Form 8868

(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request 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.

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.

must use Form 7004 to request an extension of time to file	income tax retur	ns.			
Part I - Identification					
Print RONALD MCDONALD HOUSE CH NORTHEAST OHIO, INC.	RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC. 34			r identification	. ,
File by the due date for filing your return. See 10415 EUCLID AVENUE	box, see instruct	tions.			
instructions. City, town or post office, state, and ZIP code. F CLEVELAND, OH 44106	ress, see instructions.			_	
Enter the Return Code for the return that this application is	for (file a separa	te application for each return)			
Application Is For	Return Code	Application Is For			Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)			09
	03	Form 5227			10
Form 4720 (individual)					
Form 990-PF	04	Form 6069			11
Form 990-T (sec. 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				
 After you enter your Return Code, complete either Part II 	or Part III. Part II	I, including signature, is applicable o	only for an	extension of	
time to file Form 5330.					
 If this application is for an extension of time to file Form 5 	330, you must e	nter the following information.			
Plan Name					
Plan Number					
Plan Year Ending (MM/DD/YYYY)					
Part II - Automatic Extension of Time To File for Exempt	Organizations (s	see instructions)			
The books are in the care of CRAIG WILSON					
10415 EUCLID A	AVENUE -	CLEVELAND, OH 4410	6		
Telephone No. 216-229-5757		Fax No			
 If the organization does not have an office or place of building of the second s	— Isiness in the l In				
 If this is for a Group Return, enter the organization's four 					
box					
1 I request an automatic 6-month extension of time unt					
				ipt organizati	on return for
the organization named above. The extension is for the	ne organization's	return for:			
X calendar year 20 23 or					
tax year beginning	, 20	, and ending		•	, 20
2 If the tax year entered in line 1 is for less than 12 mor Change in accounting period	nths, check reaso	on: Initial return	Final retur	'n	
3a If this application is for Forms 990-PF, 990-T, 4720, o	r 6069, enter the	tentative tax. less			
any nonrefundable credits. See instructions.		· · · · · · · · · · · · · · · · · · ·	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, o	r 6069, enter an	refundable credits and			
estimated tax payments made. Include any prior year			Зb	\$	0.
c Balance due. Subtract line 3b from line 3a. Include y				Ψ	5.
using EFTPS (Electronic Federal Tax Payment Syster			Зc	\$	0.
Los Drivery Act and Denerwark Deduction Act Nation		113.	1 30	φ Γουταρι θ ί	

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

Form 8879-TE	IRS E-file Signa	ture Authorization Exempt Entity	OMB No. 1545-0047
Form OOTO IL	For calendar year 2023, or fiscal year beginning		0000
		S. Keep for your records.	- 2023
Department of the Treasury Internal Revenue Service		379TE for the latest information.	
Name of filer RONALD	MCDONALD HOUSE CHARITIE		IN or SSN
NORTHE	AST OHIO, INC.		34-1269123
Name and title of officer or pe	erson subject to tax CRAIG WILSON		
	CHIEF EXECUTIV	/E OFFICER	
Part I Type of	Return and Return Information		
Form 5330 filers may enter or 10a below, and the am	rn for which you are using this Form 8879-TE ar r dollars and cents. For all other forms, enter wh ount on that line for the return being filed with th lank (do not enter -0-). But, if you entered -0- on t	ole dollars only. If you check the box on line is form was blank, then leave line 1b, 2b, 3	1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 5, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check	nere X b Total revenue, if any (f	Form 990, Part VIII, column (A), line 12)	ıb11,520,946.
2a Form 990-EZ che		Form 990-EZ, line 9)	
3a Form 1120-POL		POL, line 22)	
4a Form 990-PF che		ent income (Form 990-PF, Part V, line 5)	
5a Form 8868 check	here b Balance due (Form 88	68, line 3c)	
6a Form 990-T chec	k here b Total tax (Form 990-T,	Part III, line 4)	6b
7a Form 4720 check		Part III, line 1)	
8a Form 5227 check	here b FMV of assets at end	of tax year (Form 5227, Item D)	8b
9a Form 5330 check		art II, line 19)	
10a Form 8038-CP cl	heck here b Amount of credit payr	nent requested (Form 8038-CP, Part III, line	e 22) 10b
	tion and Signature Authorization of C I declare that X I am an officer of the above	-	
later than 2 business days payment of taxes to receive	it the entry to this account. To revoke a paymen prior to the payment (settlement) date. I also au re confidential information necessary to answer nber (PIN) as my signature for the electronic retu	ithorize the financial institutions involved in t inquiries and resolve issues related to the pa	he processing of the electronic
	VOGRADAC & COMPANY LLP	to ei	nter my P I N 44106
	ERO firm nam		Enter five numbers, but
with a state age on the return's o As an officer or return. If I have	on the tax year 2023 electronically filed return. ncy(ies) regulating charities as part of the IRS Fe disclosure consent screen. person subject to tax with respect to the entity, indicated within this return that a copy of the ret rogram, I will enter my PIN on the return's disclo	ed/State program, I also authorize the aforen I will enter my PIN as my signature on the ta urn is being filed with a state agency(ies) reg	nentioned ERO to enter my PIN x year 2023 electronically filed
	Craia Wilson		_{Date} 11/15/2024
	ct to tax craie Wilson (Nov 15, 2024 09:35 EST)		
	our six-digit electronic filing identification		
	y your five-digit self-selected PIN.	94681244106 Do not enter all zeros	
	meric entry is my PIN, which is my signature on coordance with the requirements of Pub. 4163,		
ERO's signature		Date	
		Form - See Instructions	
		e IRS Unless Requested To Do So	
For Privacy Act and Pape	erwork Reduction Act Notice, see instructions	S.	Form 8879-TE (2023)

