

**2024 Exempt Org. Return**  
prepared for:

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

**COPY**

**Leaf & Cole, LLP**  
2810 Camino Del Rio South, Suite 200  
San Diego, CA 92108

*"Taxpayer's Copy-Retain for your files"*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning, 2024, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC. 2929 CHILDREN'S WAY SAN DIEGO, CA 92123
D Employer identification number 95-3251490
E Telephone number 858-467-4750
G Gross receipts \$ 27,054,324.

F Name and address of principal officer: CHARLES DAY
SAME AS C ABOVE
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No

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

J Website: WWW.RMHCS.D.ORG
K Form of organization: X Corporation Trust Association Other
L Year of formation: 1978
M State of legal domicile: CA

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

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 (NICOLE DEBERG), Date (10/21/2025), Title (CFO)

Paid Preparer Use Only: Preparer's name (LATONYA M. KNOX), Signature (LATONYA M. KNOX), Date (10/20/25), Check self-employed, PTIN (P00513874), Firm's name (LEAF & COLE, LLP), Firm's address (2810 CAMINO DEL RIO SOUTH, SUITE 200 SAN DIEGO, CA 92108), Firm's EIN (95-2076568), 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 Accomplishments

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

1 Briefly describe the organization's mission:

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 [X] No

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

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

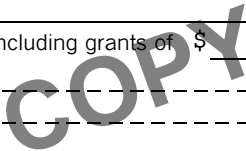
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 5,943,014. including grants of \$ ) (Revenue \$ 331,785.)

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. IN 2024 THE ORGANIZATION OPERATED A MAIN HOUSE FACILITY WITH 47 GUEST SUITES AND A NORTH HOUSE WITH 8 GUEST SUITES. IN 2024, THE ORGANIZATION FURTHER CONTINUED THE CONSTRUCTION OF AN ADDITIONAL 27 GUEST SUITES WHICH WERE COMPLETED AND PLACED INTO OPERATION ON JULY 1, 2025.

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 5,943,014.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

		Yes	No
<b>2a</b>	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. . . . .		
	<b>2a</b> 65		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<input checked="" type="checkbox"/>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. . . . .	<input checked="" type="checkbox"/>	
<b>4a</b>	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)? . . . . .		<input checked="" type="checkbox"/>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		<input checked="" type="checkbox"/>
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<input checked="" type="checkbox"/>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<input checked="" type="checkbox"/>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders. . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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. . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. . . . .	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	<input checked="" type="checkbox"/>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<input checked="" type="checkbox"/>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>	

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (21), 1b (21), 2 (X), 3 (X), 4 (X), 5 (X), 6 (SEE SCHEDULE O), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b (SEE SCHEDULE O), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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.
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 Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(1) CHARLES DAY PRESIDENT & CEO	40 0			X			293,996.	0.	45,309.
(2) NICOLE DEBERG CFO	40 0			X			253,700.	0.	16,602.
(3) THIEN GIANG DIR OF MULTIMEDIA	40 0				X		218,189.	0.	2,402.
(4) OSCAR GOMEZ COO	40 0			X			209,475.	0.	5,657.
(5) MELINDA COLLINS CPO	40 0			X			182,251.	0.	16,533.
(6) KIMBERLY MERCADO DIR OF CORP PHIL	40 0					X	136,039.	0.	10,536.
(7) BETH VAN EETVELDT CAMPAIGN DIRECTOR	40 0					X	129,944.	0.	13,677.
(8) MARCY RODIN DIR OF GRANTS/PUBS	40 0					X	113,926.	0.	17,121.
(9) GABRIELA FARIAS DIR OF OP	40 0					X	120,634.	0.	9,997.
(10) ERIC EASTHAM CHAIR	2 0	X		X			0.	0.	0.
(11) MATTHEW COBAS VICE CHAIR	2 0	X		X			0.	0.	0.
(12) TASIA BLAZEVIK TREASURER	2 0	X		X			0.	0.	0.
(13) ANTHONY BERNAL SECRETARY	2 0	X		X			0.	0.	0.
(14) BRANDY BULLEN SECRETARY	2 0	X		X			0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) BRIAN CAHILL TRUSTEE	2 0	X					0.	0.	0.	
(16) BAMBOS CHARALAMBOUS TRUSTEE	2 0	X					0.	0.	0.	
(17) TRULETTE CLAYES, CPA TRUSTEE	2 0	X					0.	0.	0.	
(18) DR. ANDY DANG TRUSTEE	2 0	X					0.	0.	0.	
(19) ILIAN EMMONS TRUSTEE	2 0	X					0.	0.	0.	
(20) DONNA EVANS TRUSTEE	2 0	X					0.	0.	0.	
(21) PAUL FITZGERALD TRUSTEE	2 0	X					0.	0.	0.	
(22) DANIEL GRIMMER TRUSTEE	2 0	X					0.	0.	0.	
(23) CORWIN JOHNSON TRUSTEE	2 0	X					0.	0.	0.	
(24) JENNIFER KAMINS TRUSTEE	2 0	X					0.	0.	0.	
(25) JACKIE LEWIS TRUSTEE	2 0	X					0.	0.	0.	
<b>1b Subtotal</b>							1,658,154.	0.	137,834.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,658,154.	0.	137,834.	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	19									

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PREVOST - A SKYLINE COMMERCIAL CO. 5051 AVENIDA ENCINAS CARLSBAD, CA	DIRECT CONSTRUCTION	5,305,847.
MAILING SYSTEMS INC 1464 ENTERPRISE BLVD W SACRAMENTO, CA 95691	MAILING RAFFLE BROCHURES	625,377.
SKYRIVER IT 7310 MIRAMAR RD STE 101 SAN DIEGO, CA 92123	IT SERVICES	279,687.
ICONIK BUILDERS, INC. 123 W ORANGE ST. VISTA, CA 92083	TRIKE TRACK FOR EXPANSIO	200,000.
BARRIE COMPANY 6336 GREENWICH DR SUITE D SAN DIEGO, CA 92122	PROJECT MGMT RM28 EXPAND	171,564.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	8	

Department of the Treasury  
Internal Revenue Service

Name of the Organization <b>RONALD MCDONALD HOUSE CHARITIES OF SAN</b>	Employer Identification number <b>95-3251490</b>
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**Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

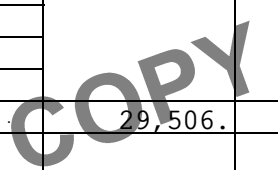
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable 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) DR. ROHIT RAO ----- TRUSTEE	2 ----- 0	X						0.	0.	0.
(2) JOSH RATHWEG ----- TRUSTEE	2 ----- 0	X						0.	0.	0.
(3) TOM ROSSO ----- TRUSTEE	2 ----- 0	X						0.	0.	0.
(4) ADRIENNE HOEHN ----- TRUSTEE	2 ----- 0	X						0.	0.	0.
(5) JILL STRICKLAND ----- TRUSTEE	2 ----- 0	X						0.	0.	0.
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
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(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										

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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	706,757.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	28,492.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	9,789,780.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	1,533,682.				
	<b>h Total.</b> Add lines 1a-1f .....		10,525,029.				
	<b>Program Service Revenue</b>	<b>2a</b> <u>HOUSE GUEST COLLECTIONS</u> .....		<b>Business Code</b> 624221	331,785.	331,785.	
<b>b</b> -----							
<b>c</b> -----							
<b>d</b> -----							
<b>e</b> -----							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....				331,785.			
<b>Miscellaneous Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			785,238.		785,238.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			4,000.		4,000.	
	<b>6a</b> Gross rents .....		(i) Real				
		<b>6a</b>	(ii) Personal				
	<b>b</b> Less: rental expenses .....	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....			29,506.	10,775.	18,731.	
	<b>7a</b> Gross amount from sales of assets other than inventory .....		(i) Securities				
		<b>7a</b>	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....			1,856,822.		1,856,822.	
<b>Other Revenue</b>	<b>8a</b> Gross income from fundraising events (not including \$ <u>706,757.</u> of contributions reported on line 1c). See Part IV, line 18 .....						
		<b>8a</b>	144,779.				
	<b>b</b> Less: direct expenses .....	<b>8b</b>	350,067.				
	<b>c</b> Net income or (loss) from fundraising events .....			-205,288.		-205,288.	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>	6,461,730.			
		<b>b</b> Less: direct expenses .....	<b>9b</b>	4,376,234.			
		<b>c</b> Net income or (loss) from gaming activities .....			2,085,496.		2,085,496.
	<b>10a</b> Gross sales of inventory, less returns and allowances .....		<b>10a</b>	585.			
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>	285.			
<b>c</b> Net income or (loss) from sales of inventory .....				300.		300.	
<b>Miscellaneous Revenue</b>	<b>11a</b> -----		<b>Business Code</b>				
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....				15,412,888.	331,785.	10,775.	4,545,299.



**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.

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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.....	1,023,523.	384,785.	355,129.	283,609.
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.....	3,256,471.	1,758,375.	201,627.	1,296,469.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	113,793.	44,688.	20,661.	48,444.
9 Other employee benefits.....	233,516.	207,327.	7,682.	18,507.
10 Payroll taxes.....	304,249.	153,064.	37,856.	113,329.
11 Fees for services (nonemployees):				
a Management.....				
b Legal.....	214,774.	5,940.	202,031.	6,803.
c Accounting.....	97,090.		97,090.	
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17.....	158,378.			158,378.
f Investment management fees.....	73,009.		71,708.	1,301.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.).....	209,550.	95,478.	76,849.	37,223.
12 Advertising and promotion.....	66,526.			66,526.
13 Office expenses.....	240,555.	186,964.	1,741.	51,850.
14 Information technology.....	148,979.	95,539.	11,406.	42,034.
15 Royalties.....				
16 Occupancy.....	518,175.	449,243.	16,045.	52,887.
17 Travel.....	51,176.	7,791.	4,833.	38,552.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....				
20 Interest.....	192,881.	189,117.	875.	2,889.
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization.....	1,112,837.	1,072,997.	3,112.	36,728.
23 Insurance.....	181,580.	133,342.	5,861.	42,377.
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 &amp; SERVICES</u> .....	1,296,651.	1,116,273.	2,365.	178,013.
b <u>OTHER EXPENSES</u> .....	302,472.	41,222.	12,258.	248,992.
c <u>MERCHANT FEES</u> .....	75,832.	869.	3,963.	71,000.
d <u>RAFFLE PROGRAM DEPRECIATION</u> .....	-29,746.			-29,746.
e All other expenses.....				
25 Total functional expenses. Add lines 1 through 24e. ....	9,842,271.	5,943,014.	1,133,092.	2,766,165.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).....	96,030.	28,809.		67,221.

