

CLIENT 21-217

**LEAF & COLE, LLP
2810 CAMINO DEL RIO SOUTH, SUITE 200
SAN DIEGO, CA 92108
619.294.7200**

September 30, 2022

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.
2929 CHILDREN'S WAY
SAN DIEGO, CA 92123

Dear Client:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2021 Federal Exempt Organization Business Income Tax Return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2021 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your 2021 California Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. There is an overpayment of \$786 of which \$786 has been applied to your 2022 estimated tax. Mail the California return on or before November 15, 2022 to:

**FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0700**

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$400 payable by November 15, 2022. Make the check or money order payable to "Department of Justice" and mail your California report on or before November 15, 2022 to:

**REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470**

Your estimated tax schedule for 2022 is listed below:

Due Date		California
4/18/22	\$	0
6/15/22		264
9/15/22		0
12/15/22		450

	\$	714

Please be sure to call us if you have any questions.

Sincerely,

LATONYA M. KNOX

LEAF & COLE, LLP

2810 CAMINO DEL RIO SOUTH, SUITE 200
SAN DIEGO, CA 92108
619.294.7200

Client 21-217
September 30, 2022

**RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.**
2929 CHILDREN'S WAY
SAN DIEGO, CA 92123
858-467-4750

FEDERAL FORMS

Form 990	2021 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule D	Schedule D
Schedule G	Fundraising or Gaming Activities
Schedule J	Schedule J
Schedule M	Non-Cash Contributions
Schedule O	Supplemental Information
Form 4562	Depreciation and Amortization
Form 8868	Application for Extension
Form 990-T	2021 Exempt Organization Bus. Income Tax Return
Schedule A (990-T)	Schedule A (990-T)
Form 8868 (T)	Application for Extension
	Depreciation Schedules
Form 8879-TE	IRS e-file Signature Authorization

CALIFORNIA FORMS

Form 199	2021 California Exempt Organization Return
Schedule B	Schedule of Contributors
Form 3885 (199)	Depreciation and Amortization - Corp.
Form 8453-EO	California e-file Return Authorization for Exempt
Form 109	2021 California Exempt Org. Bus. Inc. Tax Return
Form 100-ES	Estimated Tax - Corporations
Form RRF-1	2022 Registration/Renewal Fee Report
	California Depreciation Schedules

FEE SUMMARY

Preparation Fee

Please make checks payable to: Leaf & Cole, LLP

2021

GENERAL INFORMATION

PAGE 1

CLIENT 21-217

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

95-3251490

10/04/22

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FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH J, SCH M, SCH O, 4562, 8868
990-T

CALIFORNIA: 199, SCH B, 3885, 8453-EO, E-FILE INSTRUCTIONS, 109, 100-ES, RRF-1

TAX RATES

<u>UNRELATED BUSINESS</u>	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	0. %	0. %
CALIFORNIA	8.8 %	8.8 %

CARRYOVERS TO 2022

FEDERAL CARRYOVERS

PRE-2018 NET OPERATING LOSS

8,124.

2021

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

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CLIENT 21-217

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

95-3251490

10/04/22

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	2021	2020	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	7,583,480	4,546,009	3,037,471
PROGRAM SERVICE REVENUE.....	301,868	317,419	-15,551
INVESTMENT INCOME.....	1,165,911	527,992	637,919
OTHER REVENUE.....	3,340,926	2,322,665	1,018,261
TOTAL REVENUE.....	12,392,185	7,714,085	4,678,100
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	3,031,345	2,867,340	164,005
PROFESSIONAL FUNDRAISING EXPENSES.....	144,553	130,942	13,611
OTHER EXPENSES.....	3,562,106	3,224,529	337,577
TOTAL EXPENSES.....	6,738,004	6,222,811	515,193
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	5,654,181	1,491,274	4,162,907
TOTAL ASSETS AT END OF YEAR.....	45,974,745	40,995,448	4,979,297
TOTAL LIABILITIES AT END OF YEAR.....	7,461,486	9,251,704	-1,790,218
NET ASSETS/FUND BALANCES AT END OF YEAR.	38,513,259	31,743,744	6,769,515

2021 FEDERAL UNRELATED BUSINESS INCOME TAX SUMMARY PAGE 1**RONALD MCDONALD HOUSE CHARITIES OF SAN****CLIENT 21-217****DIEGO, INC.****95-3251490**

10/04/22

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	2021	2020	DIFF
REVENUE			
NET UNRELATED DEBT-FIN INCOME (LOSS).....	16,997	0	16,997
TOTAL REVENUE.....	16,997	0	16,997
DEDUCTIONS			
DEPRECIATION.....	4,647	0	4,647
LESS DEPRECIATION CLAIMED ELSEWHERE.....	4,647	0	4,647
TOTAL DEDUCTIONS.....	0	0	0
UNRELATED BUSINESS TAXABLE INCOME BEFORE	16,997	0	16,997
UNRELATED BUSINESS TAXABLE INCOME.....	16,997	0	16,997
TOTAL UNRELATED BUSINESS TAXABLE INCOME			
TOTAL UNRELATED BUSINESS TAXABLE INCOME..	16,997	0	16,997
UNRELATED BUSINESS TAXABLE INCOME BEFORE	16,997	0	16,997
NET OPERATING LOSS DEDUCTION PRE-2018....	16,997	0	16,997
SPECIFIC DEDUCTION.....	1,000	0	1,000
UNRELATED BUSINESS TAXABLE INCOME.....	0	0	0
TAX COMPUTATION			
INCOME TAX.....	0	0	0
TAX AND PAYMENTS			
TOTAL TAX.....	0	0	0
TOTAL PAYMENTS AND CREDITS.....	0	0	0
REFUND OR AMOUNT DUE			
TAX DUE.....	0	0	0
OVERPAYMENT.....	0	0	0

2021**CALIFORNIA 199 TAX SUMMARY**
RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.**PAGE 1****CLIENT 21-217****95-3251490**

10/04/22

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RECEIPTS AND REVENUES

GROSS SALES OR RECEIPTS.....	13,208,008
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	7,583,480
TOTAL GROSS RECEIPTS.....	20,791,488
TOTAL COSTS.....	4,323,928
TOTAL GROSS INCOME.....	16,467,560

EXPENSES

TOTAL EXPENSES.....	10,813,379
EXCESS RECEIPTS OVER EXPENSES.....	5,654,181

FILING FEE

FILING FEE.....	0
BALANCE DUE.....	0

2021

CALIFORNIA 109 TAX SUMMARY
RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

PAGE 1

CLIENT 21-217

95-3251490

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UNRELATED BUSINESS TAXABLE INCOME

UNRELATED BUSINESS TAXABLE INCOME..... 15,997

TAX COMPUTATION

NET UNRELATED BUSINESS TAXABLE INCOME..... 15,997

TAX..... 1,414

LESS CREDITS..... 0

BALANCE..... 1,414

TOTAL TAX..... 1,414

PAYMENTS

ESTIMATED TAX PAYMENTS..... 2,200

TOTAL PAYMENTS..... 2,200

REFUND OR AMOUNT DUE

OVERPAYMENT..... 786

OVERPAYMENT CREDITED TO NEXT YEAR..... 786

TOTAL AMOUNT DUE..... 0

2021

FEDERAL WORKSHEETS

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RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

95-3251490

10/04/22

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RENTAL INCOME WORKSHEET
FORM 990

MEETING ROOM RENTAL

GROSS RENTAL INCOME.....	\$	54,125.
EXPENSES		
DEPRECIATION.....		4,647.
INTEREST.....		1,430.
REPAIRS.....		624.
UTILITIES.....		693.
WAGES AND SALARIES.....		15,382.
TOTAL EXPENSES.....	\$	22,776.
NET RENTAL INCOME OR LOSS	\$	<u>31,349.</u>

SPECIAL EVENTS WORKSHEET

SPECIAL EVENT	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME OR LOSS
RED SHOE DAY	\$ 390,579.	\$ 388,648.	\$ 1,931.	\$ 193,636.	\$ -191,705.
GOLF TOURNAMENT	306,720.	202,420.	104,300.	80,892.	23,408.
SUBTOTAL	\$ 697,299.	\$ 591,068.	\$ 106,231.	\$ 274,528.	\$ -168,297.
DINNER WITH FRIENDS	103,694.	31,200.	72,494.	18,344.	54,150.
TABLES FOR TOTS	100,540.	100,540.	0.	0.	0.
*SUBTOTAL	\$ 204,234.	\$ 131,740.	\$ 72,494.	\$ 18,344.	\$ 54,150.
TOTAL	<u>\$ 901,533.</u>	<u>\$ 722,808.</u>	<u>\$ 178,725.</u>	<u>\$ 292,872.</u>	<u>\$ -114,147.</u>

*EVENTS COMBINED ON THE RETURN AS THE THIRD EVENT.

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR.....	0.
2. PURCHASES.....	1,498.
3. COST OF LABOR.....	0.
4. ADDITIONAL 263A COSTS.....	0.
5. OTHER COSTS.....	0.
6. TOTAL (ADD LINES 1 THROUGH 5).....	<u>1,498.</u>
7. INVENTORY AT END OF YEAR.....	<u>0.</u>
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6).....	<u>1,498.</u>

2021

FEDERAL WORKSHEETS

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CLIENT 21-217

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

95-3251490

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FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	4,335,664.	4,335,664.	PART IX, LINE 25, COL. B
GRANTS	0.	0.	PART IX, LINES 1-3, COL. B
REVENUE	301,868.	301,868.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
OTHER PROFESSIONAL FEES	51,042.		42,747.	8,295.
TOTAL	\$ 51,042.	\$ 0.	\$ 42,747.	\$ 8,295.