Form **8879-TE** (2023)

	~	~~	** PUBLIC DISCLOSURE COP Return of Organization Exempt Fi	rom I	ncome Tax	OMB No. 1545-0047
Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.						
		of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the	-		Open to Public Inspection
_			ar year, or tax year beginning and e			mopocalon
B	heck if	C Name of	organization		D Employer identific	ation number
a	pplicab	RONA	LD MCDONALD HOUSE CHARITIES OF			
	Addre	e NORT	HEAST OHIO, INC.			
	Name Chang	e Doing b	usiness as		34-126912	23
	Initial return Final return	/ 1041	and street (or P.O. box if mail is not delivered to street address) R 5 EUCLID AVENUE	Room/suite	E Telephone number 216-229-5	
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,908,561.
	Amen		ELAND, OH 44106		H(a) Is this a group ret	
	Applio tion pendi	F Name a	nd address of principal officer: CRAIG WILSON		for subordinates?	
		SAME	AS C ABOVE		H(b) Are all subordinates inc	
		empt status:		527	1 '	ist. See instructions
	Vebsi		RMHCNEO.ORG X Corporation Trust Association Other	L Veer	H(c) Group exemption	State of legal domicile: OH
	art I	Summary		∟ Year		State of legal domicile. On
	1		e the organization's mission or most significant activities: ENHAN	CES T	HE HEALTHCAR	<u></u>
e	.	EXPERIE	NCE FOR FAMILIES AND CHILDREN THROU	JGH CC	MFORT, CARE	AND
nan	EXPERIENCE FOR FAMILIES AND CHILDREN THROUGH COMFORT CARE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net asset 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4					
ver	3				3	31
	4		ependent voting members of the governing body (Part VI, line 1b)			31
Activities &	 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 				91	
vitie					408	
Acti	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
ē	8		and grants (Part VIII, line 1h)	·····	6,505,068.	6,931,199.
Revenue	9	0	ce revenue (Part VIII, line 2g)		<u>138,129</u> . 429,718.	<u> 107,895.</u> 478,855.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)		270,253.	4,002,997.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,343,168.	11,520,946.
	13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		co or for members (Part IX, column (A), line 4)		0.	0.
	40		compensation, employee benefits (Part IX, column (A), lines 5-10)		3,579,269.	3,819,763.
Ise	16a		undraising fees (Part IX, column (A), line 11e)		393,560.	372,450.
Expenses	b		ng expenses (Part IX, column (D), line 25)1,021,79	0.		
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		3,531,297.	3,828,561.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,504,126.	8,020,774.
	19	Revenue less	expenses. Subtract line 18 from line 12		-160,958.	3,500,172.
Net Assets or - und Balances				Be	ginning of Current Year	End of Year
ssets Salar	20	Total assets (F			33,649,904.	38,689,575.
et A: nd F	21		(Part X, line 26)		615,644.	577,062.
_	22 art II	Net assets or Signature	fund balances. Subtract line 21 from line 20		33,034,260.	38,112,513.
ГС	a c H	Joignature				