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing .....	3,703,435.	<b>1</b>	4,324,959.
	<b>2</b> Savings and temporary cash investments .....	223,634.	<b>2</b>	318,336.
	<b>3</b> Pledges and grants receivable, net .....	4,539,947.	<b>3</b>	3,758,809.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	219,223.	<b>9</b>	345,567.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 31,049,612.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 12,901,259.	19,102,421.	<b>10c</b> 18,148,353.
	<b>11</b> Investments – publicly traded securities .....	21,537,389.	<b>11</b>	21,578,621.
	<b>12</b> Investments – other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	348,300.	<b>15</b>	6,451,178.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	49,674,349.	<b>16</b>	54,925,823.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	794,448.	<b>17</b>	849,478.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	20,904.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	5,030,077.	<b>23</b>	3,978,168.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	23,439.	<b>25</b>	13,834.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,847,964.	<b>26</b>	4,862,384.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	32,621,458.	<b>27</b>	39,948,662.
	<b>28</b> Net assets with donor restrictions .....	11,204,927.	<b>28</b>	10,114,777.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	43,826,385.	<b>32</b>	50,063,439.
<b>33</b> Total liabilities and net assets/fund balances .....	49,674,349.	<b>33</b>	54,925,823.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	15,412,888.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,842,271.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,570,617.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	43,826,385.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	783,098.
<b>6</b>	Donated services and use of facilities	<b>6</b>	976.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O) <b>SEE SCHEDULE O</b>	<b>9</b>	-117,637.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	50,063,439.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
<b>b</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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Name of the organization <b>RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.</b>	Employer identification number <b>95-3251490</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,546,009.	7,583,480.	7,027,503.	9,162,906.	10525029.	38,844,927.
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 <b>Total.</b> Add lines 1 through 3	4,546,009.	7,583,480.	7,027,503.	9,162,906.	10525029.	38,844,927.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,745,649.
6 <b>Public support.</b> Subtract line 5 from line 4						37,099,278.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	4,546,009.	7,583,480.	7,027,503.	9,162,906.	10525029.	38,844,927.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	249,024.	374,969.	421,256.	705,026.	823,597.	2,573,872.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	24,727.	16,997.	11,672.	11,900.	10,775.	76,071.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	2,291,114.	3,431,463.	2,827,369.	2,520,936.	2,085,496.	13,156,378.
11 <b>Total support.</b> Add lines 7 through 10						54,651,248.
12 Gross receipts from related activities, etc. (see instructions)					12	1,694,725.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	67.88 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	67.26 %

16a **33-1/3% support test—2024.** 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—2023.** 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—2024.** 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—2023.** 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) = 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 = 16 %.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) = 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 = 18 %.

19a 33-1/3% support tests-2024. 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-2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> 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>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> 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).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990) 2024

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

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 . . . . .			
<b>b</b> From 2020 . . . . .			
<b>c</b> From 2021 . . . . .			
<b>d</b> From 2022 . . . . .			
<b>e</b> From 2023 . . . . .			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 . . . . .			
<b>b</b> Excess from 2021 . . . . .			
<b>c</b> Excess from 2022 . . . . .			
<b>d</b> Excess from 2023 . . . . .			
<b>e</b> Excess from 2024 . . . . .			

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**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**

<u>NATURE AND SOURCE</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
GAMING EVENT NET INCOME	\$2,085,496.	\$2,520,936.	\$2,827,369.	\$3,431,463.	\$ 2,291,114.
TOTAL	<u>\$2,085,496.</u>	<u>\$2,520,936.</u>	<u>\$2,827,369.</u>	<u>\$3,431,463.</u>	<u>\$ 2,291,114.</u>

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**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY  
**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.	Employer identification number 95-3251490
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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.

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**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).

<b>Name of organization</b> RONALD MCDONALD HOUSE CHARITIES OF SAN	<b>Employer identification number</b> 95-3251490
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,000,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 470,108.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 266,709.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 237,774.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

Name of organization <b>RONALD MCDONALD HOUSE CHARITIES OF SAN</b>	Employer identification number <b>95-3251490</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

COPY

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			
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

COPY

SCHEDULE D (Form 990)

(Rev. December 2024)

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

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and 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?
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?

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).
2a Preservation of land for public use (for example, recreation or education)
2b Protection of natural habitat
2c Preservation of open space
2d Preservation of a historically important land area
2e Preservation of a certified historic structure

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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for total number of easements, total acreage restricted, number of easements on a certified historic structure, and number of easements included on line 2c.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,270,055.	7,145,811.	7,869,496.	8,769,100.	8,143,759.
b Contributions	1,162,291.	288,277.	630,589.	495,765.	605,000.
c Net investment earnings, gains, and losses	1,206,029.	1,046,324.	-995,583.	1,006,389.	865,602.
d Grants or scholarships					
e Other expenditures for facilities and programs	222,583.	210,357.	358,691.	2,367,446.	845,261.
f Administrative expenses				34,312.	
g End of year balance	10,415,792.	8,270,055.	7,145,811.	7,869,496.	8,769,100.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 36.00 %
  - b Permanent endowment 64.00 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

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
1a Land				
b Buildings		25,285,239.	10,048,562.	15,236,677.
c Leasehold improvements		3,534,276.	1,460,891.	2,073,385.
d Equipment		741,816.	383,225.	358,591.
e Other		1,488,281.	1,008,581.	479,700.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 18,148,353.

**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) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, column (B))		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B))		

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	6,437,598.
(2) RIGHT OF USE ASSET	13,580.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B))	6,451,178.

**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) OPERATING LEASE LIABILITY	13,834.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B))	13,834.

**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.

<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	18,429,621.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	783,098.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	976.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) SEE PART XIII	<b>2d</b>	2,536,203.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,320,277.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,109,344.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	73,008.
<b>b</b>	Other (Describe in Part XIII.) SEE PART XIII	<b>4b</b>	230,536.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	303,544.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	15,412,888.

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	12,192,567.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) SEE PART XIII	<b>2d</b>	2,423,304.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,423,304.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,769,263.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	73,008.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	73,008.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	9,842,271.

**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 DIEGO 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, 2024, 2023, 2022, AND 2021 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.....	\$	285.
RENTAL EXPENSES.....		24,619.
SPECIAL EVENT EXPENSES.....		2,511,299.
	TOTAL	<u>\$ 2,536,203.</u>

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

IN-KIND SPECIAL EVENT RECLASS.....	\$	230,536.
	TOTAL	<u>\$ 230,536.</u>

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

SPECIAL EVENT EXPENSES.....	\$	2,423,304.
	TOTAL	<u>\$ 2,423,304.</u>

**SCHEDULE G  
(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

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

**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 col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> TRUESENSE MARKETING PO BOX 64114 PITTSBURGH PA 15264	FUNDRAISING	X		200,478.	158,378.	42,100.
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				200,478.	158,378.	42,100.

COPY

**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	(b) Event #2	(c) Other events	(d) Total events		
		RED SHOE DAY (event type)	GOLF TOURNAMEN (event type)	2 (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	387,477.	319,933.	144,126.	851,536.	
	2	Less: Contributions	387,477.	202,192.	117,088.	706,757.	
	3	Gross income (line 1 minus line 2)		117,741.	27,038.	144,779.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages		32,767.		32,767.	
	8	Entertainment					
	9	Other direct expenses	203,240.	63,239.	50,821.	317,300.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					350,067.
	11	Net income summary. Subtract line 10 from line 3, column (d)					-205,288.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			6,461,730.
Direct Expenses	2	Cash prizes			1,878,440.	1,878,440.
	3	Noncash prizes			354,379.	354,379.
	4	Rent/facility costs			5,233.	5,233.
	5	Other direct expenses			2,138,182.	2,138,182.
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					4,376,234.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					2,085,496.

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:

<b>a</b> The organization's facility	<b>13a</b>	100.0 %
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name NICOLE DEBERG, CFO

Address 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 the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

**16** Gaming manager information:

Name THIEN GIANG

Gaming manager compensation \$ 220,591.

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... \$ 5,816,457. 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 15  
THIRD PARTY CONTRACT FOR GAMING REVENUE**

NAME AND ADDRESS	REVENUE RECEIVED BY ORG	REVENUE RETAINED BY THIRD PARTY
------------------	-------------------------	---------------------------------

TOTAL \$ 0 \$ 0

- 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:

<b>a</b> The organization's facility	<b>13 a</b>	%
<b>b</b> An outside facility	<b>13 b</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 the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

**16** Gaming manager information:

Name \_\_\_\_\_

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

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

Director/officer  Employee  Independent contractor

**17** Mandatory distributions:

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

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

**PART III, LINE 16  
GAMING MANAGER**

NAME	DESCRIPTION OF SERVICES	COMPENSATION
JENNIFER YOUNG-GASKILL EMPLOYEE	MANAGEMENT, ADMINISTRATION AND PROMOTION	\$ 31,761.

- 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:

<b>a</b> The organization's facility	<b>13 a</b>	%
<b>b</b> An outside facility	<b>13 b</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 the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

**16** Gaming manager information:

Name \_\_\_\_\_

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

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

Director/officer  Employee  Independent contractor

**17** Mandatory distributions:

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

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

**PART III, LINE 17B  
DISTRIBUTIONS REQUIRED UNDER STATE LAW**

STATE DISTRIBUTIONS	\$ 5,816,457.
TOTAL	<u>\$ 5,816,457.</u>

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

**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**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- 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? ..... **5a**
- b** Any related organization? ..... **5b**
- 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? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

**Schedule J (Form 990) (Rev. 12-2024)**

**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)	293,996.	0.	0.	11,825.	33,484.	339,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 NICOLE DEBERG CFO	(i)	253,700.	0.	0.	10,148.	6,454.	270,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 OSCAR GOMEZ COO	(i)	209,475.	0.	0.	427.	5,230.	215,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MELINDA COLLINS CPO	(i)	182,251.	0.	0.	7,419.	9,114.	198,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 THIEN GIANG DIR OF MULTIMEDIA	(i)	218,189.	0.	0.	2,328.	74.	220,591.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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)							

COPY

**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.

COPY

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

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

Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF 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		816,809.	FMV
6 Cars and other vehicles	X	45	60,550.	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		284,731.	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SEE PART II)				
26 Other ( )				
27 Other ( )				
28 Other ( )				

COPY

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**

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

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

**Schedule M (Form 990) 2024**

**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.

**SCH M, PART I, LINES 25-28  
OTHER NON-CASH CONTRIBUTIONS**

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE ON FORM 990, PART VIII	METHOD OF DETER. REV.
MEDIA	X	2	\$ 175,000.	FMV
AUCTION & EVENT	X	38	86,653.	FMV
EQUIPMENT	X		100,878.	FMV
UTILITIES	X		6,876.	FMV
PROF SERVICES	X	1	2,185.	FMV

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

RMHC-SD USES THE SERVICES OF CARS NAV TO RECEIVE DONATED AUTOMOBILES, BOATS, AND AIRPLANES. CARS NAV 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 IS BASED UPON THE NUMBER OF CONTRIBUTIONS MADE.

COPY

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**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

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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 (C**

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 17 - LIST OF STATES WHICH THIS RETURN IS FILED**

AK AL 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 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION**

FORM 990 AND OTHER FINANCIAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON OTHER  
ORGANIZATIONS' WEB SITES, SUCH AS VARIOUS CHARITY EVALUATOR WEB SITES.

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 ORGANIZATION'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.

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

FORM 990 AND OTHER FINANCIAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON OTHER  
ORGANIZATIONS' WEB SITES, SUCH AS VARIOUS CHARITY EVALUATOR WEB SITES.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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)**

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 ORGANIZATION'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.

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

COST OF GOOD SOLD.....	\$	285.
OTHER EVENT RECLASS.....		-142,541.
RENTAL EXPENSES.....		24,619.
TOTAL	\$	<u>-117,637.</u>

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2024

Department of the Treasury Internal Revenue Service

Attach to your tax return.

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

Attachment 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.

Table with 13 rows for Section 179 election details, including lines 1-13 for maximum amount, total cost, threshold, and carryover.

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.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation, including lines 14-16.