EXCESS CONTRIBUTIONS
SCHEDULE A, PART II, LINE 5

	2017	2018	2019	2020	2021	TOTAL	2% AMT	EXCESS
BESSEMER TR: CAROLE SACHS/JMS FUND	0	500,000	50,000	275,000	450,000	1,275,000	821,788	453,212
	<u>0</u>	<u>500,000</u>	<u>50,000</u>	<u>275,000</u>	<u>450,000</u>	<u>1,275,000</u>	<u>821,788</u>	<u>453,212</u>

2021

CALIFORNIA WORKSHEETS
RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

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LATE PAYMENT PENALTY (FORM 109)

TAX DUE

MONTHLY PENALTY

0.

5% PENALTY

LATE PAYMENT PENALTY

0.

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

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

OMB No. 1545-0047

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Taxpayer identification number (TIN)
	RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.		95-3251490
	Number, street, and room or suite number. If a P.O. box, see instructions.		
	2929 CHILDREN'S WAY		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	SAN DIEGO, CA 92123		

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

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

• The books are in the care of ► NICOLE DEBERG

Telephone No. ► 858-598-2431 Fax No. ► _____

• If the organization does not have an office or place of business in the United States, check this box ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ... ► ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2021 or
 ► ☐ tax year beginning _____, 20____, and ending _____, 20____.

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

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

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Return of Organization Exempt From Income Tax

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

2021Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20																												
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC. 2929 CHILDREN'S WAY SAN DIEGO, CA 92123</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: CHARLES DAY SAME AS C ABOVE</td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>I Tax-exempt status:</td> <td>☒ 501(c)(3)</td> <td>☐ 501(c) () (insert no.)</td> <td>☐ 4947(a)(1) or</td> <td>☐ 527</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>J Website: ▶ WWW.RMHCSD.ORG</td> <td>H(a) Is this a group return for subordinates? ☐ Yes ☒ No</td> </tr> <tr> <td>K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶</td> <td>H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions.</td> </tr> <tr> <td>L Year of formation: 1978</td> <td>M State of legal domicile: CA</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>95-3251490</td> </tr> <tr> <td>E Telephone number</td> <td>858-467-4750</td> </tr> <tr> <td>G Gross receipts \$</td> <td>20,791,488.</td> </tr> </table> </td> </tr> </table>	C RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC. 2929 CHILDREN'S WAY SAN DIEGO, CA 92123		F Name and address of principal officer: CHARLES DAY SAME AS C ABOVE		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>I Tax-exempt status:</td> <td>☒ 501(c)(3)</td> <td>☐ 501(c) () (insert no.)</td> <td>☐ 4947(a)(1) or</td> <td>☐ 527</td> </tr> </table>		I Tax-exempt status:	☒ 501(c)(3)	☐ 501(c) () (insert no.)	☐ 4947(a)(1) or	☐ 527	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>J Website: ▶ WWW.RMHCSD.ORG</td> <td>H(a) Is this a group return for subordinates? ☐ Yes ☒ No</td> </tr> <tr> <td>K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶</td> <td>H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions.</td> </tr> <tr> <td>L Year of formation: 1978</td> <td>M State of legal domicile: CA</td> </tr> </table>		J Website: ▶ WWW.RMHCSD.ORG	H(a) Is this a group return for subordinates? ☐ Yes ☒ No	K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions.	L Year of formation: 1978	M State of legal domicile: CA	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>95-3251490</td> </tr> <tr> <td>E Telephone number</td> <td>858-467-4750</td> </tr> <tr> <td>G Gross receipts \$</td> <td>20,791,488.</td> </tr> </table>		D Employer identification number	95-3251490	E Telephone number	858-467-4750	G Gross receipts \$	20,791,488.
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC. (RMHC-SD) PROVIDES COMFORT, STRENGTH, AND STABILITY BY OFFERING A "HOME-AWAY-FROM-HOME" FOR FAMILIES WITH CHILDREN BEING TREATED FOR SERIOUS, OFTEN LIFE-THREATENING CONDITIONS AT LOCAL SAN DIEGO HOSPITALS.</u>		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	52
	6 Total number of volunteers (estimate if necessary)	6	220
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	16,997.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,546,009.	7,583,480.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	317,419.	301,868.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	527,992.	1,165,911.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,322,665.	3,340,926.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,714,085.	12,392,185.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,867,340.	3,031,345.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	130,942.	144,553.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,458,744.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,224,529.	3,562,106.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,222,811.	6,738,004.
19 Revenue less expenses. Subtract line 18 from line 12	1,491,274.	5,654,181.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	40,995,448.	45,974,745.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,251,704.	7,461,486.
22 Net assets or fund balances. Subtract line 21 from line 20	31,743,744.	38,513,259.	

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		
	NICOLE DEBERG		CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	LATONYA M. KNOX	LATONYA M. KNOX	9/30/22		P00513874
	Firm's name ▶ LEAF & COLE, LLP			Firm's EIN ▶ 95-2076568	
	Firm's address ▶ 2810 CAMINO DEL RIO SOUTH, SUITE 200 SAN DIEGO, CA 92108			Phone no. 619.294.7200	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 4,335,664. including grants of \$) (Revenue \$ 301,868.)

RMHC-SD IS A "HOME-AWAY-FROM-HOME" FOR FAMILIES WITH CHILDREN BEING TREATED FOR SERIOUS, OFTEN LIFE-THREATENING CONDITIONS AT LOCAL SAN DIEGO HOSPITALS. THE ORGANIZATION OPERATES A 48-BEDROOM RONALD MCDONALD HOUSE (THE "HOUSE"), WHICH WAS COMPLETED IN 2009, AND REPLACED THE 12-BEDROOM ORIGINAL HOUSE (THE "NORTH HOUSE"). IN JULY 2017, THE ORGANIZATION REOPENED THE NORTH HOUSE, ADDING 8 ADDITIONAL GUEST ROOMS FOR FAMILIES WITH CHILDREN AT LOCAL HOSPITALS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**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 ▶ 4,335,664.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? 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? If 'Yes,' complete Schedule C, Part 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? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		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? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	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? If 'Yes,' complete Schedule D, Part VI	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? If 'Yes,' complete Schedule D, Part VII		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? If 'Yes,' complete Schedule D, Part VIII		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? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		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? If 'Yes,' complete Schedule F, Parts I and IV		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? If 'Yes,' complete Schedule F, Parts II and IV		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? If 'Yes,' complete Schedule F, Parts III and IV		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? If 'Yes,' complete Schedule G, Part 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? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	X	
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		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? If 'Yes,' complete Schedule I, Parts I and II		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		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
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
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? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 52		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b If 'Yes,' enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f	X	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
If 'Yes,' complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 17 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.		
b Enter the number of voting members included on line 1a, above, who are independent. 1 b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6 SEE SCHEDULE O	X	
7 a 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? 7 a SEE SCHEDULE O	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. 9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O

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. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

NICOLE DEBERG 2929 CHILDREN'S WAY SAN DIEGO CA 92123 858-598-2431

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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) CHARLES DAY PRESIDENT & CEO	40 0			X				265,511.	0.	48,824.
(2) NICOLE DEBERG CFO	40 0			X				187,812.	0.	17,171.
(3) GABRIELA ROBISON COO	40 0			X				179,084.	0.	20,372.
(4) MELINDA COLLINS CPO	40 0					X		131,218.	0.	12,764.
(5) BETH VAN EETVELDT DIR OF INDV PHILAN	40 0					X		116,339.	0.	13,787.
(6) THIEN GIANG DIR OF MULTIMEDIA	40 0					X		121,071.	0.	3,983.
(7) OSCAR GOMEZ COO	40 0			X				27,837.	0.	37.
(8) PAUL W PETERSEN CHAIR	2 0	X		X				0.	0.	0.
(9) ERIC EASTHAM VICE CHAIR	2 0	X		X				0.	0.	0.
(10) LISA M BETYAR, CPA TREASURER	2 0	X		X				0.	0.	0.
(11) BRANDY BULLEN SECRETARY	2 0	X		X				0.	0.	0.
(12) STEVE BERNSTEIN TRUSTEE	2 0	X						0.	0.	0.
(13) BRIAN CAHILL TRUSTEE	2 0	X						0.	0.	0.
(14) MATTHEW COBAS, CFP TRUSTEE	2 0	X						0.	0.	0.

BAA

TEEA0107L 09/22/21

Form 990 (2021)

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 dotted 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			
(15) DOUG DAWSON TRUSTEE	2 0	X						0.	0.	0.
(16) DONNA EVANS TRUSTEE	2 0	X						0.	0.	0.
(17) GABE FILKEY TRUSTEE	2 0	X						0.	0.	0.
(18) PAUL FITZGERALD TRUSTEE	2 0	X						0.	0.	0.
(19) DANIEL GRIMMER TRUSTEE	2 0	X						0.	0.	0.
(20) JOHN LAMBERTI, MD TRUSTEE	4 0	X						0.	0.	0.
(21) RONNY MITCHELL TRUSTEE	2 0	X						0.	0.	0.
(22) ADRIENNE SHERMAN TRUSTEE	2 0	X						0.	0.	0.
(23) JILL STRICKLAND TRUSTEE	2 0	X						0.	0.	0.
(24) K.C. THOMPSON TRUSTEE	2 0	X						0.	0.	0.
(25)										

1 b Subtotal 1,028,872. 0. 116,938.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 1,028,872. 0. 116,938.

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 6

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.

	Yes	No
3		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.

	Yes	No
4	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.

	Yes	No
5		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
MAILING SYSTEMS INC 2431 MERCANTILE DR STE A RANCHO CORDOVA, CA 9574	MAILING RAFFLE BROCHURES	466,614.
MIRATEL SOLUTIONS INC 59 FARIS AVE NOBLETON, ONTARIO L0G1N0 CANADA	RAFFLE PHONE BANK	173,359.
DLA PIPER LLP P.O. BOX 75190 BALTIMORE, MD 21275	LEGAL SERVICES	172,409.
WEST END ENTERTAINMENT GROUP INC 18685 MAIN ST STE 101-147 HUNTINGTO	ENTERTAINMENT	153,700.
TRUE SENSE MARKETING P.O. BOX 641114 PITTSBURGH, PA 15264-1114	3RD PARTY FUNDRAISING	146,175.

