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ARMANINO ^{LLP}

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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

Do not enter social security numbers on this form as it may be made public.

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input 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 \$ 11,502,360.	
	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 H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.RMHSTANFORD.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: OFFERS HOUSING, MEALS & SUPPORT TO KEEP SICK KIDS AND THEIR FAMILIES TOGETHER IN A MEDICAL CRISIS.			
	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) 24		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 23		
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 75		
	6	Total number of volunteers (estimate if necessary) 106		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.			
Revenue	8	Contributions and grants (Part VIII, line 1h) 5,721,512.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) 321,293.	8,832,078.	148,916.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 898,794.	543,350.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 190,645.	319,897.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,132,244.	9,844,241.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 70,000.	0.
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,610,162.	3,631,386.	
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) 1,163,181.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,184,355.	5,568,243.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,864,517.	9,199,629.		
19	Revenue less expenses. Subtract line 18 from line 12 -732,273.	644,612.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 100,940,678.	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) 1,504,239.	94,996,212.	952,575.
	22	Net assets or fund balances. Subtract line 21 from line 20 99,436,439.	94,043,637.	

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, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MATTHEW PETROSKI	MATTHEW PETROSKI	11/07/23		P00853132
Preparer Use Only	Firm's name ARMANINO LLP			Firm's EIN 94-6214841	
	Firm's address 50 W. SAN FERNANDO ST, STE 500 SAN JOSE, CA 95113			Phone no. 408-200-6400	

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: OUR MISSION IS TO BE THERE FOR SICK KIDS AND THEIR FAMILIES, PROVIDING COMFORT AND SUPPORT WHEN AND WHERE THEY NEED IT MOST.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,277,467. including grants of \$) (Revenue \$ 148,916.) 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 (RMHCA) HAS PARTNERED WITH LOCAL CHILDREN'S HEALTH CARE SYSTEMS FOR MORE THAN 40 YEARS TO TO PROVIDE WRAPAROUND SERVICES FOR FAMILIES WITH SICK CHILDREN, INCLUDING HOUSING, MEALS, AND SUPPORT SERVICES, THROUGH OUR: SEE SCHEDULE O FOR CONTINUATION.

4b (Code:) (Expenses \$ including grants of \$) (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. EACH PARTNER PLAYS A CRITICAL ROLE IN PROVIDING RMCM SERVICES.

SEE SCHEDULE O FOR CONTINUATION.

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

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

4e Total program service expenses 7,277,467.

Part IV Checklist of Required Schedules

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

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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
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 on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
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 on 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)