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

Section A

Table with 2 rows for MACRS Depreciation, including lines 17-18.

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) for Section B assets, including classification, month placed in service, basis, recovery period, convention, method, and depreciation deduction.

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

Table with 6 columns for Section C assets, including class life, recovery period, convention, and method.

Part IV Summary (See instructions.)

Table with 3 rows for Summary, including lines 21-23 for listed property, total, and section 263A costs.

**Application for Extension of Time To File an Exempt Organization  
 Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

**File a separate application for each return.  
 Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**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.

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.

**Part I – Identification**

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

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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of NICOLE DEBERG 2929 CHILDREN'S WAY SAN DIEGO CA 92123  
 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, 2025, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 2024 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2024

For calendar year 2024 or other tax year beginning \_\_\_\_\_, 2024, 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 an 501(c)(3).

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

Department of the Treasury Internal Revenue Service

Header section containing: A Check box if address changed; B Exempt under section 501(C)(3); C Book value of all assets at end of year: 54,925,823; D Employer identification number: 95-3251490; E Group exemption number; F Check box if an amended return.

G Check organization type: [X] 501(c) corporation; [ ] 501(c) trust; [ ] 401(a) trust; [ ] Other trust; [ ] State college/university; [ ] 6417(d)(1)(A) Applicable entity

H Check if filing only to claim: [ ] Credit from Form 8941; [ ] Refund shown on Form 2439; [ ] Elective payment amount from Form 3800

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; [X] No

L The books are in care of: NICOLE DEBERG 2929 CHILDREN'S WAY SAN DIEGO CA 9212 Telephone number 858-598-2431

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I. Line 11: Unrelated business taxable income: 9,775.

Part II Tax Computation

Table with 7 rows for Part II. Line 7: Total: 2,053.

Part III Tax and Payments

Table with 4 main rows for Part III. Line 4: Total tax: 2,053.

**Part III Tax and Payments** (continued)

<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	
<b>6a</b>	Payments: Preceding year's overpayment credited to the current year	<b>6a</b>	952.
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	1,500.
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	3,000.
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b>	Elective payment election amount from Form 3800	<b>6g</b>	
<b>h</b>	Payment from Form 2439	<b>6h</b>	
<b>i</b>	Credit from Form 4136	<b>6i</b>	
<b>j</b>	Other (see instructions)	<b>6j</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j	<b>7</b>	5,452.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	3,399.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> 3,399. <b>Refunded</b>	<b>11</b>	0.

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

<b>1</b>	At any time during the 2024 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 _____	<b>Yes</b>	<b>No</b>
<b>2</b>	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
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year. \$ _____ 0.		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ _____. 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.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available 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	
	-----	\$ -----	
	-----	\$ -----	
	-----	\$ -----	
	-----	\$ -----	
<b>6a</b>	Reserved for future use		
<b>b</b>	Reserved for future use		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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 _____	CFO	Title _____	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LATONYA M. KNOX	LATONYA M. KNOX	10/20/25		P00513874
	Firm's name	Firm's EIN		Firm's EIN	
	LEAF & COLE, LLP	95-2076568		95-2076568	
Firm's address	Phone no.			619.294.7200	
	2810 CAMINO DEL RIO SOUTH, SUITE 200				
	SAN DIEGO, CA 92108				

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

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

OMB No. 1545-0047

**2024**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

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

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

<b>Part I</b>	<b>Unrelated Trade or Business Income</b>	<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
<b>c</b>	Balance			
<b>2</b>	Cost of goods sold (Part III, line 8)			
<b>3</b>	Gross profit. Subtract line 2 from line 1c			
<b>4a</b>	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions			
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
<b>c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)			
<b>6</b>	Rent income (Part IV)			
<b>7</b>	Unrelated debt-financed income (Part V)	19,766.	8,991.	10,775.
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
<b>10</b>	Exploited exempt activity income (Part VIII)			
<b>11</b>	Advertising income (Part IX)			
<b>12</b>	Other income (see instructions; attach statement)			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	19,766.	8,991.	10,775.

<b>Part II</b>	<b>Deductions Not Taken Elsewhere.</b> See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
<b>1</b>	Compensation of officers, directors, and trustees (Part X)			
<b>2</b>	Salaries and wages			
<b>3</b>	Repairs and maintenance			
<b>4</b>	Bad debts			
<b>5</b>	Interest (attach statement). See instructions			
<b>6</b>	Taxes and licenses			
<b>7</b>	Depreciation (attach Form 4562). See instructions	7		
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	8a		8b
<b>9</b>	Depletion			
<b>10</b>	Contributions to deferred compensation plans			
<b>11</b>	Employee benefit programs			
<b>12</b>	Excess exempt expenses (Part VIII)			
<b>13</b>	Excess readership costs (Part IX)			
<b>14</b>	Other deductions (attach statement)			
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14			
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			10,775.
<b>17</b>	Deduction for net operating loss. See instructions			
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16			10,775.

**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	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 2a and 2b (attach statement)				
5 <b>Total deductions.</b> 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 2			
a Straight line depreciation (attach statement)	4,386.			
b Other deductions (attach statement) STATEMENT 3	20,233.			
c Total deductions (add lines 3a and 3b, columns A through D)	24,619.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STATEMENT 4	18,409.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STATEMENT 5	50,408.			
6 Divide line 4 by line 5	36.5200 %	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	19,766.			
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	19,766.			
9 Allocable deductions. Multiply line 3c by line 6	8,991.			
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	8,991.			
11 <b>Total dividends - received deductions</b> 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)				
<b>Totals</b> .....			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).

**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)				
<b>Totals</b> .....		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).

**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, column (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

**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 -0- 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 -0-.....				
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 -0- here and on Part II, line 13.....				

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

1 Name	2 Title	3 Percentage 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)

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2024

Department of the Treasury Internal Revenue Service

Attach to your tax return.

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

Attachment 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

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.

Table with 13 rows for Section 179 election. Includes fields for maximum amount, total cost, threshold cost, reduction in limitation, and carryover of disallowed deduction.

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.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation. Includes fields for special depreciation allowance, property subject to section 168(f)(1) election, and other depreciation.

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

Section A

Table with 2 rows for MACRS Depreciation. Includes fields for MACRS deductions for assets placed in service in tax years beginning before 2024 and a checkbox for grouping assets.

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, residential rental, and nonresidential real property.

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) Recovery period, (f) Method, (g) Depreciation deduction. Includes rows for class life, 12-year, 30-year, and 40-year property.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Includes fields for listed property amount, total depreciation, and carryover of disallowed deduction.

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 08/08/24

Form 4562 (2024)

**Application for Extension of Time To File an Exempt Organization  
 Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

**File a separate application for each return.  
 Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**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.

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.

**Part I – Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.	95-3251490
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	
	2929 CHILDREN'S WAY 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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of NICOLE DEBERG 2929 CHILDREN'S WAY SAN DIEGO CA 92123

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, 2025, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 2024 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	3,000.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	3,000.

STATEMENT 2  
SCHEDULE A, PART V, LINE 3A  
STRAIGHT LINE DEPRECIATION

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

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

2929 CHILDREN'S WAY, SAN DIEGO, CA 92123		
INTEREST		\$ 770.
REPAIRS		816.
TAXES		941.
UTILITIES		1,025.
WAGES AND SALARIES		16,681.
	TOTAL	\$ 20,233.
	PERCENT ALLOCABLE	1.0000
	TOTAL	\$ 20,233.

COPY

STATEMENT 4  
SCHEDULE A, PART V, LINE 4  
AVERAGE ACQUISITION INDEBTEDNESS

PROPERTY	AVERAGE ACQUISITION DEBT	PERCENT ALLOCABLE	AVERAGE ALLOCABLE ACQ. DEBT
2929 CHILDREN'S WAY, SAN DIEGO, CA 92123	\$ 18,409.	1.0000	\$ 18,409.

STATEMENT 5  
SCHEDULE A, PART V, LINE 5  
ALLOCABLE ADJUSTED BASIS

DESCRIPTION OF PROPERTY	BEGINNING ADJUSTED BASIS	ENDING ADJUSTED BASIS	AVERAGE ADJUSTED BASIS	PERCENT ALLOCABLE	ALLOCABLE ADJUSTED BASIS
2929 CHILDREN'S WAY, SAN DIEGO, CA 92123					TOTAL \$ 50,408.

RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.

10/20/25

02:42PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
12	AUTOMOBILES	VARIOUS		147,973							147,973	84,033	S/L	5		19,906
	TOTAL AUTO / TRANSPORT EQUIP			147,973		0	0	0	0	0	147,973	84,033				19,906
BUILDINGS																
1	BUILDINGS	VARIOUS		25,285,239							25,285,239	9,400,223	S/L	39		648,339
	TOTAL BUILDINGS			25,285,239		0	0	0	0	0	25,285,239	9,400,223				648,339
FURNITURE AND FIXTURES																
5	FURNITURE AND FIXTURES	VARIOUS		625,886							625,886	375,240	S/L	7		72,886
26	FURNITURE AND FIXTURES	VARIOUS	12/31/24	25,671							25,671	25,671	S/L	7		0
	TOTAL FURNITURE AND FIXTURE			651,557		0	0	0	0	0	651,557	400,911				72,886
IMPROVEMENTS																
8	IMPROVEMENTS	VARIOUS		3,534,276							3,534,276	1,254,599	S/L	15		206,292
28	IMPROVEMENTS	VARIOUS	12/31/24	116,448							116,448	85,434	S/L	15		1,451
	TOTAL IMPROVEMENTS			3,650,724		0	0	0	0	0	3,650,724	1,340,033				207,743
MACHINERY AND EQUIPMENT																
3	EQUIPMENT	VARIOUS		593,843							593,843	207,669	S/L	7		71,617
16	EQUIPMENT	VARIOUS	12/31/24	17,686							17,686	17,686	S/L	7		0
	TOTAL MACHINERY AND EQUIPME			611,529		0	0	0	0	0	611,529	225,355				71,617

COPY

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.

95-3251490

10/20/25

02:42PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
MISCELLANEOUS																
15	SOFTWARE	VARIOUS		500,267							500,267	301,287	S/L	7		70,443
	TOTAL MISCELLANEOUS			500,267		0	0	0	0	0	500,267	301,287				70,443
OTHER IMPROVEMENTS																
13	LEASE IMPROVEMENT	VARIOUS		362,128							362,128	167,192	S/L	7		21,533
43	LEASE IMPROVEMENT	VARIOUS	12/31/24	9,102							9,102	5,350	S/L	7		370
	TOTAL OTHER IMPROVEMENTS			371,230		0	0	0	0	0	371,230	172,542				21,903
	TOTAL DEPRECIATION			31,218,519		0	0	0	0	0	31,218,519	11,924,384				1,112,837
	GRAND TOTAL DEPRECIATION			31,218,519		0	0	0	0	0	31,218,519	11,924,384				1,112,837
	DEPRECIATION ASSETS SOLD			168,907		0	0	0	0	0	168,907	134,141				1,821
	DEPR REMAINING ASSETS			31,049,612		0	0	0	0	0	31,049,612	11,790,243				1,111,016

COPY

RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.

