONALD MCDONALD HOUSE AT STANFORD IS LOCATED ON A LEASED PARCEL OF

LAND IN PALO ALTO, CALIFORNIA. THE TERMS OF THE LEASE REQUIRE AN ANNUAL

RENTAL PAYMENT OF \$1.00 THROUGH THE YEAR 2048. RMHCBA RECOGNIZED AS

Name of the organization RONALD MCDONALD HOUSE CHARITIES
- BAY AREA

Employer identification number
94-2538615

REVENUE AND A CONTRIBUTION RECEIVABLE THE DIFFERENCE BETWEEN THE FAIR

RENTAL VALUE OF THE PROPERTY AND THE PRESENT VALUE OF THE STATED AMOUNT

OF THE LEASE PAYMENT AT THE DATE OF CONTRIBUTION. THE CONTRIBUTION

RECEIVABLE AS OF DECEMBER 31, 2018 IS AS FOLLOWS:

NONCURRENT PORTION OF BENEFICIAL USE OF LAND: \$55,205,985

LESS: DISCOUNT TO NET PRESENT VALUE: (35,261,760)

NONCURRENT PORTION OF CONTRIBUTION RECEIVABLE, NET: 19,944,225

CURRENT PORTION OF BENEFICIAL USE OF LAND: 1,934,000

NET BENEFICIAL USE OF LAND: \$21,878,225

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

ASSETS ACQUIRED FROM MERGER OF ENTITIES 5,217,527.

FORM 990 PART XII LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BUILDING	VARIOUS	SL	40.00		16	50,642,063.				50,642,063.8	276,284.		1,490,524.9	9,766,808.
	* 990 PAGE 10 TOTAL BUILDINGS						50,642,063.				50,642,063.8	276,284.		1,490,524.9	9,766,808.
	MACHINERY & EQUIPMENT														
2	FURNITURE AND EQUIPMENT	VARIOUS	SL	10.00		16	876,296.				876,296.	311,696.		119,026.	430,722.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						876,296.				876,296.	311,696.		119,026.	430,722.
	OTHER														
3	ARTWORK	VARIOUS	NC	.000	HY		165,737.				165,737.			0.	
	* 990 PAGE 10 TOTAL OTHER						165,737.				165,737.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						51,684,096.				51,684,096.8	587,980.		1,609,550.1	10,197,530.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. RONALD MCDONALD HOUSE CHARITIES - BAY AREA	Employer identification number (EIN) or 94-2538615
	Number, street, and room or suite no. If a P.O. box, see instructions. 520 SAND HILL ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PALO ALTO, CA 94304	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CYNTHIA SEMENOFF, DIRECTOR OF FINANCE

- The books are in the care of ▶ 520 SAND HILL ROAD - PALO ALTO, CA 94304
Telephone No. ▶ 650-470-6009 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2018 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2019)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

NCTO

0848178

EFFECTIVE DATE

JAN 01 2018

FILED J2M
Secretary of State
State of California 65

DEC 29 2017

lcc

**CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION**

Annette Eros and Dan Francis certify that:

1. They are the Chief Executive Officer and Secretary, respectively, of Ronald McDonald House at Stanford, a California non-profit corporation.

2. Article I of the Articles of Incorporation is amended to read as follows:

The name of the Corporation is:

Ronald McDonald House Charities—Bay Area

3. Article II(A) of the Articles of Incorporation is amended to read as follows:


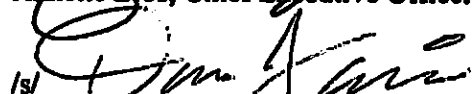
“The specific and primary purposes are to enhance the health and well-being of children by creating a supportive community that keeps families close to each other and essential pediatric medical care.”

4. The foregoing amendment of the Articles of Incorporation has been duly approved by the Board of Directors at a meeting of the Board of Directors held on November 15, 2017.

5. The non-profit corporation has no members.

6. This Certificate of Amendment of Articles of Incorporation is effective as of 12:01 am on January 1, 2018. We further declare under penalty of perjury under the laws of the State of California that the matter set forth in this certificate are true and correct of our own knowledge.

Dated: December 29, 2017


Annette Eros, Chief Executive Officer

Dan Francis, Secretary



I hereby certify that the foregoing transcript of _____ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

JAN 05 2018 65

Date: _____

Alex Padilla

ALEX PADILLA, Secretary of State