Table with 3 columns: Question, Yes, No. Rows include 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8, 9, 10, 11, 12a-12b, 13, 14a-14b, 15, 16, 17.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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, 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
7b	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:		
8a	The governing body?	X	
8b	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 on 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
10b	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	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
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
16b	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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 CYNTHIA SEMENOFF, CFO - 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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA BOUDREAU CEO	40.00	X		X			263,021.	0.	18,393.	
(2) BRIONY SEOANE CHIEF MISSION OFFICER	40.00				X		168,406.	0.	27,781.	
(3) CYNTHIA SEMENOFF CFO	40.00			X			160,125.	0.	32,341.	
(4) JAY MCCULLOUGH VP, PHILANTHROPY	40.00				X		153,228.	0.	23,537.	
(5) NICOLE WILLIAMS SR. DIRECTOR, DEVELOPMENT & MARKETING	40.00				X		121,346.	0.	23,908.	
(6) JUAN HERNANDEZ VP, CORP & COMMUNITY ENGAGEMENT	40.00				X		122,010.	0.	16,369.	
(7) MARTHA HERNANDEZ DIRECTOR, FAMILIES AND WELLNESS	40.00				X		116,029.	0.	16,301.	
(8) HEATHER PIETSCH PRESIDENT	1.00	X		X			0.	0.	0.	
(9) AMY OLIVER IMMEDIATE PAST PRESIDENT	1.00	X		X			0.	0.	0.	
(10) BRAD LYMAN VICE PRESIDENT (THROUGH 3/22)	1.00	X		X			0.	0.	0.	
(11) VANIA SANTELLA TREASURER	1.00	X		X			0.	0.	0.	
(12) KATTY COULSON SECRETARY	1.00	X		X			0.	0.	0.	
(13) CECILIA AVILES DIRECTOR	1.00	X					0.	0.	0.	
(14) EILEEN BOCCI-CAMPBELL DIRECTOR	1.00	X					0.	0.	0.	
(15) LISA CASWELL DIRECTOR	1.00	X					0.	0.	0.	
(16) ANTHONY EWELL DIRECTOR	1.00	X					0.	0.	0.	
(17) LEE ANN FREEMAN 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROSS GLASSER DIRECTOR	1.00	X						0.	0.	0.
(19) WILLIE HERNANDEZ DIRECTOR	1.00	X						0.	0.	0.
(20) GERRY HINKLEY DIRECTOR	1.00	X						0.	0.	0.
(21) LINDA HOWELL DIRECTOR	1.00	X						0.	0.	0.
(22) BRAD KOENIG DIRECTOR	1.00	X						0.	0.	0.
(23) BOB MCINTIRE DIRECTOR	1.00	X						0.	0.	0.
(24) KELLEY MEADE DIRECTOR	1.00	X						0.	0.	0.
(25) CHRISTOPHE MOSBY DIRECTOR	1.00	X						0.	0.	0.
(26) SOLOMON MOSHKEVICH DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,104,165.	0.	158,630.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,104,165.	0.	158,630.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CATERED TOO, INC. 325 DEMETER ST., EAST PALO ALTO, CA 94303	MEALS FOR FAMILIES	365,533.
SHARON HEIGHTS 2900 SAND HILL ROAD, MENLO PARK, CA 94025	FUNDRAISING EVENT	119,682.
SYSCO 5900 STEWART AVE., FREMONT, CA 94538	FOOD AND FOOD SERVICE PRODUCTS	115,601.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RICHARD SEILER DIRECTOR	1.00	X						0.	0.	0.
(28) RISHI SETH DIRECTOR	1.00	X						0.	0.	0.
(29) GREG SINIGIANI DIRECTOR	1.00	X						0.	0.	0.
(30) DAVID THOMAS DIRECTOR	1.00	X						0.	0.	0.
(31) SEAN TRUESDALE DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	5,085.				
	b Membership dues	1b					
	c Fundraising events	1c	197,816.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	826,401.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,802,776.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,813,798.				
	h Total. Add lines 1a-1f			8,832,078.			
Program Service Revenue	2 a LPCH FEE FOR SERVICES	Business Code					
		624100	96,939.	96,939.			
	b PROGRAM SERVICE REV	624100	51,257.	51,257.			
	c ROOM DONATIONS	624100	720.	720.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			148,916.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		625,946.			625,946.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				1,367,171.			
	b Less: cost or other basis and sales expenses	7b	1,449,767.				
c Gain or (loss)	7c	-82,596.					
d Net gain or (loss)			-82,596.		-82,596.		
8 a Gross income from fundraising events (not including \$ 197,816. of contributions reported on line 1c). See Part IV, line 18	8a		524,304.				
			208,352.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			315,952.		315,952.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		624100	3,945.			3,945.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			3,945.				
12 Total revenue. See instructions			9,844,241.	148,916.	0.	863,247.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 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	473,881.	112,566.	248,749.	112,566.
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	2,480,439.	1,817,714.	124,528.	538,197.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,507.	51,008.	5,678.	15,821.
9 Other employee benefits	377,447.	265,532.	29,558.	82,357.
10 Payroll taxes	227,112.	149,894.	27,253.	49,965.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	61,079.		61,079.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	104,048.		104,048.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	126,744.	89,070.	15,155.	22,519.
12 Advertising and promotion	73,039.	48,247.	8,750.	16,042.
13 Office expenses	100,731.	86,887.	6,730.	7,114.
14 Information technology	226,861.	97,293.	26,590.	102,978.
15 Royalties				
16 Occupancy	482,589.	468,598.	9,327.	4,664.
17 Travel	23,709.	15,648.	2,845.	5,216.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	34,475.	21,252.	3,897.	9,326.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,541,446.	1,495,203.	30,829.	15,414.
23 Insurance	86,416.	83,824.	1,728.	864.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES - OTHER	2,282,309.	2,245,051.	22,354.	14,904.
b DONOR ENGAGEMENT AND AC	106,623.			106,623.
c _____				
d _____				
e All other expenses _____	318,174.	229,680.	29,883.	58,611.
25 Total functional expenses. Add lines 1 through 24e	9,199,629.	7,277,467.	758,981.	1,163,181.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	19,169.	1	18,548.
	2 Savings and temporary cash investments	9,362,500.	2	9,207,541.
	3 Pledges and grants receivable, net	694,166.	3	838,797.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	83,151.	9	82,717.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 53,872,279.		
	b Less: accumulated depreciation	10b 16,554,975.		
	11 Investments - publicly traded securities	36,941,882.	10c	37,317,304.
	12 Investments - other securities. See Part IV, line 11	32,582,301.	11	26,025,960.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	21,257,509.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	100,940,678.	15	21,505,345.	
		16	94,996,212.	
Liabilities	17 Accounts payable and accrued expenses	843,777.	17	885,486.
	18 Grants payable		18	
	19 Deferred revenue	51,047.	19	67,089.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	609,415.	25	0.
	26 Total liabilities. Add lines 17 through 25	1,504,239.	26	952,575.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	52,106,741.	27	52,718,604.
	28 Net assets with donor restrictions	47,329,698.	28	41,325,033.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	99,436,439.	32	94,043,637.
	33 Total liabilities and net assets/fund balances	100,940,678.	33	94,996,212.