10/20/25

02:42PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
<u>AUTO / TRANSPORT EQUIPMENT</u>																
12	AUTOMOBILES	VARIOUS		147,973							147,973	103,939	S/L	5		0
	TOTAL AUTO / TRANSPORT EQUIP			147,973		0	0	0	0	0	147,973	103,939				0
<u>BUILDINGS</u>																
1	BUILDINGS	VARIOUS		25,285,239							25,285,239	10,048,562	S/L	39		648,339
	TOTAL BUILDINGS			25,285,239		0	0	0	0	0	25,285,239	10,048,562				648,339
<u>FURNITURE AND FIXTURES</u>																
5	FURNITURE AND FIXTURES	VARIOUS		625,886							625,886	448,126	S/L	7		89,412
	TOTAL FURNITURE AND FIXTURE			625,886		0	0	0	0	0	625,886	448,126				89,412
<u>IMPROVEMENTS</u>																
8	IMPROVEMENTS	VARIOUS		3,534,276							3,534,276	1,460,891	S/L	15		235,618
	TOTAL IMPROVEMENTS			3,534,276		0	0	0	0	0	3,534,276	1,460,891				235,618
<u>MACHINERY AND EQUIPMENT</u>																
3	EQUIPMENT	VARIOUS		593,843							593,843	279,286	S/L	7		84,835
	TOTAL MACHINERY AND EQUIPME			593,843		0	0	0	0	0	593,843	279,286				84,835

COPY

RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.

10/20/25

02:42PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
MISCELLANEOUS																
15	SOFTWARE	VARIOUS		500,267							500,267	371,730	S/L	7		71,467
	TOTAL MISCELLANEOUS			500,267		0	0	0	0	0	500,267	371,730				71,467
OTHER IMPROVEMENTS																
13	LEASE IMPROVEMENT	VARIOUS		362,128							362,128	188,725	S/L	7		51,733
	TOTAL OTHER IMPROVEMENTS			362,128		0	0	0	0	0	362,128	188,725				51,733
	TOTAL DEPRECIATION			<u>31,049,612</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>31,049,612</u>	<u>12,901,259</u>				<u>1,181,404</u>
	GRAND TOTAL DEPRECIATION			<u>31,049,612</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>31,049,612</u>	<u>12,901,259</u>				<u>1,181,404</u>

COPY

California Exempt Organization Annual Information Return

Calendar Year 2024 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. FEIN: 95-3251490. Street address: 2929 CHILDREN'S WAY, SAN DIEGO, CA 92123.

A First return. B Amended return. C IRC Section 4947(a)(1) trust. D Final information return? E Check accounting method: 1 Cash 2 Accrual 3 Other. F Federal return filed? G Is this a group filing? H Is this organization in a group exemption?

I Did the organization have any changes to its guidelines not reported to the FTB? J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (Total gross receipts: 27,054,324), Expenses (Total expenses: 14,593,191), and Payments (Balance due: 0).

Sign Here: Signature of officer CFO, Title CFO, Date 10/20/25. Paid Preparer's Use Only: Preparer's signature LATONYA M. KNOX, Firm's name LEAF & COLE, LLP, 2810 CAMINO DEL RIO SOUTH, SUITE 200, SAN DIEGO, CA 92108.

CACA1112L 01/14/25

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	1	585.
	2	Interest	2	
	3	Dividends	3	785,238.
	4	Gross rents	4	54,125.
	5	Gross royalties	5	4,000.
	6	Gross amount received from sale of assets (See instructions)	6	8,747,053.
	7	Other income. Attach schedule. <b>SEE STATEMENT 1</b>	7	6,938,294.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	16,529,295.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. <b>SEE STMT 2</b>	11	1,023,523.
	12	Other salaries and wages	12	3,256,471.
	13	Interest	13	192,881.
	14	Taxes	14	304,249.
	15	Rents	15	518,175.
	16	Depreciation and depletion (See instructions)	16	1,117,223.
	17	Other expenses and disbursements. Attach schedule. <b>SEE STATEMENT 3</b>	17	8,180,669.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	14,593,191.

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		3,927,069.		4,643,295.
2	Net accounts receivable		4,539,947.		3,758,809.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations		5,607,953.		5,532,190.
6	Investments in other bonds				
7	Investments in stock <b>STMT 4</b>		15,929,436.		16,046,431.
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets	31,026,805.		31,049,612.	
b	Less accumulated depreciation	11,924,384.	19,102,421.	12,901,259.	18,148,353.
11	Land				
12	Other assets. Attach schedule. <b>STM 5</b>		567,523.		6,796,745.
13	<b>Total assets</b>		49,674,349.		54,925,823.
<b>Liabilities and net worth</b>					
14	Accounts payable		794,448.		849,478.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable <b>ST 6</b>		5,030,077.		3,978,168.
17	Mortgages payable				
18	Other liabilities. Attach schedule. <b>STM 7</b>		23,439.		34,738.
19	Capital stock or principal fund		43,826,385.		50,063,439.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	<b>Total liabilities and net worth</b>		49,674,349.		54,925,823.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>					
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	6,237,054.	7	Income recorded on books this year not included in this return. Attach schedule. <b>SEE ST 9</b>	784,074.
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule. <b>SEE ST 10</b>	24,904.
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	808,978.
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	5,570,617.
5	Expenses recorded on books this year not deducted in this return. Attach schedule. <b>SEE ST 8</b>	142,541.			
6	Total. Add line 1 through line 5	6,379,595.			

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

CA PUBLIC DISCLOSURE COPY  
**Schedule of Contributors**

OMB No. 1545-0047

**Attach to Form 990, 990-EZ, or 990-PF.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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.

COPY

**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 <b>RONALD MCDONALD HOUSE CHARITIES OF SAN</b>	Employer identification number <b>95-3251490</b>
---	---

**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		\$ 1,000,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 470,108.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 266,709.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 237,774.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

Name of organization <b>RONALD MCDONALD HOUSE CHARITIES OF SAN</b>	Employer identification number <b>95-3251490</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

Name of organization

Employer identification number

RONALD MCDONALD HOUSE CHARITIES OF SAN

95-3251490

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

COPY

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			
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

COPY

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.) and California corporation number (0862036).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13. Includes fields for maximum deduction (\$25,000), total cost, threshold cost (\$200,000), and elected cost.

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

Table for Part II with columns (a) through (h). Lists categories like BUILDINGS, EQUIPMENT, FURNITURE AND FIXTURES, IMPROVEMENTS, and AUTOMOBILES with their respective costs and depreciation amounts.

Part III Summary

Table for Part III with rows 16-18. Summary of depreciation amounts and adjustments.

Part IV Amortization

Table for Part IV with columns (a) through (g). Includes rows 19-22 for amortization calculations.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with 2 columns: Corporation name (RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.) and California corporation number (0862036)

Part I Election To Expense Certain Property Under IRC Section 179

Table with 3 columns: Line number, Description, and Amount. Includes rows for maximum deduction (\$25,000), total cost, threshold cost (\$200,000), and expense deduction.

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

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed, (e) Depreciation method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation. Includes rows for LEASE IMPROVEMENTS, SOFTWARE, EQUIPMENT, FURNITURE AND FIXTURES, and IMPROVEMENTS.

Part III Summary

Table with 2 columns: Line number and Description. Includes rows for total depreciation (line 16), total depreciation for federal purposes (line 17), and depreciation adjustment (line 18).

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed, (e) R&TC Section, (f) Period or percentage, (g) Amortization for this year. Includes rows for total amortization (line 20), total amortization for federal purposes (line 21), and amortization adjustment (line 22).

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.) and California corporation number (0862036).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with 13 rows. Includes fields for maximum deduction (\$25,000), total cost, threshold cost (\$200,000), and various limitation calculations.

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

Table for Part II with 15 rows. Columns include Description of property, Date acquired, Cost or other basis, Depreciation allowed, Depreciation method, Life or rate, Depreciation for this year, and Additional first year depreciation.

Part III Summary

Table for Part III with 3 rows (16-18). Includes total depreciation calculations and adjustments.

Part IV Amortization

Table for Part IV with 7 rows (19-22). Columns include Description of property, Date acquired, Cost or other basis, Amortization allowed, R&TC Section, Period or percentage, and Amortization for this year.

10/20/25

02:42PM

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

INCOME FROM SPECIAL EVENTS.....	\$	6,606,509.
PROGRAM SERVICE REVENUE.....		331,785.
	TOTAL	<u>\$ 6,938,294.</u>

**STATEMENT 2**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHARLES DAY 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	PRESIDENT & CEO 40.00	\$ 339,305.	\$ 11,825.	\$ 33,484.
NICOLE DEBERG 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	CFO 40.00	270,302.	10,148.	6,454.
OSCAR GOMEZ 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	COO 40.00	215,132.	427.	5,230.
MELINDA COLLINS 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	CPO 40.00	198,784.	7,419.	9,114.
ERIC EASTHAM 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	CHAIR 2.00	0.	0.	0.
MATTHEW COBAS 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	VICE CHAIR 2.00	0.	0.	0.
TASIA BLAZEVIK 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TREASURER 2.00	0.	0.	0.
ANTHONY BERNAL 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	SECRETARY 2.00	0.	0.	0.
BRANDY BULLEN 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	SECRETARY 2.00	0.	0.	0.

10/20/25

02:42PM

**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BRIAN CAHILL 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	\$ 0.	\$ 0.	\$ 0.
BAMBOS CHARALAMBOUS 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	0.	0.	0.
TRULETTE CLAYES, CPA 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	0.	0.	0.
DR. ANDY DANG 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	0.	0.	0.
ILIAN EMMONS 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	0.	0.	0.
DONNA EVANS 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	0.	0.	0.
PAUL FITZGERALD 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	0.	0.	0.
DANIEL GRIMMER 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	0.	0.	0.
CORWIN JOHNSON 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	0.	0.	0.
JENNIFER KAMINS 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	0.	0.	0.
JACKIE LEWIS 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	0.	0.	0.
DR. ROHIT RAO 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	0.	0.	0.