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 722,808.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 1,717,387.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 5,143,285.				
	g Noncash contributions included in lines 1a-1f	1 g 873,724.				
	h Total. Add lines 1a-1f		7,583,480.			
	Program Service Revenue	Business Code				
2 a HOUSE GUEST COLLECTIONS	624221	301,868.	301,868.			
b -----						
c -----						
d -----						
e -----						
f All other program service revenue						
g Total. Add lines 2a-2f		301,868.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		350,190.			350,190.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6 a (i) Real (ii) Personal 54,125.				
	b Less: rental expenses	6 b 22,776.				
	c Rental income or (loss)	6 c 31,349.				
	d Net rental income or (loss)		31,349.		16,997.	14,352.
	7 a Gross amount from sales of assets other than inventory	7 a (i) Securities (ii) Other 5,123,651. 14,500.				
	b Less: cost or other basis and sales expenses	7 b 4,312,936. 9,494.				
	c Gain or (loss)	7 c 810,715. 5,006.				
	d Net gain or (loss)		815,721.			815,721.
	8 a Gross income from fundraising events (not including \$ 722,808. of contributions reported on line 1c). See Part IV, line 18	8 a 178,725.				
	b Less: direct expenses	8 b 301,279.				
	c Net income or (loss) from fundraising events		-122,554.			-122,554.
	9 a Gross income from gaming activities. See Part IV, line 19	9 a 7,182,783.				
	b Less: direct expenses	9 b 3,751,320.				
	c Net income or (loss) from gaming activities		3,431,463.			3,431,463.
	10 a Gross sales of inventory, less returns and allowances	10 a 2,166.				
	b Less: cost of goods sold	10 b 1,498.				
	c Net income or (loss) from sales of inventory		668.			668.
Miscellaneous Revenue	11 a -----	Business Code				
	b -----					
	c -----					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		12,392,185.	301,868.	16,997.	4,489,840.

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.	746,649.	384,498.	283,567.	78,584.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	1,639,645.	843,628.	117,564.	678,453.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	66,781.	23,922.	15,196.	27,663.
9 Other employee benefits.	409,040.	239,705.	44,505.	124,830.
10 Payroll taxes.	169,230.	85,707.	27,531.	55,992.
11 Fees for services (nonemployees):				
a Management.				
b Legal.	170,580.	875.	169,002.	703.
c Accounting.	99,617.		99,617.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	144,553.			144,553.
f Investment management fees.	85,308.		85,308.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	51,042.		42,747.	8,295.
12 Advertising and promotion.	56,214.			56,214.
13 Office expenses.	50,096.		2,965.	47,131.
14 Information technology.	91,766.	58,096.	10,171.	23,499.
15 Royalties.				
16 Occupancy.	368,950.	307,368.	13,895.	47,687.
17 Travel.	11,587.	2,633.	1,002.	7,952.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	320,398.	311,836.	3,058.	5,504.
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,023,250.	1,011,277.	3,963.	8,010.
23 Insurance.	134,894.	102,070.	7,517.	25,307.
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 <u>DONATED GOODS & SERVICES</u>	798,942.	783,282.	3,600.	12,060.
b <u>HOUSE OPERATIONS</u>	136,510.	136,510.		
c <u>OTHER EXPENSES</u>	121,404.	42,210.	12,341.	66,853.
d <u>MERCHANT FEES</u>	41,548.	2,047.	47.	39,454.
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	6,738,004.	4,335,664.	943,596.	1,458,744.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	774,073.	1	2,051,052.
	2 Savings and temporary cash investments	1,770,736.	2	1,273,670.
	3 Pledges and grants receivable, net	2,503,762.	3	2,247,028.
	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	432,644.	9	242,094.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,230,272.		
	b Less: accumulated depreciation	10b 9,791,053.		
		21,229,808.	10c	20,439,219.
	11 Investments — publicly traded securities	14,284,425.	11	19,721,682.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	40,995,448.	16	45,974,745.	
Liabilities	17 Accounts payable and accrued expenses	535,898.	17	415,415.
	18 Grants payable	576,492.	18	
	19 Deferred revenue	209,424.	19	42,130.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,929,890.	23	7,003,941.
	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		25	
	26 Total liabilities. Add lines 17 through 25	9,251,704.	26	7,461,486.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	23,219,725.	27	29,546,687.
	28 Net assets with donor restrictions	8,524,019.	28	8,966,572.
	Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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	31,743,744.	32	38,513,259.
	33 Total liabilities and net assets/fund balances	40,995,448.	33	45,974,745.

Part XI Reconciliation of Net AssetsCheck 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	12,392,185.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,738,004.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,654,181.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,743,744.
5	Net unrealized gains (losses) on investments	5	1,289,117.
6	Donated services and use of facilities	6	976.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE O	9	-174,759.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	38,513,259.

Part XII Financial Statements and ReportingCheck 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: ☐ Cash ☒ Accrual ☐ 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?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

2021

**Open to Public
Inspection**

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.**

Employer identification number
95-3251490

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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	4,437,239.	4,302,310.	5,089,208.	4,546,009.	7,583,480.	25,958,246.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	4,437,239.	4,302,310.	5,089,208.	4,546,009.	7,583,480.	25,958,246.
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).						453,212.
6 Public support. Subtract line 5 from line 4.						25,505,034.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	4,437,239.	4,302,310.	5,089,208.	4,546,009.	7,583,480.	25,958,246.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	267,684.	337,393.	321,040.	249,024.	350,190.	1,525,331.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	16,273.	22,737.	21,460.	24,727.	16,997.	102,194.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	3,334,456.	3,280,594.	1,166,008.	2,291,114.	3,431,463.	13,503,635.
11 Total support. Add lines 7 through 10.						41,089,406.
12 Gross receipts from related activities, etc. (see instructions).						2,095,900.
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 ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	62.07 %
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	59.90 %

16a 33-1/3% support test—2021. 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. ▶ ☒

b 33-1/3% support test—2020. 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. ▶ ☐

17a 10%-facts-and-circumstances test—2021. 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. ▶ ☐

b 10%-facts-and-circumstances test—2020. 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. ▶ ☐

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. ▶ ☐

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section D. Computation of Investment Income Percentage

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

19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐ ►**b 33-1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐ ►**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐ ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	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? 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.	1	
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? 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.	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)? 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).	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?	1	
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? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
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? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	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 ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ 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.		Yes	No
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? 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.	2a		
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? 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.	2b		
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? If 'Yes' or 'No,' provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

BAA

Schedule A (Form 990) 2021

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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2021	2020	2019	2018	2017
SPECIAL EVENT NET INCOME	\$3,431,463.	\$2,291,114.	\$1,166,008.	\$3,280,594.	\$ 3,334,456.
TOTAL	<u>\$3,431,463.</u>	<u>\$2,291,114.</u>	<u>\$1,166,008.</u>	<u>\$3,280,594.</u>	<u>\$ 3,334,456.</u>

**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

2021

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.**

Employer identification number
95-3251490

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 OF SAN

Employer identification number

95-3251490

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 information once. See instructions.) ▶ \$ _____ *N/A*
 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
	N/A		
	(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

2021**Open to Public
Inspection**

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

Employer identification number

95-3251490

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?	☐ Yes	☐ 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?	☐ Yes	☐ 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	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

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?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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.

1 a 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. ► \$

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.

1 a 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.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a 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
1 a Beginning of year balance.....	8,769,100.	8,143,759.	6,342,974.	7,141,244.	5,666,418.
b Contributions.....	495,765.	605,000.	703,500.		2,210,500.
c Net investment earnings, gains, and losses.....	1,006,389.	865,602.	1,186,020.	-407,647.	861,298.
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....	2,367,446.	845,261.	88,735.	390,623.	1,596,972.
f Administrative expenses.....	34,312.				
g End of year balance.....	7,869,496.	8,769,100.	8,143,759.	6,342,974.	7,141,244.

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

- a Board designated or quasi-endowment ▶ 18.00 %
 b Permanent endowment ▶ 82.00 %
 c Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a 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.....	3a(i)	X
(ii) Related organizations.....	3a(ii)	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?.....	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

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
1 a Land.....				
b Buildings.....		25,285,239.	8,103,544.	17,181,695.
c Leasehold improvements.....		3,184,993.	1,048,408.	2,136,585.
d Equipment.....		241,970.	117,387.	124,583.
e Other.....		1,518,070.	521,714.	996,356.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				20,439,219.

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Schedule D (Form 990) 2021

Part VII Investments – Other Securities.

N/A

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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) .. ▶		

Part VIII Investments – Program Related.

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .. ▶		

Part IX Other Assets.

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) .. ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (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. **SEE, 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	15,407,708.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,289,117.
b	Donated services and use of facilities	2b	976.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	2,009,771.
e	Add lines 2a through 2d	2e	3,299,864.
3	Subtract line 2e from line 1	3	12,107,844.
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	85,308.
b	Other (Describe in Part XIII.) SEE PART XIII	4b	199,033.
c	Add lines 4a and 4b	4c	284,341.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,392,185.

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	8,638,193.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	1,985,497.
e	Add lines 2a through 2d	2e	1,985,497.
3	Subtract line 2e from line 1	3	6,652,696.
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	85,308.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	85,308.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,738,004.

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 - INTENDED USES OF ENDOWMENT FUND

RONALD MCDONALD HOUSE CHARITIES OF SAN DIEDO USES ENDOWMENT FUNDS AS

INSTRUCTED BY THE DONOR OF THE FUNDS.

PART V, ENDOWMENTS FUNDS, OTHER EXPENDITURES FOR FACILITIES AND PROGRAMS:

CURRENT YEAR NUMBERS EXCLUDE BALANCES HELD IN RESERVE FOR THE MAINTENANCE AND REPAIR

OF THE ORGANIZATION'S FACILITIES.

Part XIII Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE**

THE ORGANIZATION IS A PUBLIC CHARITY AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION.

THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2021, 2020, 2019, AND 2018 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY THREE-TO-FOUR YEARS AFTER THE RETURNS WERE FILED.

SCHEDULE D, PART XI, LINE 2D**OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

COST OF GOOD SOLD.....	\$	1,498.
RENTAL EXPENSES.....		22,776.
SPECIAL EVENT EXPENSES.....		1,985,497.
TOTAL	\$	<u>2,009,771.</u>

SCHEDULE D, PART XI, LINE 4B**OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

IN-KIND EXPENSES FOR SPECIAL EVENTS.....	\$	199,033.
TOTAL	\$	<u>199,033.</u>

SCHEDULE D, PART XII, LINE 2D**OTHER EXPENSES AND LOSSES PER AUDITED F/S**

SPECIAL EVENT EXPENSES.....	\$	1,985,497.
TOTAL	\$	<u>1,985,497.</u>

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.**

Employer identification number
95-3251490

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☒ Mail solicitations **e** ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations **f** ☒ Solicitation of government grants
c ☒ Phone solicitations **g** ☒ Special fundraising events
d ☒ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 TRUESENSE MARKETING PO BOX 64114 PITTSBURGH PA 15264	FUNDRAISING	X		252,820.	144,553.	108,267.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				252,820.	144,553.	108,267.

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

AL AK AR CA CT CO FL GA HI IL KS KY MD MA MI MN MS NV NH NJ NM NY NC OH OR PA SC TN
UT VA WA WI

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 <u>RED SHOE DAY</u> (event type)	(b) Event #2 <u>GOLF TOURNAMEN</u> (event type)	(c) Other events <u>2</u> (total number)	(d) Total events (add column (a) through column (c))
Revenue	1 Gross receipts	390,579.	306,720.	204,234.	901,533.
	2 Less: Contributions	388,648.	202,420.	131,740.	722,808.
	3 Gross income (line 1 minus line 2)	1,931.	104,300.	72,494.	178,725.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		21,928.		21,928.
	8 Entertainment				
	9 Other direct expenses	193,636.	58,964.	18,344.	270,944.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				292,872.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-114,147.

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 column (a) through column (c))
Revenue	1 Gross revenue			7,182,783.	7,182,783.
	2 Cash prizes			1,769,000.	1,769,000.
Direct Expenses	3 Noncash prizes			178,102.	178,102.
	4 Rent/facility costs			1,554.	1,554.
	5 Other direct expenses			1,802,664.	1,802,664.
	6 Volunteer labor	☐ Yes <u>0</u> % ☒ No	☐ Yes <u>0</u> % ☒ No	☐ Yes <u>0</u> % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				3,751,320.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				3,431,463.

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

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---------|
| a The organization's facility | 13a | 100.0 % |
| 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 ▶ NICOLE DEBERG, CFOAddress ▶ 2929 CHILDREN'S WAY, SAN DIEGO, CA 92123

- 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 ▶ THIEN GIANGGaming manager compensation ▶ \$ 121,071.Description of services provided ▶ MANAGEMENT, ADMINISTRATION AND PROMOTION☐ 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 ▶ \$ 6,464,505. SEE PART IV

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 I, LINE 2B - FUNDRAISER ADDITIONAL INFORMATION

RMHC-SD ENGAGED THE SERVICES OF TRUESENSE MARKETING, A PROFESSIONAL FUNDRAISING CONSULTING COMPANY. TRUESENSE MAELS DONATION REQUESTS AND COLLECTS THE RELATED FUNDS ON BEHALF OF RMHC-SD. ANY FUNDS ARE THEN DEPOSITED INTO RMHC-SD BANK ACCOUNT ON A WEEKLY BASIS.

PART III, LINE 17B DISTRIBUTIONS REQUIRED UNDER STATE LAW

TOTAL \$ 6,464,505.
\$ 6,464,505.

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G - ADDITIONAL INFORMATION

PART IV, LINE 17B

CALIFORNIA REQUIRES AT LEAST 90% OF THE GROSS RECEIPTS FROM RAFFLE TICKET SALES TO BE USED BY THE ELIGIBLE TAX-EXEMPT ORGANIZATION TO BENEFIT OR SUPPORT BENEFICIAL OR CHARITABLE PURPOSES IN CALIFORNIA.

PART III, LINE 16

GAMING MANAGER COMPENSATION IS SPLIT AMONG THREE DEPARTMENTS AS FOLLOWS:

1. 50% GAMING
2. 25% FUNDRAISING
3. 25% PROGRAM SERVICES

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

Employer identification number

95-3251490

Part I Questions Regarding Compensation**1 a** 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.☐ First-class or charter travel☐ Housing allowance or residence for personal use☐ Travel for companions☐ Payments for business use of personal residence☐ Tax indemnification and gross-up payments☐ Health or social club dues or initiation fees☐ Discretionary spending account☐ 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.**1 b****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?**2****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.☒ Compensation committee☒ Written employment contract☒ Independent compensation consultant☒ Compensation survey or study☐ Form 990 of other organizations☒ 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?**4 a**

X

b Participate in or receive payment from a supplemental nonqualified retirement plan?**4 b**

X

c Participate in or receive payment from an equity-based compensation arrangement?**4 c**

X

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?**5 a**

X

b Any related organization?**5 b**

X

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?**6 a**

X

b Any related organization?**6 b**

X

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.**7**

X

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.**8**

X

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?**9****BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule J (Form 990) 2021**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(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	(C) Retirement and other deferred compensation			
1	CHARLES DAY PRESIDENT & CEO	(i) 265,511.	(ii) 0.	(iii) 0.	10,546.	38,278.	314,335.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	NICOLE DEBERG CFO	(i) 187,283.	(ii) 529.	(iii) 0.	7,404.	9,767.	204,983.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	GABRIELA ROBISON COO	(i) 178,472.	(ii) 612.	(iii) 0.	7,078.	13,294.	199,456.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(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.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

Employer identification number

95-3251490

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art.....				
2 Art — Historical treasures.....				
3 Art — Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....	X		459,905.	FMV
6 Cars and other vehicles.....	X	18	28,150.	FMV
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities — Publicly traded.....				
10 Securities — Closely held stock.....				
11 Securities — Partnership, LLC, or trust interests.....				
12 Securities — Miscellaneous.....				
13 Qualified conservation contribution — Historic structures.....				
14 Qualified conservation contribution — Other.....				
15 Real estate — Residential.....				
16 Real estate — Commercial.....				
17 Real estate — Other.....				
18 Collectibles.....				
19 Food inventory.....	X	73	153,176.	FMV
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ▶ (MEDIA CAMPAIGN.....)	X	1	171,000.	FMV
26 Other ▶ (OTHER.....)	X	1	3,600.	FMV
27 Other ▶ (AUCTION & EVENT.....)	X	32	57,893.	FMV
28 Other ▶ (.....)				

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

29

1

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.....

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?....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....

b If 'Yes,' describe in Part II.

SEE 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.

SEE PART II

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2021

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.

PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES

RMHC-SD USES THE SERVICES OF INSURANCE AUTO AUCTIONS INC. TO RECEIVE DONATED AUTOMOBILES, BOATS, AND AIRPLANES. INSURANCE AUTO AUCTIONS INC. SELLS THE ITEMS AND GIVES NET PROCEEDS TO RMHC-SD.

PART II, LINE 33 - REVENUE NOT REPORTED IN COLUMN C

THE ORGANIZATION DOES NOT REPORT THE VALUE OF FOOD PERISHED, RE-DONATED OR NOT USED.

SCHEDULE M - ADDITIONAL INFORMATION

PART I, COLUMN B - NUMBER OF CONTRIBUTIONS

THE NUMBER OF CONTRIBUTIONS REPORTED ON PART I BASED UPON THE NUMBER OF CONTRIBUTIONS MADE

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

2021

**Open to Public
Inspection**

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

Employer identification number

95-3251490

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC. (RMHC-SD) PROVIDES COMFORT, STRENGTH, AND STABILITY BY OFFERING A "HOME-AWAY-FROM-HOME" FOR FAMILIES WITH CHILDREN BEING TREATED FOR SERIOUS, OFTEN LIFE-THREATENING CONDITIONS AT LOCAL SAN DIEGO HOSPITALS.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

AS SPECIFIED IN THE ORGANIZATION'S BYLAWS, RMHC-SD HAS MEMBERS WHOSE RIGHTS INCLUDE ELECTION OF THE BOARD OF TRUSTEES, ESTABLISHING THE NUMBER OF TRUSTEES AND THE TERMS THEY MAY SERVE, ESTABLISHING THE QUORUM REQUIRED FOR MEETINGS, AND AMENDMENT OF THE BYLAWS.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

AS SPECIFIED IN THE ORGANIZATION'S BYLAWS, RMHC-SD HAS MEMBERS WHOSE RIGHTS INCLUDE ELECTION OF THE BOARD OF TRUSTEES, ESTABLISHING THE NUMBER OF TRUSTEES AND THE TERMS THEY MAY SERVE, ESTABLISHING THE QUORUM REQUIRED FOR MEETINGS, AND AMENDMENT OF THE BYLAWS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATION'S FORM 990 FOR FILING WITH THE IRS. THE FIRM MEETS ANNUALLY WITH THE AUDIT COMMITTEE TO DISCUSS THE AUDITED FINANCIAL STATEMENTS. COPIES OF THE FORM 990, FORM 990-T, AND ALL ACCOMPANYING SCHEDULES ARE THEN PROVIDED TO THE BOARD OF TRUSTEES PRIOR TO THE FILING OF THIS RETURN WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

TRUSTEES, OFFICERS AND KEY VOLUNTEERS ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE TO RMHCSD. POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE CFO AND SECRETARY OF THE BOARD AND REVIEWED BY A COMMITTEE OF THE BOARD. INTERESTED PARTIES ARE NOT ALLOWED

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

Employer identification number
95-3251490

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

TO PARTICIPATE IN BOARD DISCUSSIONS OR VOTING ON CORRESPONDING RELATED PARTY MATTERS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

A. THE COMPENSATION COMMITTEE SHALL ANNUALLY REVIEW AND APPROVE ORGANIZATION AND PERSONAL PERFORMANCE GOALS AND OBJECTIVES RELEVANT TO THE COMPENSATION (INCLUDING BUT NOT LIMITED TO SALARY, BONUS, INCENTIVE COMPENSATION, AND BENEFITS).