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	9,844,241.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,199,629.
3	Revenue less expenses. Subtract line 2 from line 1	3	644,612.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	99,436,439.
5	Net unrealized gains (losses) on investments	5	-5,805,266.
6	Donated services and use of facilities	6	-242,148.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	10,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	94,043,637.

Part XII Financial Statements and Reporting

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

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

Form 990 (2022)

**SCHEDULE A
(Form 990)**

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

2022

Open to Public
Inspection

Name of the organization	RONALD MCDONALD HOUSE CHARITIES - BAY AREA	Employer identification number	94-2538615
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,185,639.	4,693,931.	5,587,347.	5,721,512.	8,832,078.	31,020,507.
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	6,185,639.	4,693,931.	5,587,347.	5,721,512.	8,832,078.	31,020,507.
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)						1,941,745.
6 Public support. Subtract line 5 from line 4.						29,078,762.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	6,185,639.	4,693,931.	5,587,347.	5,721,512.	8,832,078.	31,020,507.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	607,663.	794,467.	559,107.	623,737.	625,946.	3,210,920.
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.)	1,124,827.	761,289.	25,379.	317,631.	528,249.	2,757,375.
11 Total support. Add lines 7 through 10						36,988,802.
12 Gross receipts from related activities, etc. (see instructions)					12	1,851,089.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	78.62 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	75.41 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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 on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 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 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

Schedule A (Form 990) 2022

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

2018 AMOUNT: \$ 70,258.

2019 AMOUNT: \$ 13,056.

2020 AMOUNT: \$ 25,379.

2021 AMOUNT: \$ 438.

2022 AMOUNT: \$ 3,945.

GAMING INCOME

2018 AMOUNT: \$ 150,100.

EVENT INCOME

2018 AMOUNT: \$ 904,469.

2019 AMOUNT: \$ 748,233.

2021 AMOUNT: \$ 317,193.

2022 AMOUNT: \$ 524,304.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization 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	_____ _____ _____	\$ 374,132.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 210,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 332,612.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 339,682.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,124,032.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,633,313.	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 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
1	PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 336,136.	12/31/22
5	FAMILY SUPPLIES <hr/> <hr/> <hr/>	\$ 1,124,032.	12/31/22
6	INTEREST IN LLC <hr/> <hr/> <hr/>	\$ 1,633,313.	12/31/22
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