10/20/25

02:42PM

**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOSH RATHWEG 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	\$ 0.	\$ 0.	\$ 0.
TOM ROSSO 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	0.	0.	0.
ADRIENNE HOEHN 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	0.	0.	0.
JILL STRICKLAND 2929 CHILDREN'S WAY SAN DIEGO, CA 92123	TRUSTEE 2.00	0.	0.	0.
<b>TOTAL</b>		<u>\$ 1023523.</u>	<u>\$ 29,819.</u>	<u>\$ 54,282.</u>

**STATEMENT 3**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$ 97,090.
ADVERTISING AND PROMOTION.....	66,526.
DONATED GOODS & SERVICES.....	1,296,651.
INFORMATION TECHNOLOGY.....	148,979.
INSURANCE.....	181,580.
INVESTMENT MANAGEMENT FEES.....	73,009.
LEGAL FEES.....	214,774.
MERCHANT FEES.....	75,832.
OFFICE EXPENSES.....	240,555.
OTHER EMPLOYEE BENEFIT.....	233,516.
OTHER EXPENSES.....	302,472.
OTHER FEES.....	209,550.
PENSION PLAN CONTRIBUTIONS.....	113,793.
PROFESSIONAL FUNDRAISING FEES.....	158,378.
RAFFLE PROGRAM DEPRECIATION.....	-29,746.
RENTAL EXPENSES.....	20,233.
SPECIAL EVENT EXPENSES.....	4,726,301.
TRAVEL.....	51,176.
<b>TOTAL</b>	<u>\$ 8,180,669.</u>

10/20/25

02:42PM

**STATEMENT 4**  
**FORM 199, SCHEDULE L, LINE 7**  
**INVESTMENTS IN STOCKS**

EQUITIES.....	\$	15,166,683.
HEDGE FUNDS.....		879,748.
TOTAL		<u>\$ 16,046,431.</u>

**STATEMENT 5**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

CONSTRUCTION IN PROGRESS.....	6,437,598.
PREPAID EXPENSES AND DEFERRED CHARGES.....	345,567.
RIGHT OF USE ASSET.....	13,580.
TOTAL	<u>\$ 6,796,745.</u>

**STATEMENT 6**  
**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:	3,978,168.
TOTAL OTHER NOTES PAYABLE	<u>\$ 3,978,168.</u>
TOTAL NOTES AND BONDS PAYABLE	<u>\$ 3,978,168.</u>

**STATEMENT 7**  
**FORM 199, SCHEDULE L, LINE 18**  
**OTHER LIABILITIES**

DEFERRED REVENUE.....	20,904.
OPERATING LEASE LIABILITY.....	13,834.
TOTAL	<u>\$ 34,738.</u>

**STATEMENT 8**  
**FORM 199, SCHEDULE M-1, LINE 5**  
**EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN**

IN-KIND EXPENSES FOR SPECIAL EVENTS.....	\$	142,541.
TOTAL		<u>\$ 142,541.</u>

10/20/25

02:42PM

STATEMENT 9  
FORM 199, SCHEDULE M-1, LINE 7  
INCOME RECORDED ON BOOKS NOT ON RETURN

DONATED SPACE.....	\$	976.
UNREALIZED GAINS.....		<u>783,098.</u>
TOTAL	\$	<u><u>784,074.</u></u>

STATEMENT 10  
FORM 199, SCHEDULE M-1, LINE 8  
DEDUCTIONS ON RETURN NOT ON BOOKS

COST OF GOODS SOLD.....	\$	285.
RENTAL EXPENSES.....		<u>24,619.</u>
TOTAL	\$	<u><u>24,904.</u></u>

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Calendar Year 2024 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  No
- B** Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No
- C** 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  No
- F** Accounting method used: (1)  Cash (2)  Accrual (3)  Other
- G** Nature of trade or business DEFT-FINANCED RENTAL
- H** Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No
- I** 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  No
- J** Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?  Yes  No
- K** Unrelated Business Activity (UBA) code **531120**
- L** Is this a hospital?  Yes  No  
If "Yes," attach federal Schedule H (Form 990)

<b>Taxable Corporation</b>	<b>1</b> Unrelated business taxable income from Side 2, Part II, line 30. ●	<b>1</b>	<b>9,775.</b>
	<b>2</b> 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. ●	<b>2</b>	
	<b>3</b> 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. ●	<b>3</b>	<b>9,775.</b>
<b>Taxable Trust</b>	<b>4</b> Unrelated business taxable income from Side 2, Part II, line 30. ●	<b>4</b>	
<b>Tax Computation</b>	<b>5</b> Unrelated business taxable income from line 3 or line 4. ●	<b>5</b>	<b>9,775.</b>
	<b>6</b> EZ, LAMBRA, or TTA NOL carryover deduction. ●	<b>6</b>	
	<b>7</b> Net Operating Loss deduction. See General Information N. ●	<b>7</b>	
	<b>8</b> Add line 6 and line 7. ●	<b>8</b>	
	<b>9</b> Net unrelated business taxable income. Subtract line 8 from line 5. ●	<b>9</b>	<b>9,775.</b>
	<b>10</b> Tax <u>8.84</u> % x line 9. See General Information J. ●	<b>10</b>	<b>864.</b>
	<b>11</b> Tax credits from Schedule B. See instructions. ●	<b>11</b>	
	<b>Total Tax</b>	<b>12</b> Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-. ●	<b>12</b>
	<b>13</b> Alternative minimum tax. See General Information O. ●	<b>13</b>	
	<b>14</b> Total tax. Add line 12 and line 13. ●	<b>14</b>	<b>864.</b>
<b>Payments</b>	<b>15</b> Overpayment from a prior year allowed as a credit. ●	<b>15</b>	<b>1,094.</b>
	<b>16</b> 2024 estimated tax payments. See instructions. ●	<b>16</b>	
	<b>17</b> Withholding (Form 592-B and/or 593). See instructions. ●	<b>17</b>	
	<b>18</b> Amount paid with extension (form FTB 3539). ●	<b>18</b>	<b>1,000.</b>
	<b>19</b> Total payments and credits. Add line 15 through line 18. ●	<b>19</b>	<b>2,094.</b>
<b>Use Tax/ Tax Due/ Overpayment</b>	<b>20</b> Use tax. See instructions. ●	<b>20</b>	
	<b>21</b> Payments balance. If line 19 is more than line 20, subtract line 20 from line 19. ●	<b>21</b>	<b>2,094.</b>
	<b>22</b> Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20. ●	<b>22</b>	
	<b>23</b> Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions. ●	<b>23</b>	
	<b>24</b> Overpayment. Subtract line 14 from line 21. See instructions. ●	<b>24</b>	<b>1,230.</b>
	<b>25</b> Enter amount of line 24 to be applied to 2025 estimated tax. ●	<b>25</b>	<b>1,230.</b>

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 . . . ●	26 a	
	b Type: Checking ● <input type="checkbox"/> Savings ● <input type="checkbox"/> c Account Number . . . . . ●	26 c	
	27 Penalties and interest. See General Information M. . . . . ●	27	
	28 ● <input type="checkbox"/> 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 ●	1 c	
2 Cost of goods sold and/or operations (Schedule A, line 7) . . . . . ●	2	
3 Gross profit. Subtract line 2 from line 1c . . . . . ●	3	
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541) . . . . . ●	4 a	
b Net gain (loss) from Schedule D-1, Part II . . . . . ●	4 b	
c Capital loss deduction for trusts . . . . . ●	4 c	
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	10,775.
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	10,775.

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 . . . . . ●	23 a	
b Employee benefit programs. See instructions . . . . . ●	23 b	
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	10,775.
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	10,775.
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	9,775.

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**Sign Here**

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://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	Telephone 858-467-4750
Preparer's signature LATONYA M. KNOX	Date 10/20/25	Check if self-employed <input type="checkbox"/>	PTIN P00513874
Firm's name (or yours, if self-employed) and address LEAF & COLE, LLP 2810 CAMINO DEL RIO SOUTH, SUITE 200 SAN DIEGO, CA 92108			Firm's FEIN 95-2076568 Telephone 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) \_\_\_\_\_

Table with 7 rows for Schedule A: Inventory at beginning of year, Purchases, Cost of labor, Additional IRC Section 263A costs, Total, Inventory at end of year, Cost of goods sold and/or operations.

Schedule B Tax Credits.

Table with 4 rows for Schedule B: Enter credit name, code, Total. Add line 1 through line 3.

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

Table with 5 rows for Schedule K: Interest computation under the look-back method, Interest on tax attributable to installment, IRC Section 197(f)(9)(B)(ii) election, Credit recapture, Total.

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.

Table for Part A: Standard Method. Columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows: 1 Total sales, 2 Apportionment percentage.

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

Table for Part B: Three Factor Formula. Columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows: 1 Property factor, 2 Payroll factor, 3 Sales factor, 4 Total percentage, 5 Average apportionment percentage.

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.

Table for Schedule C: Rental Income. Columns: (a) Description of property, (b) Rent received or accrued, (c) Percentage of rent attributable to personal property, (d) Complete if any item in column (c) is more than 50%, (e) Complete if any item in column (c) is more than 10%, (i) Gross income reportable, (ii) Deductions directly connected with personal property, (iii) Net income includible.

Schedule D Unrelated Debt-Financed Income

Table with 6 columns: (a) Description of debt-financed property, (b) Gross income from or allocable to debt-financed property, (c) Deductions directly connected with or allocable to debt-financed property, (d) Amount of average acquisition indebtedness, (e) Average adjusted basis, (f) Debt basis percentage, (g) Gross income reportable, (h) Allocable deductions, (i) Net income (or loss) includible. Includes rows for MEETING ROOM RENTAL and a total line 4.

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

Table with 6 columns: (a) Description, (b) Amount, (c) Deductions directly connected, (d) Net investment income, (e) Set-asides, (f) Balance of investment income. Includes total line 3 and line 4 for gross income from members.

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

Table with 6 columns: (a) Name of controlled organizations, (b) Employer identification number, (c) Net unrelated income (loss), (d) Total of specified payments made, (e) Part of column (d) included in gross income, (f) Deductions directly connected with income. Includes sections for Exempt and Nonexempt Controlled Organizations, and total lines 4, 5, and 6.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: (a) Description of exploited activity, (b) Gross unrelated business income, (c) Expenses directly connected with production of unrelated business income, (d) Net income from unrelated trade or business, (e) Gross income from activity that is not unrelated business income, (f) Expenses attributable to column (e), (g) Excess exempt expense, (h) Net income includible. Includes total line 5.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: (a) Name of periodical, (b) Gross advertising income, (c) Direct advertising costs, (d) Advertising income or excess advertising costs, (e) Circulation income, (f) Readership costs, (g) Calculation instructions. Includes rows 1-3 and a Totals row 4.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns: (a) Name of periodical, (b) Gross advertising income, (c) Direct advertising costs, (d) Advertising income or excess advertising costs, (e) Circulation income, (f) Readership costs, (g) Calculation instructions. Includes rows 5-7.

Part III Column A - Net Advertising Income

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column (d) or (g), and amount listed in Part II, columns (d) or (g). Includes rows 1-4.

Part III Column B - Excess Advertising Costs

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column (d), and amounts listed in Part II, column (d). Includes rows 1-4.

Schedule I Compensation of Officers, Directors, and Trustees

Table with 4 columns: (a) Name, (b) Title, (c) Percent of time devoted to business, (d) Compensation attributable to unrelated business. Includes rows 1-6.

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

Table with 7 columns: (a) Group and guideline class or description of property, (b) Date acquired (dd/mm/yyyy), (c) Cost or other basis, (d) Depreciation allowed or allowable in prior years, (e) Method of computing depreciation, (f) Life or rate, (g) Depreciation for this year. Includes rows 1-6.

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10/20/25

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

MEETING ROOM RENTAL	
INTEREST.....	\$ 770.
REPAIRS.....	816.
TAXES.....	941.
UTILITIES.....	1,025.
WAGES AND SALARIES.....	16,681.
TOTAL	<u>\$ 20,233.</u>

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MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310**

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.

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

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

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)**  
**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 1/01/24 ending 12/31/24) list:

Total Revenue \$ (including noncash contributions) 15,412,888. Noncash Contributions \$ 1,533,682. Total Assets \$ 54,925,823.

Program Expenses \$ 5,943,014. Total Expenses \$ 9,842,271.

**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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? <span style="float: right;">SEE STATEMENT 1</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding? <span style="float: right;">SEE STATEMENT 2</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes? <span style="float: right;">SEE STATEMENT 3</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Does the organization conduct a vehicle donation program? <span style="float: right;">SEE STATEMENT 4</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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	CFO	
Signature of Authorized Agent	Printed Name	Title	Date

10/20/25

02:42PM

**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**

SAN DIEGO COUNTY  
5530 OVERLAND AVENUE, STE 410  
SAN DIEGO, CA  
92123-1261  
858-694-2053

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

2024 SAN DIEGO GIVING BACK RAFFLE 03/11/2024 - 06/28/2024  
2024 HOEHN MOTORS LUXURY CAR RAFFLE 10/01/2024 - 12/06/2024

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

RMHC-SD USES THE SERVICES OF CARS NAV TO RECEIVE DONATED AUTOMOBILES, BOATS, AND AIRPLANES. CARS NAV SELLS THE ITEMS AND REMITS THE NET PROCEEDS TO RMHC-SD.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning, 2024, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC. 2929 CHILDREN'S WAY SAN DIEGO, CA 92123. D Employer identification number 95-3251490. E Telephone number 858-467-4750. G Gross receipts \$ 27,054,324.