B. THE COMPENSATION COMMITTEE SHALL OBTAIN APPROPRIATE COMPARABILITY DATA. DATA MUST BE COLLECTED, ANALYZED, AND RETAINED AS SUPPORTING DOCUMENTATION.

C. THE COMPENSATION COMMITTEE SHALL ADEQUATELY DOCUMENT ITS DECISION. DOCUMENTATION SHOULD INCLUDE THE TERMS AND DATE OF EXECUTIVE COMPENSATION DECISIONS; THE NAMES OF MEMBERS PRESENT DURING THE DEBATE AND HOW THOSE PRESENT VOTED; A RECORD OF ACTIONS BY ANY MEMBER WITH A CONFLICT OF INTEREST; AND COMPLETION OF THE DOCUMENTATION WITHIN 60 DAYS OR BY NEXT MEETING, WHICHEVER IS LATER.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

A. THE COMPENSATION COMMITTEE SHALL ANNUALLY REVIEW AND APPROVE ORGANIZATION AND PERSONAL PERFORMANCE GOALS AND OBJECTIVES RELEVANT TO THE COMPENSATION (INCLUDING BUT NOT LIMITED TO SALARY, BONUS, INCENTIVE COMPENSATION, AND BENEFITS).

B. THE COMPENSATION COMMITTEE SHALL OBTAIN APPROPRIATE COMPARABILITY DATA. DATA MUST BE COLLECTED, ANALYZED, AND RETAINED AS SUPPORTING DOCUMENTATION.

C. THE COMPENSATION COMMITTEE SHALL ADEQUATELY DOCUMENT ITS DECISION. DOCUMENTATION SHOULD INCLUDE THE TERMS AND DATE OF EXECUTIVE COMPENSATION DECISIONS; THE NAMES OF MEMBERS PRESENT DURING THE DEBATE AND HOW THOSE PRESENT VOTED; A RECORD OF ACTIONS

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.**

Employer identification number
95-3251490

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES ((

BY ANY MEMBER WITH A CONFLICT OF INTEREST; AND COMPLETION OF THE DOCUMENTATION
WITHIN 60 DAYS OR BY NEXT MEETING, WHICHEVER IS LATER.

FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED

CA AK AR CA CO CT FL GA HI IL KS KY MD MA MI MS MN NV NH NJ NM NY NC OH OR PA SC
TN UT VA WA WI

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE REQUIRED ORGANIZATIONAL DOCUMENTS OF THE EXEMPT ORGANIZATION WILL BE AVAILABLE
(FOR INSPECTION OR COPYING) AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS
HOURS AT NO CHARGE. THE PUBLIC INSPECTION COPY OF THE ORGANIZAION'S FORM 990 AND
FORM 990-T, FROM THE PREVIOUS THREE YEARS (AT A MINIMUM), WILL BE AVAILABLE (FOR
INSPECTION OR COPYING) AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS
HOURS AT NO CHARGE. THE PUBLIC INSPECTION COPY OF THE FORM 990 WILL NOT INCLUDE THE
SCHEDULE B NAMES AND ADDRESSES OF CONTRIBUTORS. THE ORGANIZATION WILL MAKE BEST
EFFORTS TO ENSURE THAT THE FORMS 990 AND 990-T HELD AT THEIR MAIN OFFICE ARE THE
MOST UPDATED VERSIONS OF SUCH. WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR
ANY ORGANIZATIONAL DOCUMENT OR FORM 990 (INCLUDING FORM 990-T) BY ANYONE, THE
ORGANIZATION SHALL FULFILL SUCH REQUEST IN A TIMELY FASHION WITHOUT INQUIRING AS TO
THE REASON FOR THE PUBLIC INSPECTION REQUEST.

RMHC-SD DOES NOT PROVIDE A COPY OF ITS FORM 1023. THE ORGANIZATION DOES
NOT HAVE A COPY OF THE FORM 1023 DATED JULY 1987. RMHC-SD IS EXEMPT FROM
THE IRS REQUIREMENT OF SUPPLYING OR SHOWING THEIR FORM 1023 TO ANYONE
REQUESTING THIS DOCUMENT.

RMHC-SD WILL MAKE A COPY OF OUR ARTICLES OF INCORPORATION, BY-LAWS,
CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS AVAILABLE

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.**Employer identification number
95-3251490**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)**

UPON REQUEST.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

COST OF GOOD SOLD.....	\$	1,498.
IN-KIND EXPENSES FOR SPECIAL EVENTS.....		-199,033.
RENTAL EXPENSES.....		22,776.
TOTAL	\$	<u>-174,759.</u>

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to **www.irs.gov/Form4562** for instructions and the latest information.

OMB No. 1545-0172

2021Attachment
Sequence No. **179**Name(s) shown on return **RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.**Identifying number
95-3251490

Business or activity to which this form relates

FORM 990/990-PF**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,046,521.

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. ☐		

Section B — Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	1,046,521.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 07/12/21

Form **4562** (2021)

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

OMB No. 1545-0047

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Taxpayer identification number (TIN)
	RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.		95-3251490
	Number, street, and room or suite number. If a P.O. box, see instructions.		
	2929 CHILDREN'S WAY		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	SAN DIEGO, CA 92123		

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

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

• The books are in the care of ► NICOLE DEBERG

Telephone No. ► 858-598-2431 Fax No. ► _____

• If the organization does not have an office or place of business in the United States, check this box ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ... ► ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2021 or
 ► ☐ tax year beginning _____, 20____, and ending _____, 20____.

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

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

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue Service

For calendar year 2021 or other tax year beginning _____, 2021, and ending _____, _____

► Go to **www.irs.gov/Form990T** for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A ☐ Check box if address changed. B Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a) ☐ 529A	Print or Type	☐ Check box if name changed and see instructions. RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC. 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	D Employer identification number 95-3251490 E Group exemption number (see instructions) F ☐ Check box if an amended return.
		C Book value of all assets at end of year. ► 45,974,745.	
G Check organization type. ► ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust			
H Check if filing only to. ► ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation. ► ☐			
J Enter the number of attached Schedules A (Form 990-T). ► 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► ☐ Yes ☒ No If 'Yes,' enter the name and identifying number of the parent corporation ►			
L The books are in care of ► NICOLE DEBERG 2929 CHILDREN'S WAY SAN DIEGO CA 92123 Telephone number ► 858-598-2431			

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	16,997.
2	Reserved.	2	
3	Add lines 1 and 2.	3	16,997.
4	Charitable contributions (see instructions for limitation rules).	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3.	5	16,997.
6	Deduction for net operating loss. See instructions. SEE ST 1	6	16,997.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5.	7	0.
8	Specific deduction (generally \$1,000, but see instructions for exceptions).	8	1,000.
9	Trusts. Section 199A deduction. See instructions.	9	
10	Total deductions. Add lines 8 and 9.	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21).	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	Proxy tax. See instructions.	3	
4	Other tax amounts. See instructions.	4	
5	Alternative minimum tax (trusts only).	5	
6	Tax on noncompliant facility income. See instructions.	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies.	7	0.

BAA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)...	1a		
b Other credits (see instructions).....	1b		
c General business credit. Attach Form 3800 (see instructions).....	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	1d		
e Total credits. Add lines 1a through 1d.....	1e		0.
2 Subtract line 1e from Part II, line 7.....	2		0.
3 Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement).....	3		
4 Total tax. Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here.....	4		0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k).....	5		
6a Payments: A 2020 overpayment credited to 2021.....	6a		
b 2021 estimated tax payments. Check if section 643(g) election applies... ☐	6b		
c Tax deposited with Form 8868.....	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions).....	6d		
e Backup withholding (see instructions).....	6e		
f Credit for small employer health insurance premiums (attach Form 8941).....	6f		
g Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other _____ Total... ☐	6g		
7 Total payments. Add lines 6a through 6g.....	7		0.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... ☐	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed.....	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.....	10		
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ☐ Refunded ☐	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year..... ☐ \$ _____ 0.		
4 Enter available pre-2018 NOL carryovers here ☐ \$ <u>25,121</u> . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
-----	\$ -----	
-----	\$ -----	
-----	\$ -----	
-----	\$ -----	
6a Did the organization change its method of accounting? (see instructions).....		X
b If 6a is 'Yes', has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If 'No', explain in Part V.....		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed
	LATONYA M. KNOX	LATONYA M. KNOX	9/30/22	PTIN P00513874
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		
	LEAF & COLE, LLP	95-2076568		
	2810 CAMINO DEL RIO SOUTH, SUITE 200		619.294.7200	
	SAN DIEGO, CA 92108			

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.	B Employer identification number 95-3251490
C Unrelated business activity code (see instructions) ► 531120	D Sequence: 1 of 1

E Describe the unrelated trade or business ► **DEFT-FINANCED RENTAL REAL ESTATE**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ►	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7	29,346.	12,349.
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	29,346.	12,349.
				16,997.

Part II	Deductions Not Taken Elsewhere	See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1		
2	Salaries and wages	2		
3	Repairs and maintenance	3		
4	Bad debts	4		
5	Interest (attach statement). See instructions	5		
6	Taxes and licenses	6		
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a		
9	Depletion	9		
10	Contributions to deferred compensation plans	10		
11	Employee benefit programs	11		
12	Excess exempt expenses (Part VIII)	12		
13	Excess readership costs (Part IX)	13		
14	Other deductions (attach statement)	14		
15	Total deductions. Add lines 1 through 14	15		
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		16,997.
17	Deduction for net operating loss. See instructions	17		
18	Unrelated business taxable income. Subtract line 17 from line 16	18		16,997.