2022

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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	31,807,312.	30,040,225.	27,403,452.	18,781,138.	20,213,983.
b Contributions				4,913,684.	750,360.
c Net investment earnings, gains, and losses	-5,385,964.	2,923,087.	3,675,773.	4,668,630.	-1,403,205.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,263,000.	1,156,000.	1,039,000.	960,000.	780,000.
f Administrative expenses					
g End of year balance	25,158,348.	31,807,312.	30,040,225.	27,403,452.	18,781,138.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 20.5077 %
 - b Permanent endowment 38.9920 %
 - c Term endowment 40.5003 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		50,911,748.	15,717,652.	35,194,096.
c Leasehold improvements				
d Equipment		911,062.	794,885.	116,177.
e Other		2,049,469.	42,438.	2,007,031.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				37,317,304.

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	21,015,361.
(2) OTHER ASSETS	489,984.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	21,505,345.

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 FASB 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	6,126,467.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-5,805,266.	
b	Donated services and use of facilities	2b	2,140,486.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-3,664,780.
3	Subtract line 2e from line 1		3	9,791,247.
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	104,048.	
b	Other (Describe in Part XIII.)	4b	-51,054.	
c	Add lines 4a and 4b		4c	52,994.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	9,844,241.

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	11,519,269.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,382,634.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	41,054.	
e	Add lines 2a through 2d		2e	2,423,688.
3	Subtract line 2e from line 1		3	9,095,581.
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	104,048.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	104,048.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	9,199,629.

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 RMHCBA. ALL ENDOWMENT GIFTS STIPULATE THAT THE

PRINCIPAL REMAIN INTACT AND THAT INVESTMENT EARNINGS BE EXPENDED ON HOUSE

OPERATIONS. THE RMHCBA 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 2022 THE BOARD OF DIRECTORS

APPROPRIATED \$1,263,000 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 RMHCBA 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, 2022, 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	-51,054.
-----------------------	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT TO GRANT EXPENSES ACCRUED FOR PRIOR YEARS	-10,000.
SPECIAL EVENT EXPENSES	51,054.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	41,054.

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 NONE	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	722,120.			722,120.
	2 Less: Contributions	197,816.			197,816.
	3 Gross income (line 1 minus line 2)	524,304.			524,304.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	34,297.			34,297.
	7 Food and beverages	84,277.			84,277.
	8 Entertainment				
	9 Other direct expenses	89,778.			89,778.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				208,352.
11 Net income summary. Subtract line 10 from line 3, column (d)				315,952.	

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

**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.

2022

**Open to Public
Inspection**

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 checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

- | | |
|---|---|
| <input 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		X
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAURA BOUDREAU CEO	(i)	247,213.	15,286.	522.	13,299.	5,094.	281,414.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIONY SEOANE CHIEF MISSION OFFICER	(i)	168,289.	0.	117.	8,700.	19,081.	196,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CYNTHIA SEMENOFF CFO	(i)	157,092.	2,262.	771.	8,366.	23,975.	192,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAY MCCULLOUGH VP, PHILANTHROPY	(i)	150,164.	2,526.	538.	7,697.	15,840.	176,765.	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)							

Part III Supplemental Information

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

PART I, LINE 1A:

DURING THE NOVEMBER 16, 2022 BOARD MEETING, THE BOARD MET IN EXECUTIVE SESSION AND APPROVED UP TO TOTAL AMOUNT OF \$50K IN EMPLOYEE BONUSES FOR ALL EMPLOYEES AS RECOGNITION FOR STAFF EFFORTS AND SUCCESS DURING THE CURRENT YEAR. ALLOCATION OF BONUS AMOUNTS WAS DELEGATED TO THE CEO AND BOARD PRESIDENT. THE PAYMENTS WERE GROSSED UP FOR TAXES.