F Name and address of principal officer: CHARLES DAY SAME AS C ABOVE. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527. J Website: WWW.RMHCS.D.ORG. H(c) Group exemption number.

K Form of organization: X Corporation Trust Association Other. L Year of formation: 1978. M State of legal domicile: CA.

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue - add lines 8 through 11.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

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 NICOLE DEBERG, CFO. Date.

Paid Preparer Use Only: Preparer's name LATONYA M. KNOX, signature LATONYA M. KNOX, Date 10/20/25, PTIN P00513874, Firm's name LEAF & COLE, LLP, address 2810 CAMINO DEL RIO SOUTH, SUITE 200, SAN DIEGO, CA 92108, Firm's EIN 95-2076568, 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 Accomplishments

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

1 Briefly describe the organization's mission:

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 [X] No

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

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

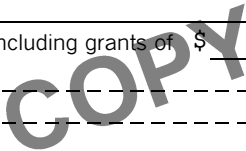
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 5,943,014. including grants of \$ ) (Revenue \$ 331,785.)

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. IN 2024 THE ORGANIZATION OPERATED A MAIN HOUSE FACILITY WITH 47 GUEST SUITES AND A NORTH HOUSE WITH 8 GUEST SUITES. IN 2024, THE ORGANIZATION FURTHER CONTINUED THE CONSTRUCTION OF AN ADDITIONAL 27 GUEST SUITES WHICH WERE COMPLETED AND PLACED INTO OPERATION ON JULY 1, 2025.

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 5,943,014.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

		Yes	No
<b>2a</b>	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. . . . .		
	<b>2a</b> 65		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. . . . .	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . .		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders. . . . .		
	<b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .		
	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .		
	<b>13a</b>		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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. . . . .		
	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . .		
	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. . . . .		
	<b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.		
	<b>17</b>		

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (21), 1b (21), 2 (X), 3 (X), 4 (X), 5 (X), 6 (SEE SCHEDULE O), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b (SEE SCHEDULE O), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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.
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 Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(1) CHARLES DAY PRESIDENT & CEO	40 0			X			293,996.	0.	45,309.
(2) NICOLE DEBERG CFO	40 0			X			253,700.	0.	16,602.
(3) THIEN GIANG DIR OF MULTIMEDIA	40 0				X		218,189.	0.	2,402.
(4) OSCAR GOMEZ COO	40 0			X			209,475.	0.	5,657.
(5) MELINDA COLLINS CPO	40 0			X			182,251.	0.	16,533.
(6) KIMBERLY MERCADO DIR OF CORP PHIL	40 0					X	136,039.	0.	10,536.
(7) BETH VAN EETVELDT CAMPAIGN DIRECTOR	40 0					X	129,944.	0.	13,677.
(8) MARCY RODIN DIR OF GRANTS/PUBS	40 0					X	113,926.	0.	17,121.
(9) GABRIELA FARIAS DIR OF OP	40 0					X	120,634.	0.	9,997.
(10) ERIC EASTHAM CHAIR	2 0	X		X			0.	0.	0.
(11) MATTHEW COBAS VICE CHAIR	2 0	X		X			0.	0.	0.
(12) TASIA BLAZEVIK TREASURER	2 0	X		X			0.	0.	0.
(13) ANTHONY BERNAL SECRETARY	2 0	X		X			0.	0.	0.
(14) BRANDY BULLEN SECRETARY	2 0	X		X			0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) BRIAN CAHILL TRUSTEE	2 0	X					0.	0.	0.	
(16) BAMBOS CHARALAMBOUS TRUSTEE	2 0	X					0.	0.	0.	
(17) TRULETTE CLAYES, CPA TRUSTEE	2 0	X					0.	0.	0.	
(18) DR. ANDY DANG TRUSTEE	2 0	X					0.	0.	0.	
(19) ILIAN EMMONS TRUSTEE	2 0	X					0.	0.	0.	
(20) DONNA EVANS TRUSTEE	2 0	X					0.	0.	0.	
(21) PAUL FITZGERALD TRUSTEE	2 0	X					0.	0.	0.	
(22) DANIEL GRIMMER TRUSTEE	2 0	X					0.	0.	0.	
(23) CORWIN JOHNSON TRUSTEE	2 0	X					0.	0.	0.	
(24) JENNIFER KAMINS TRUSTEE	2 0	X					0.	0.	0.	
(25) JACKIE LEWIS TRUSTEE	2 0	X					0.	0.	0.	
<b>1b Subtotal</b>							1,658,154.	0.	137,834.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,658,154.	0.	137,834.	
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 <b>19</b>										

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	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? <i>If "Yes," complete Schedule J for such individual.</i>	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? <i>If "Yes," complete Schedule J for such person.</i>	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
PREVOST - A SKYLINE COMMERCIAL CO. 5051 AVENIDA ENCINAS CARLSBAD, CA	DIRECT CONSTRUCTION	5,305,847.
MAILING SYSTEMS INC 1464 ENTERPRISE BLVD W SACRAMENTO, CA 95691	MAILING RAFFLE BROCHURES	625,377.
SKYRIVER IT 7310 MIRAMAR RD STE 101 SAN DIEGO, CA 92123	IT SERVICES	279,687.
ICONIK BUILDERS, INC. 123 W ORANGE ST. VISTA, CA 92083	TRIKE TRACK FOR EXPANSIO	200,000.
BARRIE COMPANY 6336 GREENWICH DR SUITE D SAN DIEGO, CA 92122	PROJECT MGMT RM28 EXPAND	171,564.
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 <b>8</b>		

Department of the Treasury  
Internal Revenue Service

Name of the Organization <b>RONALD MCDONALD HOUSE CHARITIES OF SAN</b>	Employer Identification number <b>95-3251490</b>
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**Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

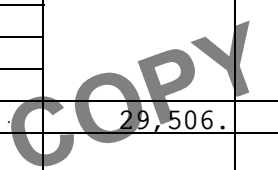
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable 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) DR. ROHIT RAO ----- TRUSTEE	2 ----- 0	X						0.	0.	0.
(2) JOSH RATHWEG ----- TRUSTEE	2 ----- 0	X						0.	0.	0.
(3) TOM ROSSO ----- TRUSTEE	2 ----- 0	X						0.	0.	0.
(4) ADRIENNE HOEHN ----- TRUSTEE	2 ----- 0	X						0.	0.	0.
(5) JILL STRICKLAND ----- TRUSTEE	2 ----- 0	X						0.	0.	0.
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
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(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										

COPY

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	706,757.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	28,492.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	9,789,780.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	1,533,682.				
	<b>h Total.</b> Add lines 1a-1f .....		10,525,029.				
	<b>Program Service Revenue</b>	<b>2a</b> <u>HOUSE GUEST COLLECTIONS</u> .....		<b>Business Code</b> 624221	331,785.	331,785.	
<b>b</b> -----							
<b>c</b> -----							
<b>d</b> -----							
<b>e</b> -----							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....				331,785.			
<b>Miscellaneous Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			785,238.		785,238.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			4,000.		4,000.	
	<b>6a</b> Gross rents .....		(i) Real				
		<b>6a</b>	(ii) Personal				
	<b>b</b> Less: rental expenses .....	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....			29,506.	10,775.	18,731.	
	<b>7a</b> Gross amount from sales of assets other than inventory .....		(i) Securities				
		<b>7a</b>	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....			1,856,822.		1,856,822.	
<b>Other Revenue</b>	<b>8a</b> Gross income from fundraising events (not including \$ <u>706,757.</u> of contributions reported on line 1c). See Part IV, line 18 .....						
		<b>8a</b>	144,779.				
	<b>b</b> Less: direct expenses .....	<b>8b</b>	350,067.				
	<b>c</b> Net income or (loss) from fundraising events .....			-205,288.		-205,288.	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>	6,461,730.			
		<b>b</b> Less: direct expenses .....	<b>9b</b>	4,376,234.			
		<b>c</b> Net income or (loss) from gaming activities .....			2,085,496.		2,085,496.
	<b>10a</b> Gross sales of inventory, less returns and allowances .....		<b>10a</b>	585.			
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>	285.			
<b>c</b> Net income or (loss) from sales of inventory .....				300.		300.	
<b>Miscellaneous Revenue</b>	<b>11a</b> -----		<b>Business Code</b>				
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....				15,412,888.	331,785.	10,775.	4,545,299.



**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.

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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.....	1,023,523.	384,785.	355,129.	283,609.
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.....	3,256,471.	1,758,375.	201,627.	1,296,469.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	113,793.	44,688.	20,661.	48,444.
9 Other employee benefits.....	233,516.	207,327.	7,682.	18,507.
10 Payroll taxes.....	304,249.	153,064.	37,856.	113,329.
11 Fees for services (nonemployees):				
a Management.....				
b Legal.....	214,774.	5,940.	202,031.	6,803.
c Accounting.....	97,090.		97,090.	
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17.....	158,378.			158,378.
f Investment management fees.....	73,009.		71,708.	1,301.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.).....	209,550.	95,478.	76,849.	37,223.
12 Advertising and promotion.....	66,526.			66,526.
13 Office expenses.....	240,555.	186,964.	1,741.	51,850.
14 Information technology.....	148,979.	95,539.	11,406.	42,034.
15 Royalties.....				
16 Occupancy.....	518,175.	449,243.	16,045.	52,887.
17 Travel.....	51,176.	7,791.	4,833.	38,552.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....				
20 Interest.....	192,881.	189,117.	875.	2,889.
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization.....	1,112,837.	1,072,997.	3,112.	36,728.
23 Insurance.....	181,580.	133,342.	5,861.	42,377.
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 &amp; SERVICES</u> .....	1,296,651.	1,116,273.	2,365.	178,013.
b <u>OTHER EXPENSES</u> .....	302,472.	41,222.	12,258.	248,992.
c <u>MERCHANT FEES</u> .....	75,832.	869.	3,963.	71,000.
d <u>RAFFLE PROGRAM DEPRECIATION</u> .....	-29,746.			-29,746.
e All other expenses.....				
25 Total functional expenses. Add lines 1 through 24e. ....	9,842,271.	5,943,014.	1,133,092.	2,766,165.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).....	96,030.	28,809.		67,221.