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form **990-T**) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation ►

1	Inventory at beginning of year.....	1	
2	Purchases.....	2	
3	Cost of labor.....	3	
4	Additional section 263A costs (attach statement).....	4	
5	Other costs (attach statement).....	5	
6	Total. Add lines 1 through 5.....	6	
7	Inventory at end of year.....	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2.....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%).....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D...				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A). ►				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement).....				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)..... ►				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☒ 2929 CHILDREN'S WAY, SAN DIEGO, CA 92123

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property.....	54,125.			
3 Deductions directly connected with or allocable to debt-financed property	SEE STATEMENT 3			
a Straight line depreciation (attach statement)	4,647.			
b Other deductions (attach statement). STM 4.	18,129.			
c Total deductions (add lines 3a and 3b, columns A through D).....	22,776.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement).....	34,313.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement)....	63,286.			
6 Divide line 4 by line 5.....	54.2189 %	%	%	%
7 Gross income reportable. Multiply line 2 by line 6.	29,346.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)..... ►	29,346.			
9 Allocable deductions. Multiply line 3c by line 6....	12,349.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).... ►	12,349.			
11 Total dividends-received deductions included in line 10..... ►				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals				

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals				

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7.	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

BAA

Schedule A (Form 990-T) 2021

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income.....				
a Add columns A through D. Enter here and on Part I, line 11, column (A).....				
3 Direct advertising costs by periodical.....				
a Add columns A through D. Enter here and on Part I, line 11, column (B).....				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.				
5 Readership costs				
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13.....				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on Part II, line 1.....			

Part XI Supplemental Information (see instructions)

2021

FEDERAL STATEMENTS

PAGE 1

CLIENT 21-217

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

95-3251490

10/04/22

10:37AM

STATEMENT 1
FORM 990-T, PART I, LINE 6
NET OPERATING LOSS DEDUCTION

PRE-2018 NOLS CARRIED FORWARD FROM PRIOR YEAR		25,121.
PRE-2018 NOLS INCLUDED ON FORM 990-T, PART I, LINE 6	16,997.	
TOTAL PRE-2018 NOLS APPLIED	0.	16,997.
PRE-2018 NOLS EXPIRING THIS TAX YEAR		0.
PRE-2018 NOLS CARRIED OVER TO SUBSEQUENT TAX YEARS		8,124.

STATEMENT 3
SCHEDULE A, PART V, LINE 3A
STRAIGHT LINE DEPRECIATION

DATE ACQUIRED	COST BASIS	PRIOR YR DEPR	METHOD	RATE	LIFE	REMAIN YEARS	CURRENT YR DEPR	ALLOWABLE DEPR AMT
2929 CHILDREN'S WAY, SAN DIEGO, CA 92123								
							TOTAL	\$ 0.

STATEMENT 4
SCHEDULE A, PART V, LINE 3B
OTHER DEDUCTIONS ALLOCABLE TO DEBT-FINANCED PROPERTY

MEETING ROOM RENTAL	
INTEREST.....	\$ 1,430.
REPAIRS.....	624.
UTILITIES.....	693.
WAGES AND SALARIES.....	15,382.
TOTAL	\$ 18,129.

2021

California Exempt Organization
Annual Information Return

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.		California corporation number 0862036
Additional information. See instructions.		FEIN 95-3251490
Street address (suite or room) 2929 CHILDREN'S WAY		PMB no.
City SAN DIEGO	State CA	Zip code 92123
Foreign country name	Foreign province/state/county	Foreign postal code

A First return. ☐ Yes ☒ No B Amended return. ☐ Yes ☒ No C IRC Section 4947(a)(1) trust. ☐ Yes ☒ No D Final information return? ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized Enter date: (mm/dd/yyyy) ● _____ E Check accounting method: 1 ☐ Cash 2 ☒ Accrual 3 ☐ Other F Federal return filed? 1 ● ☐ 990T 2 ● ☐ 990-PF 3 ● ☐ Sch H (990) 4 ☒ Other 990 series G Is this a group filing? See instructions. ☐ Yes ☒ No H Is this organization in a group exemption If "Yes," what is the parent's name? _____	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ☐ Yes ☒ No J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No K Is the organization exempt under R&TC Section 23701g? ... ☐ Yes ☒ No If "Yes," enter the gross receipts from nonmember sources. \$ _____ L Is the organization a limited liability company? ☐ Yes ☒ No M Did the organization file Form 100 or Form 109 to report taxable income? ☒ Yes ☐ No N Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No O Is federal Form 1023/1024 pending? ☐ Yes ☒ No Date filed with IRS _____
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	13,208,008.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B.	3	7,583,480.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	4	20,791,488.
	5	Cost of goods sold.	5	1,498.
	6	Cost or other basis, and sales expenses of assets sold.	6	4,322,430.
	7	Total costs. Add line 5 and line 6.	7	4,323,928.
	8	Total gross income. Subtract line 7 from line 4.	8	16,467,560.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	10,813,379.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	5,654,181.
Filing Fee	11	Total payments.	11	
	12	Use tax. See General Information K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Penalties and interest. See General Information J.	15	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result.	16	0.
Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer's Use Only	Signature of officer	Title CFO	Date	Telephone 858-467-4750
	Preparer's signature	LATONYA M. KNOX	Date 9/30/22	Check if self-employed ☐
	Firm's name (or yours, if self-employed) and address	LEAF & COLE, LLP		
		2810 CAMINO DEL RIO SOUTH, SUITE 200		
		SAN DIEGO, CA 92108		
	May the FTB discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No			

Part II Organizations with gross receipts of more than \$50,000 and private foundations
 regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	•	1	2,166.
	2	Interest	•	2	
	3	Dividends	•	3	350,190.
	4	Gross rents	•	4	54,125.
	5	Gross royalties	•	5	
	6	Gross amount received from sale of assets (See instructions)	•	6	5,138,151.
	7	Other income. Attach schedule. SEE STATEMENT 1	•	7	7,663,376.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	•	8	13,208,008.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	•	9	
Expenses and Disbursements	10	Disbursements to or for members	•	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	746,649.
	12	Other salaries and wages	•	12	1,639,645.
	13	Interest	•	13	320,398.
	14	Taxes	•	14	169,230.
	15	Rents	•	15	368,950.
	16	Depreciation and depletion (See instructions)	•	16	1,027,897.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 2	•	17	6,540,610.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	•	18	10,813,379.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		2,544,809.	•	3,324,722.
2	Net accounts receivable		2,503,762.	•	2,247,028.
3	Net notes receivable			•	
4	Inventories			•	
5	Federal and state government obligations		2,362,527.	•	4,674,694.
6	Investments in other bonds			•	
7	Investments in stock		11,921,898.	•	15,046,988.
8	Mortgage loans			•	
9	Other investments. Attach schedule			•	
10 a	Depreciable assets	30,047,841.		30,230,272.	
b	Less accumulated depreciation	8,818,033.	21,229,808.	9,791,053.	20,439,219.
11	Land			•	
12	Other assets. Attach schedule. STM 3		432,644.	•	242,094.
13	Total assets		40,995,448.		45,974,745.
Liabilities and net worth					
14	Accounts payable		535,898.	•	415,415.
15	Contributions, gifts, or grants payable		576,492.	•	
16	Bonds and notes payable		7,929,890.	•	7,003,941.
17	Mortgages payable			•	
18	Other liabilities. Attach schedule. STM 5		209,424.		42,130.
19	Capital stock or principal fund		31,743,744.	•	38,513,259.
20	Paid-in or capital surplus. Attach reconciliation.			•	
21	Retained earnings or income fund			•	
22	Total liabilities and net worth		40,995,448.		45,974,745.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	6,769,515.	7	Income recorded on books this year not included in this return. Attach schedule. SEE ST. 7	•	1,290,093.
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule. SEE ST. 8	•	24,274.
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		1,314,367.
4	Income not recorded on books this year. Attach schedule.	•		10	Net income per return. Subtract line 9 from line 6.		5,654,181.
5	Expenses recorded on books this year not deducted in this return. Attach schedule SEE ST. 6	•	199,033.				
6	Total. Add line 1 through line 5.		6,968,548.				

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
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

2021

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.**

Employer identification number
95-3251490

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	Employer identification number
RONALD MCDONALD HOUSE CHARITIES OF SAN	95-3251490

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	PPP LOAN - SBA 550 W C ST #550 SAN DIEDO, CA 92101	\$ 1,661,296.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	PATRICIA BEVERLEY TRUST C/O RMHC 26345 NETWORK PL CHICAGO, IL 60673	\$ 580,181.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	JAMES KUDEN FAMILY TRUST 300 W GRAND AVE STE 204 ESCONDIDO, CA 92025	\$ 505,220.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	BESSEMER TR: CAROLE SACHS/JMS FUND 100 WOODBRIDGE CENTER DR WOODBIDGE, NJ 07095	\$ 450,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	IHEART MEDIA 9660 GRANITE RIDGE, STE 100 SAN DIEGO, CA 92123	\$ 171,000.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

RONALD MCDONALD HOUSE CHARITIES OF SAN

Employer identification number

95-3251490

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 information once. See instructions.) ▶ \$ _____ **N/A**
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
	N/A		
	(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