PART I, LINE 7:

DURING THE NOVEMBER 16, 2022 BOARD MEETING, THE BOARD MET IN EXECUTIVE SESSION AND APPROVED UP TO TOTAL AMOUNT OF \$50K IN EMPLOYEE BONUSES FOR ALL EMPLOYEES AS RECOGNITION FOR STAFF EFFORTS AND SUCCESS DURING THE CURRENT YEAR. ALLOCATION OF BONUS AMOUNTS WAS DELEGATED TO THE CEO AND BOARD PRESIDENT. THE PAYMENTS WERE GROSSED UP FOR TAXES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **RONALD MCDONALD HOUSE CHARITIES**
- 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	X	59	44,655.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	92	440,269.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (TOYS/HOUSEHOLD)	X	509	1,695,741.	COST OF COMPARABLE G
26 Other (INTEREST IN LLC)	X	1	1,633,133.	FMV
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 V, Donee Acknowledgement **29** 0

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

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

Schedule M (Form 990) 2022

Part II

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

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USED THE THIRD-PARTY ENTITY CAREASY TO ASSIST WITH THE VEHICLE DONATION PROGRAM.

SCHEDULE M, PART II, LINE 25:

DONATED GOODS RECEIVED FROM VARIOUS DONORS INCLUDING, TOYS AND HOUSEHOLD ITEMS UTILIZED BY THE HOUSE TO FULFILL ITS MISSION BY DEFRAYING COSTS THAT WOULD OTHERWISE BE INCURRED FOR PROGRAM SERVICES.

SCHEDULE M, PART II, LINE 26:

DURING 2022, RMHC BAY AREA WAS DONATED A 33% INTEREST IN AN LLC OPERATING INVESTMENTS IN REAL ESTATE. THE DONATED INTEREST IN THE LLC IS VALUED BASED ON RMHC BAY AREA'S PERCENTAGE INTEREST OF TOTAL SELLING PRICE OF THE PROPERTY SOLD BY THE LLC DURING 2022.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization RONALD MCDONALD HOUSE CHARITIES - BAY AREA	Employer identification number 94-2538615
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FORM 990 PART III LINE 4A, DESCRIPTION OF PROGRAM SERVICE

- STANFORD HOUSE (FOUNDED IN 1979): 123-BEDROOM HOUSE NEAR LUCILE

PACKARD CHILDREN'S HOSPITAL. PROGRAMMING INCLUDES 24/7 FAMILY SUPPORT

SERVICES, YOUTH PROGRAMS, ON-SITE SCHOOL, SEASONAL DAY CAMPS, MEGABITES

MEAL PROGRAM, AND MORE.

- SAN FRANCISCO HOUSE (FOUNDED IN 1989): TODAY, WE OPERATE 11-BEDROOMS

INSIDE UCSF BENIOFF CHILDREN'S HOSPITAL SAN FRANCISCO. WHILE OUR

DAY-USE SERVICES HAVE GROWN RAPIDLY, ANNUALLY WE SERVE MORE THAN 30,000

CLIENTS THROUGH OUR HOUSING, MEAL SERVICES AND OTHER PROGRAMS.

- OAKLAND HOUSE (OPENING 2023): 7-BEDROOM HOUSE ACROSS FROM UCSF

BENIOFF CHILDREN'S HOSPITAL OAKLAND. THE HOUSE WILL PROVIDE SEVEN

BEDROOMS FOR OVERNIGHT ACCOMMODATIONS FOR CHILDREN RECOVERING FROM BONE

MARROW TRANSPLANTS, AS THEY REQUIRE EXTENDED POST-TRANSPLANT STAYS IN A

SPECIALIZED ENVIRONMENT FOR IMMUNOCOMPROMISED CHILDREN. THE HOUSE WILL

ALSO OFFER A HOMEBASE FOR OUR FEED THE LOVE MEAL PROGRAM, WHICH

PROVIDES 725 WEEKDAY MEALS TO FAMILIES AT THE HOSPITAL AND FOR ANY

FAMILY ACCESSING CARE.