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	Signature of officer			Date		
Here	CRAIG WILSON, CHIEF EXECU	TIVE OFFICER				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	RYAN RIEGER			self-employed P01353745		
Preparer	Firm's name NOVOGRADAC & COMP			Firm's EIN 94-3108253		
Use Only	Firm's address 3025 NORTH WOOSTE	R AVENUE				
	DOVER, OH 44622			Phone no.330-365-5400		
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🗌 No					
LHA For	Paperwork Reduction Act Notice, see the separation	rate instructions. 332001 12-2	21-23	Form 990 (2023)		
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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Fart III Statement of Program Service Accomplishments IX The det Schenuble Concention a regione or note to my line in this Part II IX IX 1 The Mission OF RONADD MCDONALD HOUSE CHARTTIES OF NORTHEAST OHIO, INC. IS TO ENHANCE THE HEALTHCARE EXPERIENCE FOR PARTILIES AND CHILDREN THE MISSION OF RONADD MCDONALD HOUSE CHARTTIES OF NORTHEAST OHIO, INC. 2 Do the organization undertake any significant program services during the year which were not fisted on the proform 800 of 800 E27 IY es [X] No. 1 Yes, 'describe these new services on Schedule 0. IY es, 'describe these invest services on Schedule 0. 2 Do the organization service accomplishments for each of its three largest program services, as measured by expenses. 3 Dorating the program service accomplishments for each of its three largest program services, as measured by expenses. 4 Cocca 100 (200 segminization service accomplishments for each of its three largest program services, as measured by expenses. 4 Cocca 100 (200 segminization service accomplishments for each of its three largest program services. 107,895. 5 RONALD MCDONALD HOUSE PROGRAMS PROVIDE FAMILLES WITH ILL OR INVIRED CHILDREN WITHED TO MORED NUMED 107,895. 6 Not enable accomplishments for each of the three largest program services. 107,895. 7		RONALD MCDONALD HOUSE CHARITIES OF
Check f Schedulo Contains a regionance or note to any line in this Part III IX 1 World second the nonpositions memotion 1 World second the nonpositions memotion 1 Bit Mich Schwarz, CARE AND SUPPORTIVE SERVICES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 580 or 590-627 1 TY 'Ce, 'Cecond the end of the organization care required a second transport of the organization cases conducting, or make significant changes in how it conducts, any program services, and measured by expresses. Section 501(69) and 501(60) organization care service for on the accondition to for a significant changes in the organization case completion to for each of 1s three larged program services, and measured the organization case on Schedule 0. 0 Dosche the organization are service acconditionents for each of 1s three larged program services, and measured the organization case required to report the anount of grants and allocations to other the H organization. 0 Obsche the organization case required to report the anount of grants and allocations to other the H organization cases, and revenue, if any, tore acting program service acconditionents for each of 1s three larged program services, and the organization cases of schedule 0. 1 Obsche the organization are service acconditionents for each of 1s three larged program services and the organization case of schedule 0. 1 Obsche the organization case of Schedule 0. 107, 895.		
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IS TO ENHANCE THE HEALTHCARE EXPERIENCE FOR FAMILIES AND CHILDREN THROUGH COMFORT, CARE AND SUPPORTIVE SERVICES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980 E27 Image: Care Care Care Care Care Care Care Care	1	
THROUGH COMFORT, CARE AND SUPPORTIVE SERVICES. 2 Did the organization undertake any significant program services during the year which were not listed on the proform 500 or 5027? Ives XINK 1* "Ves, 'describe these new services on Schedule 0. Ives XINK Ives XINK 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6);304 501(6)(6)(6)(3) ad 501(6)(6) and 501(6) oparizations are equived to require and increations to others, the total expenses, and reverue, if any, for each program service sported. 4 Cost I forwards 6, 137, 874. instangenets of 1 Ives XINK 4 Cost IVEN A WELCOMING AND SUPPORTIVE PLACE TO STAY NEAR THE HOSPITAL. MORE THAN 1, 200 FAMILIES CALLED EITHER THE KARON OR CLEVELAND RONALD MCDONALD HOUSE HOME FOR A TOTAL OF 22, 011 NIGHTS OF REST. THESE GUESTS WERE ASLE TO ACCESS CARE FOR THEIR CHILDREN WITHOUT WORKVING ABOUT WHERE THEY WOULD STAY OR HOW THEY WOULD PAY FOR IT, TRAVELING FROM 13 COUNTIES, 43 STATES, AND 68 DIFPERENT OHIC COUNTIES. AT FULL CAPACITY, RMHC NEO CAN ACCOMMODATE 95 FAMILIES PER NIGHT AT THE ARKON AND CLEVELAND HOUSE LOCATIONS. OHIO RESIDENTS MADE UP 67% OF FAMILIES, WITH THE TO THE OHIO COUNTIES BITIS MANDE UP 67% OF FAMILIES, WITH THE TO THE OHIO COUNTIES SUBM MAINING, STARK, TRUMBULL, COLUMBIANA, WAYNE, LORATIN, LUCAS, SUMMIT, CUYANGGA AND 40 (some 111/13, former 111/13, former 111/13, formoting mer of 106/14, former 111/13, former		