2021**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

**RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.**

California corporation number

0862036**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	BUILDINGS	VARIOUS	16093662.	4,744,872.	S/L	39	412,658.	
	GARAGE	VARIOUS	9,191,578.	2,710,332.	S/L	39	235,681.	
	EQUIPMENT	VARIOUS	210,816.	92,373.	S/L	7	23,061.	
	EQUIPMENT	6/30/2021	31,154.		S/L	7	1,952.	
	FURNITURE AND F	VARIOUS	631,273.	204,071.	S/L	7	76,262.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					15	1,046,521.	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20	Total. Add the amounts in column (g).....						20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2021**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**Corporation name **RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.**California corporation number
0862036**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	UPLEAFE WEBSITE	VARIOUS	13,200.	13,200.	S/L	7		
	CARPET	4/12/2016	9,176.	7,234.	S/L	15		
	IMPROVEMENTS	VARIOUS	3,061,498.	707,534.	S/L	15	203,199.	
	IMPROVEMENTS	7/01/2021	123,494.		S/L	15	2,941.	
	AUTOMOBILIES	12/11/2017	60,618.	53,067.	S/L	5		
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20	Total. Add the amounts in column (g).....						20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2021**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**Corporation name **RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.**California corporation number
0862036**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	AUTOMOBILES	11/30/2021	53,542.		S/L	5	2,677.	
	AUTOMOBILES	VARIOUS	72,093.	57,639.	S/L	5	10,599.	
	LEASE IMPROVEME	VARIOUS	261,060.	120,511.	S/L	7	10,704.	
	LEASE IMPROVEME	5/01/2021	42,235.		S/L	7	3,520.	
	SOFTWARE	VARIOUS	442,867.	107,200.	S/L	7	63,267.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20	Total. Add the amounts in column (g).....						20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2021**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**Corporation name **RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.**California corporation number
0862036**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	SOFTWARE	12/20/2021	15,000.		S/L	7		
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20	Total. Add the amounts in column (g).....						20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2021

CALIFORNIA STATEMENTS

PAGE 1

CLIENT 21-217

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

95-3251490

10/04/22

10:37AM

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS.....	\$	7,361,508.
PROGRAM SERVICE REVENUE.....		301,868.
TOTAL	\$	<u>7,663,376.</u>

STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$	99,617.
ADVERTISING AND PROMOTION.....		56,214.
DONATED GOODS & SERVICES.....		798,942.
HOUSE OPERATIONS.....		136,510.
INFORMATION TECHNOLOGY.....		91,766.
INSURANCE.....		134,894.
INVESTMENT MANAGEMENT FEES.....		85,308.
LEGAL FEES.....		170,580.
MERCHANT FEES.....		41,548.
OFFICE EXPENSES.....		50,096.
OTHER EMPLOYEE BENEFIT.....		409,040.
OTHER EXPENSES.....		121,404.
OTHER FEES.....		51,042.
PENSION PLAN CONTRIBUTIONS.....		66,781.
PROFESSIONAL FUNDRAISING FEES.....		144,553.
RENTAL EXPENSES.....		18,129.
SPECIAL EVENT EXPENSES.....		4,052,599.
TRAVEL.....		11,587.
TOTAL	\$	<u>6,540,610.</u>

STATEMENT 3
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES.....		242,094.
TOTAL	\$	<u>242,094.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLE

OTHER NOTES PAYABLE	BALANCE DUE
---------------------	-------------

LENDER'S NAME:	JPMORGAN CHASE BANK	
DATE OF NOTE:	3/02/2018	
MATURITY DATE:	3/01/2028	
INTEREST RATE:	4.25	
ORIGINAL AMOUNT:	14,200,000.	
BALANCE DUE:		7,003,941.

TOTAL OTHER NOTES PAYABLE	\$	<u>7,003,941.</u>
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2021

CALIFORNIA STATEMENTS

PAGE 2

CLIENT 21-217

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

95-3251490

10/04/22

10:37AM

STATEMENT 4 (CONTINUED)
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLEOTHER NOTES PAYABLE BALANCE DUETOTAL NOTES AND BONDS PAYABLE \$ 7,003,941.STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIESDEFERRED REVENUE..... 42,130.
TOTAL \$ 42,130.STATEMENT 6
FORM 199, SCHEDULE M-1, LINE 5
EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURNIN-KIND EXPENSES FOR SPECIAL EVENTS..... \$ 199,033.
TOTAL \$ 199,033.STATEMENT 7
FORM 199, SCHEDULE M-1, LINE 7
INCOME RECORDED ON BOOKS NOT ON RETURNDONATED SPACE..... \$ 976.
UNREALIZED GAINS..... 1,289,117.
TOTAL \$ 1,290,093.STATEMENT 8
FORM 199, SCHEDULE M-1, LINE 8
DEDUCTIONS ON RETURN NOT ON BOOKSCOST OF GOODS SOLD..... \$ 1,498.
RENTAL EXPENSES..... 22,776.
TOTAL \$ 24,274.

2021

California Exempt Organization
Business Income Tax Return

109

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

California corporation number

0862036

Additional information. See instructions.

FEIN

95-3251490

Street address (suite/room no.)

2929 CHILDREN'S WAY

PMB no.

City (If the corporation has a foreign address, see instructions.)

SAN DIEGO

State

CA

ZIP code

92123

Foreign country name

Foreign province/state/county

Foreign postal code

A First return filed? ☐ Yes ☒ NoB Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ NoC Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

D Final return?

☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date (mm/dd/yyyy) _____

E Amended return? ☐ Yes ☒ NoF Accounting method used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ OtherG Nature of trade or business DEFT-FINANCED RENTALH Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ☐ Yes ☒ NoI Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ☐ Yes ☒ NoJ Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ☐ Yes ☒ NoK Unrelated Business Activity (UBA) code 531120L Is this a hospital? ☐ Yes ☒ No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30.	1	15,997.
	2	Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions.	2	
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1.	3	15,997.
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30.	4	
Tax Computation	5	Unrelated business taxable income from line 3 or line 4.	5	15,997.
	6	EZ, LAMBRA, or TTA NOL carryover deduction.	6	
	7	Net Operating Loss deduction. See General Information N.	7	
	8	Add line 6 and line 7.	8	
	9	Net unrelated business taxable income. Subtract line 8 from line 5.	9	15,997.
	10	Tax <u>8.84</u> % x line 9. See General Information J.	10	1,414.
	11	Tax credits from Schedule B. See instructions.	11	
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-.	12	1,414.
	13	Alternative minimum tax. See General Information O.	13	
	14	Total tax. Add line 12 and line 13.	14	1,414.
Payments	15	Overpayment from a prior year allowed as a credit.	15	
	16	2021 estimated tax payments. See instructions.	16	2,200.
	17	Withholding (Form 592-B and/or 593). See instructions.	17	
	18	Amount paid with extension (form FTB 3539).	18	
	19	Total payments and credits. Add line 15 through line 18.	19	2,200.
Use Tax/ Tax Due/ Overpayment	20	Use tax. See instructions.	20	
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19.	21	2,200.
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20.	22	
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions.	23	
	24	Overpayment. Subtract line 14 from line 21. See instructions.	24	786.
	25	Enter amount of line 24 to be applied to 2022 estimated tax.	25	786.

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24.	26	
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking ☐ Savings ☐ c Account Number.	26c	
	27 Penalties and interest. See General Information M.	27	
	28 ☐ Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24.	29	

Unrelated Business Taxable Income**Part I Unrelated Trade or Business Income**

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	1c	
2 Cost of goods sold and/or operations (Schedule A, line 7)			2	
3 Gross profit. Subtract line 2 from line 1c			3	
4a Capital gain net income. See Specific Line Instructions — Trusts attach Schedule D (541)			4a	
b Net gain (loss) from Part II, Schedule D-1			4b	
c Capital loss deduction for trusts			4c	
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			5	
6 Rental income (Schedule C)			6	
7 Unrelated debt-financed income (Schedule D)			7	16,997.
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8	
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9	
10 Exploited exempt activity income (Schedule G)			10	
11 Advertising income (Schedule H, Part III, Column A)			11	
12 Other income. Attach schedule			12	
13 Total unrelated trade or business income. Add line 3 through line 12.			13	16,997.

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	14	
15 Salaries and wages	15	
16 Repairs	16	
17 Bad debts	17	
18 Interest. Attach schedule	18	
19 Taxes. Attach schedule	19	
20 Contributions. See instructions and attach schedule	20	
21 a Depreciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F)	21 a	
b Less: depreciation claimed on Schedule A. See instructions	21 b	
22 Depletion. Attach schedule	22	
23 a Contributions to deferred compensation plans	23a	
b Employee benefit programs. See instructions	23b	
24 Other deductions. Attach schedule	24	
25 Total deductions. Add line 14 through line 24	25	
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13.	26	16,997.
27 Excess advertising costs (Schedule H, Part III, Column B)	27	
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26.	28	16,997.
29 Specific deduction. See instructions	29	1,000.
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.	30	15,997.

Sign Here	Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. 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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Title CFO	Date
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☐
	Firm's name (or yours, if self-employed) and address		PTIN
	LEAF & COLE, LLP		Firm's FEIN
	2810 CAMINO DEL RIO SOUTH, SUITE 200		Telephone
	SAN DIEGO, CA 92108		619.294.7200
May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No			

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) _____

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4a	Additional IRC Section 263A costs. Attach schedule	4a	
b	Other costs. Attach schedule	4b	
5	Total. Add line 1 through line 4b	5	
6	Inventory at end of year	6	
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2 ...	7	

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☒ No

Schedule B Tax Credits.

1	Enter credit name _____ code • _____ •	1	
2	Enter credit name _____ code • _____ •	2	
3	Enter credit name _____ code • _____ •	3	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11.	4	

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	
	b Method for non-dealer installment obligations	2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	
4	Credit recapture. Credit name	4	
5	Total. Combine the amounts on line 1 through line 4. See instructions	5	

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.**Part A. Standard Method – Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total sales	•	•	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			•

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions	•	•	•
2 Payroll factor: Wages and other compensation of employees	•	•	•
3 Sales factor: Gross sales and/or receipts less returns and allowances	•	•	•
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1	Description of property	2	Rent received or accrued	3	Percentage of rent attributable to personal property
					%
					%
					%
4	Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%		
(a)	Deductions directly connected (attach schedule)	(b)	Income includible, column 2 less column 4(a)	(a)	Gross income reportable, column 2 x column 3
				(b)	Deductions directly connected with personal property (attach schedule)
				(c)	Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6.