- HOSPITAL-BASED PROGRAMS AT STANFORD, SAN FRANCISCO, AND OAKLAND

SITES, E.G., BEDSIDE VISITS, DAILY MEALS, AND SUPPORT SERVICES

- 2 RONALD MCDONALD CARE MOBILES OFFERING FREE ORAL HEALTH CARE

SERVICES TO UNDERSERVED CHILDREN IN SANTA CLARA AND CONTRA COSTA

COUNTIES

RMHCBA'S COMPREHENSIVE SERVICES CREATE A CONTINUUM OF FAMILY-CENTERED

CARE THAT INCLUDES: FREE SHORT- AND LONG-TERM HOUSING SERVICES FOR

FAMILIES DISPLACED BY MEDICAL CRISES; MEAL SUPPORT; IN-HOSPITAL

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization RONALD MCDONALD HOUSE CHARITIES - BAY AREA	Employer identification number 94-2538615
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PROGRAMS, AND COMPREHENSIVE FAMILY SERVICES, INCLUDING
 CULTURALLY-RELEVANT PSYCHOSOCIAL SUPPORT, FAMILY RECREATION AND
 WELLNESS, AND CHILD ENRICHMENT SUCH AS DAY CAMPS AND K-12 EDUCATIONAL
 SERVICES. RMHCBA RELIES ON INDIVIDUAL AND ORGANIZATIONAL DONORS TO
 ADVANCE OUR MISSION TO BE THERE FOR SICK KIDS AND THEIR FAMILIES,
 PROVIDING COMFORT AND SUPPORT WHEN AND WHERE THEY NEED IT MOST.

RONALD MCDONALD HOUSE CHARITIES BAY AREA SERVES FAMILIES WITH SICK
 CHILDREN ACCESSING ADVANCED PEDIATRIC CARE AT OUR PARTNER HOSPITALS,
 UCSF BENIOFF CHILDREN'S HOSPITALS IN SAN FRANCISCO AND OAKLAND AND
 LUCILE PACKARD CHILDREN'S HOSPITAL STANFORD. OUR FIRST RONALD MCDONALD
 HOUSE PROGRAM IN SAN FRANCISCO WAS ESTABLISHED IN JANUARY 1989 WITH OUR
 HOUSE ON SCOTT STREET. TODAY, WE OPERATE RONALD MCDONALD HOUSE SAN
 FRANCISCO, LOCATED INSIDE UCSF BENIOFF CHILDREN'S HOSPITAL, ALONG WITH
 OUR 123-BEDROOM RONALD MCDONALD HOUSE AT STANFORDWHICH IS ONE OF THE
 LARGEST RONALD MCDONALD HOUSES IN THE WORLDAND IN 2023, RMHCBA WILL BE
 ESTABLISHING THE FIRST RONALD MCDONALD HOUSE IN OAKLAND, LOCATED JUST
 STEPS AWAY FROM UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND. RMHCBA ALSO
 OPERATES 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 LIFESAVING 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
 MOSTTHEIR SCHOOLS AND COMMUNITIES.

Name of the organization RONALD MCDONALD HOUSE CHARITIES - BAY AREA	Employer identification number 94-2538615
---	--

WE WERE ABLE TO ACCOMPLISH THE FOLLOWING IN 2022:

WE PROVIDED \$15,800,000 WORTH OF SUPPORTIVE HOUSING SERVICES.

WE DELIVERED 1,339 SNACK PACKS TO FAMILIES AT THE HOSPITAL.

WE SERVED 93,300 MEALS FOR FAMILIES WITH HOSPITALIZED CHILDREN AT LUCILE PACKARD CHILDREN'S HOSPITAL STANFORD AND UCSF BENIOFF CHILDREN'S HOSPITALS IN SAN FRANCISCO AND OAKLAND, OFFSETTING 1.2 MILLION IN MEAL EXPENSES.

WE DISTRIBUTED 53,289 LBS. OF FOOD DISTRIBUTED THANKS TO OUR SECOND HARVEST FOOD BANK PARTNERSHIP.

WE PROVIDED MORE THAN 34,300 OVERNIGHT STAYS FOR FAMILIES.