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing	3,703,435.	<b>1</b>	4,324,959.
	<b>2</b> Savings and temporary cash investments	223,634.	<b>2</b>	318,336.
	<b>3</b> Pledges and grants receivable, net	4,539,947.	<b>3</b>	3,758,809.
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	219,223.	<b>9</b>	345,567.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 31,049,612.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 12,901,259.	19,102,421.	<b>10c</b> 18,148,353.
	<b>11</b> Investments – publicly traded securities	21,537,389.	<b>11</b>	21,578,621.
	<b>12</b> Investments – other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	348,300.	<b>15</b>	6,451,178.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33).	49,674,349.	<b>16</b>	54,925,823.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	794,448.	<b>17</b>	849,478.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	20,904.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	5,030,077.	<b>23</b>	3,978,168.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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.	23,439.	<b>25</b>	13,834.
	<b>26 Total liabilities.</b> Add lines 17 through 25.	5,847,964.	<b>26</b>	4,862,384.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions	32,621,458.	<b>27</b>	39,948,662.
	<b>28</b> Net assets with donor restrictions	11,204,927.	<b>28</b>	10,114,777.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances	43,826,385.	<b>32</b>	50,063,439.	
<b>33</b> Total liabilities and net assets/fund balances	49,674,349.	<b>33</b>	54,925,823.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	15,412,888.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,842,271.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,570,617.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	43,826,385.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	783,098.
<b>6</b>	Donated services and use of facilities	<b>6</b>	976.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O) <b>SEE SCHEDULE O</b>	<b>9</b>	-117,637.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	50,063,439.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
<b>2a</b>	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.			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</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.			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b>	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.			
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
<b>b</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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Name of the organization <b>RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.</b>	Employer identification number <b>95-3251490</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,546,009.	7,583,480.	7,027,503.	9,162,906.	10525029.	38,844,927.
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 <b>Total.</b> Add lines 1 through 3	4,546,009.	7,583,480.	7,027,503.	9,162,906.	10525029.	38,844,927.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,745,649.
6 <b>Public support.</b> Subtract line 5 from line 4						37,099,278.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	4,546,009.	7,583,480.	7,027,503.	9,162,906.	10525029.	38,844,927.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	249,024.	374,969.	421,256.	705,026.	823,597.	2,573,872.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	24,727.	16,997.	11,672.	11,900.	10,775.	76,071.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	2,291,114.	3,431,463.	2,827,369.	2,520,936.	2,085,496.	13,156,378.
11 <b>Total support.</b> Add lines 7 through 10						54,651,248.
12 Gross receipts from related activities, etc. (see instructions)					12	1,694,725.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	67.88 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	67.26 %

16a **33-1/3% support test—2024.** 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—2023.** 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—2024.** 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—2023.** 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15.	16	%

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

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests—2024.** 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—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> 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).

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

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 . . . . .			
<b>b</b> From 2020 . . . . .			
<b>c</b> From 2021 . . . . .			
<b>d</b> From 2022 . . . . .			
<b>e</b> From 2023 . . . . .			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> Excess distributions carryover to 2025. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 . . . . .			
<b>b</b> Excess from 2021 . . . . .			
<b>c</b> Excess from 2022 . . . . .			
<b>d</b> Excess from 2023 . . . . .			
<b>e</b> Excess from 2024 . . . . .			

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**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**

<u>NATURE AND SOURCE</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
GAMING EVENT NET INCOME	\$2,085,496.	\$2,520,936.	\$2,827,369.	\$3,431,463.	\$ 2,291,114.
TOTAL	<u>\$2,085,496.</u>	<u>\$2,520,936.</u>	<u>\$2,827,369.</u>	<u>\$3,431,463.</u>	<u>\$ 2,291,114.</u>

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**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY  
**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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.

COPY

**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 <b>RONALD MCDONALD HOUSE CHARITIES OF SAN</b>	Employer identification number <b>95-3251490</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,000,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 470,108.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 266,709.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 237,774.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>RONALD MCDONALD HOUSE CHARITIES OF SAN</b>	Employer identification number <b>95-3251490</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

Name of organization

Employer identification number

RONALD MCDONALD HOUSE CHARITIES OF SAN

95-3251490

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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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			
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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SCHEDULE D (Form 990)

(Rev. December 2024)

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

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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).
2a Preservation of land for public use...
2b Protection of natural habitat...
2c Preservation of open space...
2d Preservation of a historically important land area...
2e Preservation of a certified historic structure...

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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for total number, total acreage, number of easements on historic structure, and number of easements on historic structure not in National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
(i) Revenue included on Form 990, Part VIII, line 1.
(ii) Assets included in Form 990, Part X.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.
a Revenue included on Form 990, Part VIII, line 1.
b Assets included in Form 990, Part X.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,270,055.	7,145,811.	7,869,496.	8,769,100.	8,143,759.
b Contributions	1,162,291.	288,277.	630,589.	495,765.	605,000.
c Net investment earnings, gains, and losses	1,206,029.	1,046,324.	-995,583.	1,006,389.	865,602.
d Grants or scholarships					
e Other expenditures for facilities and programs	222,583.	210,357.	358,691.	2,367,446.	845,261.
f Administrative expenses				34,312.	
g End of year balance	10,415,792.	8,270,055.	7,145,811.	7,869,496.	8,769,100.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 36.00 %
  - b Permanent endowment 64.00 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

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
1a Land				
b Buildings		25,285,239.	10,048,562.	15,236,677.
c Leasehold improvements		3,534,276.	1,460,891.	2,073,385.
d Equipment		741,816.	383,225.	358,591.
e Other		1,488,281.	1,008,581.	479,700.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 18,148,353.

**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) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, column (B))		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B))		

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	6,437,598.
(2) RIGHT OF USE ASSET	13,580.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B))	6,451,178.

**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) OPERATING LEASE LIABILITY	13,834.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B))	13,834.

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.

<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	18,429,621.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	783,098.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	976.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) SEE PART XIII	<b>2d</b>	2,536,203.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,320,277.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,109,344.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	73,008.
<b>b</b>	Other (Describe in Part XIII.) SEE PART XIII	<b>4b</b>	230,536.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	303,544.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	15,412,888.

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	12,192,567.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) SEE PART XIII	<b>2d</b>	2,423,304.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,423,304.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,769,263.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	73,008.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	73,008.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	9,842,271.

**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 DIEGO 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, 2024, 2023, 2022, AND 2021 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.....	\$	285.
RENTAL EXPENSES.....		24,619.
SPECIAL EVENT EXPENSES.....		2,511,299.
	TOTAL	<u>\$ 2,536,203.</u>

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

IN-KIND SPECIAL EVENT RECLASS.....	\$	230,536.
	TOTAL	<u>\$ 230,536.</u>

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

SPECIAL EVENT EXPENSES.....	\$	2,423,304.
	TOTAL	<u>\$ 2,423,304.</u>

**SCHEDULE G  
(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

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

**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 col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> TRUESENSE MARKETING PO BOX 64114 PITTSBURGH PA 15264	FUNDRAISING	X		200,478.	158,378.	42,100.
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				200,478.	158,378.	42,100.

COPY

**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	(b) Event #2	(c) Other events	(d) Total events		
		RED SHOE DAY (event type)	GOLF TOURNAMEN (event type)	2 (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	387,477.	319,933.	144,126.	851,536.	
	2	Less: Contributions	387,477.	202,192.	117,088.	706,757.	
	3	Gross income (line 1 minus line 2)		117,741.	27,038.	144,779.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages		32,767.		32,767.	
	8	Entertainment					
	9	Other direct expenses	203,240.	63,239.	50,821.	317,300.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					350,067.
	11	Net income summary. Subtract line 10 from line 3, column (d)					-205,288.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			6,461,730.
Direct Expenses	2	Cash prizes			1,878,440.	1,878,440.
	3	Noncash prizes			354,379.	354,379.
	4	Rent/facility costs			5,233.	5,233.
	5	Other direct expenses			2,138,182.	2,138,182.
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					4,376,234.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					2,085,496.

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:

<b>a</b> The organization's facility	<b>13a</b>	100.0 %
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name NICOLE DEBERG, CFO

Address 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 the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

**16** Gaming manager information:

Name THIEN GIANG

Gaming manager compensation \$ 220,591.

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... \$ 5,816,457. 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 15  
THIRD PARTY CONTRACT FOR GAMING REVENUE**

NAME AND ADDRESS	REVENUE RECEIVED BY ORG	REVENUE RETAINED BY THIRD PARTY

TOTAL \$ 0 \$ 0

- 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:

<b>a</b> The organization's facility	<b>13 a</b>	%
<b>b</b> An outside facility	<b>13 b</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 the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

**16** Gaming manager information:

Name \_\_\_\_\_

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

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

Director/officer  Employee  Independent contractor

**17** Mandatory distributions:

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

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

**PART III, LINE 16  
GAMING MANAGER**

NAME	DESCRIPTION OF SERVICES	COMPENSATION
JENNIFER YOUNG-GASKILL EMPLOYEE	MANAGEMENT, ADMINISTRATION AND PROMOTION	\$ 31,761.

- 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:

<b>a</b> The organization's facility	<b>13 a</b>	%
<b>b</b> An outside facility	<b>13 b</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 the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

**16** Gaming manager information:

Name \_\_\_\_\_

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

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

Director/officer  Employee  Independent contractor

**17** Mandatory distributions:

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

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

**PART III, LINE 17B  
DISTRIBUTIONS REQUIRED UNDER STATE LAW**

STATE DISTRIBUTIONS \$ 5,816,457.

TOTAL \$ 5,816,457.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

**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**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- 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? ..... **5a**
- b** Any related organization? ..... **5b**
- 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? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

**Schedule J (Form 990) (Rev. 12-2024)**

**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)	293,996.	0.	0.	11,825.	33,484.	339,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 NICOLE DEBERG CFO	(i)	253,700.	0.	0.	10,148.	6,454.	270,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 OSCAR GOMEZ COO	(i)	209,475.	0.	0.	427.	5,230.	215,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MELINDA COLLINS CPO	(i)	182,251.	0.	0.	7,419.	9,114.	198,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 THIEN GIANG DIR OF MULTIMEDIA	(i)	218,189.	0.	0.	2,328.	74.	220,591.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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)							

COPY

**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.

COPY

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

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

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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		816,809.	FMV
6 Cars and other vehicles	X	45	60,550.	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		284,731.	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SEE PART II)				
26 Other ( )				
27 Other ( )				
28 Other ( )				

COPY

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**

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

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

**Schedule M (Form 990) 2024**

**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.

**SCH M, PART I, LINES 25-28  
OTHER NON-CASH CONTRIBUTIONS**

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE ON FORM 990, PART VIII	METHOD OF DETER. REV.
MEDIA	X	2	\$ 175,000.	FMV
AUCTION & EVENT	X	38	86,653.	FMV
EQUIPMENT	X		100,878.	FMV
UTILITIES	X		6,876.	FMV
PROF SERVICES	X	1	2,185.	FMV

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

RMHC-SD USES THE SERVICES OF CARS NAV TO RECEIVE DONATED AUTOMOBILES, BOATS, AND AIRPLANES. CARS NAV 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 IS BASED UPON THE NUMBER OF CONTRIBUTIONS MADE.

COPY

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**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

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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 (C**

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 17 - LIST OF STATES WHICH THIS RETURN IS FILED**

AK AL 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 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION**

FORM 990 AND OTHER FINANCIAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON OTHER  
ORGANIZATIONS' WEB SITES, SUCH AS VARIOUS CHARITY EVALUATOR WEB SITES.

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 ORGANIZATION'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.

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

FORM 990 AND OTHER FINANCIAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON OTHER  
ORGANIZATIONS' WEB SITES, SUCH AS VARIOUS CHARITY EVALUATOR WEB SITES.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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)**

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 ORGANIZATION'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.

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

COST OF GOOD SOLD.....	\$	285.
OTHER EVENT RECLASS.....		-142,541.
RENTAL EXPENSES.....		24,619.
	TOTAL \$	<u>-117,637.</u>

Form **4562**

Department of the Treasury  
Internal Revenue Service

### Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

# 2024

Attachment  
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 <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from line 13 of your 2023 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 2025. 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	1,112,837.