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property			2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule) ST 1
MEETING ROOM RENTAL			54,125.	4,647.	18,129.
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
34,313.	63,286.	54.219 %	29,346.	12,349.	16,997.
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7.					16,997.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8.					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer identification number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable income		8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9.					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, line 10							

Schedule H Advertising Income and Excess Advertising Costs**Part I Income from Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
Totals.....						

Part II Income from Periodicals Reported on a Separate Basis

Part III Column A – Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals

(b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7

Part III Column B – Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals

(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4

Enter total here and on Side 2, Part I, line 11.		Enter total here and on Side 2, Part II, line 27.	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14.					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (dd/mm/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings.....						
Furniture and fixtures.....						
Transportation equipment...						
Machinery and other equipment.....						
Other (specify)						
3 Other depreciation.....						
4 Total.....						
5 Amount of depreciation claimed elsewhere on return.....						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a.						

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CALIFORNIA STATEMENTS

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CLIENT 21-217

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

95-3251490

10/04/22

10:37AM

STATEMENT 1
FORM 109, SCHEDULE D, LINE 3B
OTHER DEDUCTIONS

MEETING ROOM RENTAL

INTEREST.....	\$	1,430.
REPAIRS.....		624.
UTILITIES.....		693.
WAGES AND SALARIES.....		15,382.
TOTAL	\$	<u>18,129.</u>

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC. Name of Organization		Check if: ☐ Change of address ☐ Amended report	
List all DBAs and names the organization uses or has used 2929 CHILDREN'S WAY Address (Number and Street)		State Charity Registration Number 033980	
SAN DIEGO, CA 92123 City or Town, State, and ZIP Code		Corporation or Organization No. 08620369	
858-467-4750 Telephone Number	E-mail Address	Federal Employer ID No. 95-3251490	

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/21 ending 12/31/21) list:

Total Revenue \$ 12,392,185. (including noncash contributions)
Noncash Contributions \$ 873,724. Total Assets \$ 45,974,745.
Program Expenses \$ 4,335,664. Total Expenses \$ 6,738,004.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	☐	☒
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	☐	☒
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	☐	☒
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	☒	☐
5 During this reporting period, did the organization receive any governmental funding?	☒	☐
6 During this reporting period, did the organization hold a raffle for charitable purposes?	☒	☐
7 Does the organization conduct a vehicle donation program?	☒	☐
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	☒	☐
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	☐	☒

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

NICOLE DEBERG Signature of Authorized Agent	CFO Title	Date
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CALIFORNIA STATEMENTS

PAGE 1

CLIENT 21-217

**RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.**

95-3251490

10/04/22

10:37AM

**STATEMENT 1
FORM RRF-1, PART B, LINE 4
FUNDRAISERS USED**

TRUESENSE
P.O. BOX 641114
PITTSBURGH, PA
15264-1114
877-878-6584

**STATEMENT 2
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

US. SMALL BUSINESS ADMINISTRATION
409 3RD ST, SW.
WASHINGTON DC 20416
PPP LOAN FORGIVENESS AND FEDERAL EMPLOYEE RETENTION CREDITS ONLY

**STATEMENT 3
FORM RRF-1, PART B, LINE 6
NUMBER AND DATES OF RAFFLES**

2021 SAN DIEGO GIVING BACK RAFFLE - 3/29/21-7/9/21
2021 HOEHN MOTORS LUXURY CAR RAFFLE - 8/26/21-10/14/21

**STATEMENT 4
FORM RRF-1, PART B, LINE 7
VEHICLE DONATION PROGRAM INFORMATION**

RMHC-SD USES THE SERVICES OF INSURANCE AUTO AUCTIONS INC TO RECEIVE DONATED
AUTOMOBILES, BOATS, AND AIRPLANES. INSURANCE AUTO AUCTIONS INC SELLS THE ITEMS AND
REMITTS THE NET PROCEEDS TO RMHC-SD.

2021**CALIFORNIA SUPPLEMENTAL INFORMATION****PAGE 1****CLIENT 21-217****RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.****95-3251490**

10/04/22

10:37AM

FORM 199, PART II, LINE 11
OFFICER COMPENSATION:

NAME	TITLE AND AVG HOURS WORKED	TOTAL COMPENSATION
CHARLES DAY	PRESIDENT & CEO 40	\$314,335
NICOLE DEBERG	CFO 40	\$204,983
GABRIELA ROBISON	COO 40	\$199,456
OSCAR GOMEZ	COO 40	\$27,874

12/31/21

2021 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT 21-217

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

95-3251490

10/04/22

10:37AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
AUTO / TRANSPORT EQUIPMENT										
10	AUTOMOBILES	12/11/17	11/30/21	60,618			53,067	S/L	5	0
11	AUTOMOBILES	11/30/21		53,542				S/L	5	2,677
12	AUTOMOBILES	VARIOUS		72,093			57,639	S/L	5	10,599
TOTAL AUTO / TRANSPORT EQUI				186,253		0	110,706			13,276
BUILDINGS										
1	BUILDINGS	VARIOUS		16,093,662			4,744,872	S/L	39	412,658
2	GARAGE	VARIOUS		9,191,578			2,710,332	S/L	39	235,681
TOTAL BUILDINGS				25,285,240		0	7,455,204			648,339
FURNITURE AND FIXTURES										
5	FURNITURE AND FIXTURES	VARIOUS		631,273			204,071	S/L	7	76,262
6	UPLEAFE WEBSITE UPDRADES	VARIOUS	12/31/21	13,200			13,200	S/L	7	0
TOTAL FURNITURE AND FIXTURE				644,473		0	217,271			76,262
IMPROVEMENTS										
7	CARPET	4/12/16	12/31/21	9,176			7,234	S/L	15	0
8	IMPROVEMENTS	VARIOUS		3,061,498			707,534	S/L	15	203,199
9	IMPROVEMENTS	7/01/21		123,494				S/L	15	2,941
13	LEASE IMPROVEMENT	VARIOUS		261,060			120,511	S/L	7	10,704
14	LEASE IMPROVEMENT	5/01/21		42,235				S/L	7	3,520
TOTAL IMPROVEMENTS				3,497,463		0	835,279			220,364
MACHINERY AND EQUIPMENT										
3	EQUIPMENT	VARIOUS		210,816			92,373	S/L	7	23,061
4	EQUIPMENT	6/30/21		31,154				S/L	7	1,952
TOTAL MACHINERY AND EQUIPME				241,970		0	92,373			25,013
MISCELLANEOUS										
15	SOFTWARE	VARIOUS		442,867			107,200	S/L	7	63,267
16	SOFTWARE	12/20/21		15,000				S/L	7	0
TOTAL MISCELLANEOUS				457,867		0	107,200			63,267

12/31/21

2021 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 2

CLIENT 21-217

RONALD MCDONALD HOUSE CHARITIES OF SAN
DIEGO, INC.

95-3251490

10/04/22

10:37AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
	TOTAL DEPRECIATION			<u>30,313,266</u>		<u>0</u>	<u>8,818,033</u>			<u>1,046,521</u>
	GRAND TOTAL DEPRECIATION			<u>30,313,266</u>		<u>0</u>	<u>8,818,033</u>			<u>1,046,521</u>
	DEPRECIATION ASSETS SOLD			82,994		0	73,501			0
	DEPR REMAINING ASSETS			<u>30,230,272</u>		<u>0</u>	<u>8,744,532</u>			<u>1,046,521</u>

12/31/21

2021 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE

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	DEPR REMAINING ASSETS			<u>30,230,272</u>		<u>0</u>	<u>8,744,532</u>			<u>1,046,521</u>

Installment 1 – File and Pay by the 15th day of the 4th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2022 Form 100-ES' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM -----

Caution: The corporation may be required to pay electronically. See instructions.

----- DETACH HERE -----

Installment 1

TAXABLE YEAR

CALIFORNIA FORM

2022

Corporation Estimated Tax

100-ES

0862036 RONA 95-3251490 000000000000 22 FORM 2
 TYB 01-01-2022 TYE 12-31-2022
 RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO INC
 NICOLE DEBERG
 2929 CHILDRENS WAY
 SAN DIEGO CA 92123 858-467-4750

EST TAX AMT

QSUB TAX AMT

TOTAL PAYMENT AMT

Installment 2 – File and Pay by the 15th day of the 6th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2022 Form 100-ES' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

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TAXABLE YEAR

2022

Corporation Estimated Tax

----- DETACH HERE -----
Installment 2

CALIFORNIA FORM

100-ES

0862036 RONA 95-3251490 000000000000 22 FORM 2
TYB 01-01-2022 TYE 12-31-2022
RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO INC
NICOLE DEBERG
2929 CHILDRENS WAY
SAN DIEGO CA 92123 858-467-4750

EST TAX AMT 264. QSUB TAX AMT TOTAL PAYMENT AMT 264.

Installment 3 – File and Pay by the 15th day of the 9th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2022 Form 100-ES' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

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SACRAMENTO CA 94257-0531**

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TAXABLE YEAR

----- DETACH HERE -----
**Installment 3
CALIFORNIA FORM**

2022

Corporation Estimated Tax

100-ES

0862036 RONA 95-3251490 000000000000 22 FORM 2
TYB 01-01-2022 TYE 12-31-2022
RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO INC
NICOLE DEBERG
2929 CHILDRENS WAY
SAN DIEGO CA 92123 858-467-4750

EST TAX AMT

QSUB TAX AMT

TOTAL PAYMENT AMT

Installment 4 – File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2022 Form 100-ES' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

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TAXABLE YEAR

2022

Corporation Estimated Tax

----- DETACH HERE -----

Installment 4

CALIFORNIA FORM

100-ES

0862036 RONA 95-3251490 000000000000 22 FORM 2
TYB 01-01-2022 TYE 12-31-2022
RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO INC
NICOLE DEBERG
2929 CHILDRENS WAY
SAN DIEGO CA 92123 858-467-4750

EST TAX AMT 450. QSUB TAX AMT TOTAL PAYMENT AMT 450.