STRATEGIC PARTNERS DONATED \$1.5 MILLION OF IN-KIND SUPPORT.

WE PROVIDED 2,300 HOURS OF PSYCHOSOCIAL SUPPORT THROUGH OUR FAMILY SUPPORT SERVICES PROGRAM.

OUR COMMUNITY RALLIED DURING OUR HOLIDAY COMFORT & JOY DRIVE TO PROVIDE OVER 5,000 TOYS AND CARE ITEMS WITH AN ESTIMATED VALUE OF \$100,000.

172 STUDENTS ENROLLED IN OUR K-12 RONALD MCDONALD HOUSE SCHOOL.

WE SERVE A DIVERSE POPULATION OF FAMILIES, WITH 20% COMING FROM FEDERALLY DESIGNATED MEDICALLY UNDERSERVED COMMUNITIES, 81% OF OUR FAMILIES EARN LESS THAN \$47,000 ANNUALLY AND A THIRD SPEAKING ONLY SPANISH. FAMILY DEMOGRAPHICS INCLUDE HISPANIC (39%), CAUCASIAN (39%), ASIAN/PACIFIC ISLANDER (7%), OTHER (6%), AFRICAN AMERICAN (5%), MULTI-ETHNIC (2%), AND NATIVE AMERICAN/ALASKAN (2%). TOP CLINICAL SERVICES ACCESSED BY FAMILIES AT STANFORD INCLUDE: CARDIOLOGY AND HEART TRANSPLANTS (41%), ONCOLOGY (13%), LIVER AND KIDNEY TRANSPLANTS (12%), AND NEUROSURGERY (11%). TOP CLINICAL SERVICES ACCESSED BY SAN FRANCISCO FAMILIES INCLUDE: NICU (23%), CARDIOLOGY (19%), AND PEDIATRIC SURGERY

Name of the organization RONALD MCDONALD HOUSE CHARITIES - BAY AREA	Employer identification number 94-2538615
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(11%).

RELYING ON COMMUNITY SUPPORT

RMHCBA RECEIVES 97% OF ITS OPERATING REVENUE FROM PRIVATE

CONTRIBUTIONS, INCLUDING INDIVIDUAL SUPPORTERS, ENDOWMENT INCOME, EVENT

ATTENDEES AND SPONSORS, FOUNDATIONS, AND CORPORATIONS, AND IN-KIND

SUPPORT. GRATEFUL FAMILIES DONATE TO SUPPORT OUR COMPREHENSIVE

PROGRAMMING FOR FAMILIES LIKE THEM; HOWEVER NO FAMILY IS EVER TURNED

AWAY FOR AN INABILITY TO MAKE A CONTRIBUTION, MAKING DONOR SUPPORT

CRITICAL TO OUR SUSTAINABILITY AND ENABLES RMHCBA TO HELP THOUSANDS OF

FAMILIES ANNUALLY. IN 2022, 3% OF REVENUE WAS EARNED INCOME, INCLUDING

STATE-FUNDED AGENCIES (BASED ON FAMILY ELIGIBILITY FOR MEDICAL

REIMBURSEMENTS).

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

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 B, LINE 11B:

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE

Name of the organization RONALD MCDONALD HOUSE CHARITIES - BAY AREA	Employer identification number 94-2538615
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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
 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 2022.

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

Name of the organization RONALD MCDONALD HOUSE CHARITIES - BAY AREA	Employer identification number 94-2538615
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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. IN 2014, RMHCBA
 RECOGNIZED AS REVENUE AND A RELATED ASSET 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, 2022 IS AS FOLLOWS:

NONCURRENT PORTION OF BENEFICIAL USE OF LAND: \$49,403,958

LESS: DISCOUNT TO NET PRESENT VALUE: (28,388,597)

NONCURRENT PORTION OF CONTRIBUTION RECEIVABLE, NET: 21,015,361

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

NET BENEFICIAL USE OF LAND: \$19,081,361

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

ADJUSTMENT TO GRANT EXPENSES ACCRUED FOR PRIOR YEARS 10,000.