#### 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 2024 .....	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. <input type="checkbox"/>		

##### Section B – Assets Placed in Service During 2024 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 .....			39 yrs	MM	S/L	
				MM	S/L	

##### Section C – Assets Placed in Service During 2024 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	<b>Total.</b> 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	1,112,837.
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 08/08/24

Form **4562** (2024)

**Application for Extension of Time To File an Exempt Organization  
 Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

**File a separate application for each return.  
 Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**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.

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.

**Part I – Identification**

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

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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of NICOLE DEBERG 2929 CHILDREN'S WAY SAN DIEGO CA 92123  
 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, 2025, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 2024 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....	<b>3a</b>	\$	0.
<b>b</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. ....	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....	<b>3c</b>	\$	0.

RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.

10/20/25

02:42PM

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										
12	AUTOMOBILES	VARIOUS		147,973			84,033	S/L	5	19,906
TOTAL AUTO / TRANSPORT EQUI				147,973		0	84,033			19,906
BUILDINGS										
1	BUILDINGS	VARIOUS		25,285,239			9,400,223	S/L	39	648,339
TOTAL BUILDINGS				25,285,239		0	9,400,223			648,339
FURNITURE AND FIXTURES										
5	FURNITURE AND FIXTURES	VARIOUS		625,886			375,240	S/L	7	72,886
26	FURNITURE AND FIXTURES	VARIOUS	12/31/24	25,671			25,671	S/L	7	0
TOTAL FURNITURE AND FIXTURE				651,557		0	400,911			72,886
IMPROVEMENTS										
8	IMPROVEMENTS	VARIOUS		3,534,276			1,254,599	S/L	15	206,292
28	IMPROVEMENTS	VARIOUS	12/31/24	116,448			85,434	S/L	15	1,451
TOTAL IMPROVEMENTS				3,650,724		0	1,340,033			207,743
MACHINERY AND EQUIPMENT										
3	EQUIPMENT	VARIOUS		593,843			207,669	S/L	7	71,617
16	EQUIPMENT	VARIOUS	12/31/24	17,686			17,686	S/L	7	0
TOTAL MACHINERY AND EQUIPME				611,529		0	225,355			71,617
MISCELLANEOUS										
15	SOFTWARE	VARIOUS		500,267			301,287	S/L	7	70,443
TOTAL MISCELLANEOUS				500,267		0	301,287			70,443
OTHER IMPROVEMENTS										
13	LEASE IMPROVEMENT	VARIOUS		362,128			167,192	S/L	7	21,533
43	LEASE IMPROVEMENT	VARIOUS	12/31/24	9,102			5,350	S/L	7	370
TOTAL OTHER IMPROVEMENTS				371,230		0	172,542			21,903

COPY

RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.

10/20/25

02:42PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
	TOTAL DEPRECIATION			<u>31,218,519</u>		<u>0</u>	<u>11,924,384</u>			<u>1,112,837</u>
	GRAND TOTAL DEPRECIATION			<u>31,218,519</u>		<u>0</u>	<u>11,924,384</u>			<u>1,112,837</u>
	DEPRECIATION ASSETS SOLD			168,907		0	134,141			1,821
	DEPR REMAINING ASSETS			<u>31,049,612</u>		<u>0</u>	<u>11,790,243</u>			<u>1,111,016</u>

COPY

RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.

10/20/25

02:42PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 199										
AUTO / TRANSPORT EQUIPMENT										
12	AUTOMOBILES	VARIOUS		147,973			84,033	S/L	5	19,906
TOTAL AUTO / TRANSPORT EQUI				147,973		0	84,033			19,906
BUILDINGS										
1	BUILDINGS	VARIOUS		25,285,239			9,400,223	S/L	39	648,339
TOTAL BUILDINGS				25,285,239		0	9,400,223			648,339
FURNITURE AND FIXTURES										
5	FURNITURE AND FIXTURES	VARIOUS		625,886			375,240	S/L	7	72,886
26	FURNITURE AND FIXTURES	VARIOUS	12/31/24	25,671			25,671	S/L	7	0
TOTAL FURNITURE AND FIXTURE				651,557		0	400,911			72,886
IMPROVEMENTS										
8	IMPROVEMENTS	VARIOUS		3,534,276			1,254,599	S/L	15	206,292
28	IMPROVEMENTS	VARIOUS	12/31/24	116,448			85,434	S/L	15	1,451
TOTAL IMPROVEMENTS				3,650,724		0	1,340,033			207,743
MACHINERY AND EQUIPMENT										
3	EQUIPMENT	VARIOUS		593,843			207,669	S/L	7	71,617
16	EQUIPMENT	VARIOUS	12/31/24	17,686			17,686	S/L	7	0
TOTAL MACHINERY AND EQUIPME				611,529		0	225,355			71,617
MISCELLANEOUS										
15	SOFTWARE	VARIOUS		500,267			301,287	S/L	7	70,443
TOTAL MISCELLANEOUS				500,267		0	301,287			70,443
OTHER IMPROVEMENTS										
13	LEASE IMPROVEMENT	VARIOUS		362,128			167,192	S/L	7	21,533
43	LEASE IMPROVEMENT	VARIOUS	12/31/24	9,102			5,350	S/L	7	370
TOTAL OTHER IMPROVEMENTS				371,230		0	172,542			21,903

COPY

RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.

10/20/25

02:42PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
	TOTAL DEPRECIATION			<u>31,218,519</u>		<u>0</u>	<u>11,924,384</u>			<u>1,112,837</u>
	GRAND TOTAL DEPRECIATION			<u>31,218,519</u>		<u>0</u>	<u>11,924,384</u>			<u>1,112,837</u>
	DEPRECIATION ASSETS SOLD			168,907		0	134,141			1,821
	DEPR REMAINING ASSETS			<u>31,049,612</u>		<u>0</u>	<u>11,790,243</u>			<u>1,111,016</u>

COPY

RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.

10/20/25

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
AUTO / TRANSPORT EQUIPMENT																
12	AUTOMOBILES	VARIOUS		147,973							147,973	84,033	S/L	5		19,906
	TOTAL AUTO / TRANSPORT EQUIP			147,973		0	0	0	0	0	147,973	84,033				19,906
BUILDINGS																
1	BUILDINGS	VARIOUS		25,285,239							25,285,239	9,400,223	S/L	39		648,339
	TOTAL BUILDINGS			25,285,239		0	0	0	0	0	25,285,239	9,400,223				648,339
FURNITURE AND FIXTURES																
5	FURNITURE AND FIXTURES	VARIOUS		625,886							625,886	375,240	S/L	7		72,886
26	FURNITURE AND FIXTURES	VARIOUS	12/31/24	25,671							25,671	25,671	S/L	7		0
	TOTAL FURNITURE AND FIXTURE			651,557		0	0	0	0	0	651,557	400,911				72,886
IMPROVEMENTS																
8	IMPROVEMENTS	VARIOUS		3,534,276							3,534,276	1,254,599	S/L	15		206,292
28	IMPROVEMENTS	VARIOUS	12/31/24	116,448							116,448	85,434	S/L	15		1,451
	TOTAL IMPROVEMENTS			3,650,724		0	0	0	0	0	3,650,724	1,340,033				207,743
MACHINERY AND EQUIPMENT																
3	EQUIPMENT	VARIOUS		593,843							593,843	207,669	S/L	7		71,617
16	EQUIPMENT	VARIOUS	12/31/24	17,686							17,686	17,686	S/L	7		0
	TOTAL MACHINERY AND EQUIPME			611,529		0	0	0	0	0	611,529	225,355				71,617

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12/31/24

**2024 CALIFORNIA BOOK DEPRECIATION SCHEDULE**  
**RONALD MCDONALD HOUSE CHARITIES OF SAN**  
**DIEGO, INC.**

PAGE 2

95-3251490

10/20/25

02:42PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
MISCELLANEOUS																
15	SOFTWARE	VARIOUS		500,267							500,267	301,287	S/L	7		70,443
	TOTAL MISCELLANEOUS			500,267		0	0	0	0	0	500,267	301,287				70,443
OTHER IMPROVEMENTS																
13	LEASE IMPROVEMENT	VARIOUS		362,128							362,128	167,192	S/L	7		21,533
43	LEASE IMPROVEMENT	VARIOUS	12/31/24	9,102							9,102	5,350	S/L	7		370
	TOTAL OTHER IMPROVEMENTS			371,230		0	0	0	0	0	371,230	172,542				21,903
	TOTAL DEPRECIATION			<u>31,218,519</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>31,218,519</u>	<u>11,924,384</u>				<u>1,112,837</u>
	GRAND TOTAL DEPRECIATION			<u>31,218,519</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>31,218,519</u>	<u>11,924,384</u>				<u>1,112,837</u>
	DEPRECIATION ASSETS SOLD			168,907		0	0	0	0	0	168,907	134,141				1,821
	DEPR REMAINING ASSETS			<u>31,049,612</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>31,049,612</u>	<u>11,790,243</u>				<u>1,111,016</u>

COPY

RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.

10/20/25

02:42PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
AUTO / TRANSPORT EQUIPMENT																
12	AUTOMOBILES	VARIOUS		147,973							147,973	103,939	S/L	5		0
	TOTAL AUTO / TRANSPORT EQUIP			147,973		0	0	0	0	0	147,973	103,939				0
BUILDINGS																
1	BUILDINGS	VARIOUS		25,285,239							25,285,239	10,048,562	S/L	39		648,339
	TOTAL BUILDINGS			25,285,239		0	0	0	0	0	25,285,239	10,048,562				648,339
FURNITURE AND FIXTURES																
5	FURNITURE AND FIXTURES	VARIOUS		625,886							625,886	448,126	S/L	7		89,412
	TOTAL FURNITURE AND FIXTURE			625,886		0	0	0	0	0	625,886	448,126				89,412
IMPROVEMENTS																
8	IMPROVEMENTS	VARIOUS		3,534,276							3,534,276	1,460,891	S/L	15		235,618
	TOTAL IMPROVEMENTS			3,534,276		0	0	0	0	0	3,534,276	1,460,891				235,618
MACHINERY AND EQUIPMENT																
3	EQUIPMENT	VARIOUS		593,843							593,843	279,286	S/L	7		84,835
	TOTAL MACHINERY AND EQUIPME			593,843		0	0	0	0	0	593,843	279,286				84,835

COPY

2025 CALIFORNIA BOOK DEPRECIATION SCHEDULE

RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO, INC.

10/20/25

02:42PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
MISCELLANEOUS																
15	SOFTWARE	VARIOUS		500,267							500,267	371,730	S/L	7		71,467
	TOTAL MISCELLANEOUS			500,267		0	0	0	0	0	500,267	371,730				71,467
OTHER IMPROVEMENTS																
13	LEASE IMPROVEMENT	VARIOUS		362,128							362,128	188,725	S/L	7		51,733
	TOTAL OTHER IMPROVEMENTS			362,128		0	0	0	0	0	362,128	188,725				51,733
	TOTAL DEPRECIATION			<u>31,049,612</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>31,049,612</u>	<u>12,901,259</u>				<u>1,181,404</u>
	GRAND TOTAL DEPRECIATION			<u>31,049,612</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>31,049,612</u>	<u>12,901,259</u>				<u>1,181,404</u>

COPY