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 590 or 590-27 Image: Comparison or comparison of the organization space coulding, or make significant changes in how it conducts, any program service accomplation case coulding, or make significant changes in how it conducts, any program service accomplation service coulding, or make significant changes in how it conducts, any program service accomplations are required to report the amount of grants and alocations to others, the total expenses. Bection 5016(2) and 5016(2) organizations accelerations are required to report the amount of grants and alocations to others, the total expenses. Section 5016(2) and 5016(2) organizations accelerations are required to report the amount of grants and alocations to others, the total expenses. Section 5016(2) organizations acceleration are required to report the amount of grants and alocations to others, the total expenses. Total of 220,011 NIGHTS of REST. These GUESTS (CALEDE EITHER THE AKENON OR CLEVELAND RONALD MOUSE HOME FOR A TOTAL OF 220,011 NIGHTS OF REST. THESE GUESTS WERE ABLE TO ACCESS CARE FOR THEIR THE AKENON OR CLEVELAND RONALD MOUSE HOME FOR A TOTAL OF 220,011 NIGHTS OF REST. THESE GUESTS WERE ABLE TO ACCESS CARE FOR THEIR THE ALKON OR CLEVELAND CONTINUE SECONT WHERE THEY WOULD STAY OR HOW THEY WOULD PAY FOR IT, TRAVELING FROM 13 COUNTRIES, 43 STATES, AND 66 DIFFERENT OHIO COUNTIES. AT FULL CAPACITY, RMHC NEO CAN ACCOMMODATE 95 FAMILIES PER NIGHT AT THE ARRON AND CLEVELAND HOUSE LOCATIONS. OHIO RESIDENTS MADE UP 67% OF FAMILIES, WITH THE TOP TEN OHIO COUNTIES BEINO MAHONING, STARK, TRUMENUL, COLUMEINAN, AWINE, LORAIN, LUCAS, SUMMIT, CUVAHOGA AND 40 Coxe 10141,435, "techniquegaments") (termest 100000000000000000000000000000		
pror Fom 980 or 980 cf 20 [Ves [X] NK If Yes, 'describe these new services on Schedule 0. [Ves [X] NK 3 Did the organization ccase conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Secton 951(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 exponded. 44 (Coxe		THROUGH COMFORT, CARE AND SUPPORTIVE SERVICES.
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 If 'Yes,' describe these new services on Schedule 0. Old the organization cases conducting, or make significant changes in how it conducts, any program services?	2	
 3 Dd the organization cases conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?
 If "Yes, 'describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(8) and 501(c)(4) organizations are required to report the amount of grants and alocations to others, the total expenses, and revenue, if any, for each program service reported. (Roome 1) (Ropowers 6, 137, 874. "Including grants of all alocations to others, the total expenses, and revenue, if any, for each program service reported. (Roome 1) (Ropowers 6, 137, 874. "Including grants of all alocations to others, the total expenses, and revenue, if any, for each program service reported. (Roome 1) (Ropowers 6, 137, 874. "Including grants of all program services, as measured by expenses. (Roome 1) (Ropowers 6, 137, 874. "Including grants of all program services, as measured by expenses. (Roome 1) (Ropowers 1) (Roome 1) (Room		
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<pre>Section SDI(c)[0] and SDI(c)[4] organizations are required to report the annount of grants and allocations to others, the total expenses, and</pre>		If "Yes," describe these changes on Schedule O.
1 10 </th <th>4</th> <th>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.</th>	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
<pre>4a (come) (seconds <u>6</u>, <u>137</u>, <u>874</u>, mechang parts <u>1</u>) (seconds <u>107</u>, <u>895</u>, RONALD MCDONALD HOUSE PROGRAMS PROVIDE FAMILIES WITH ILL OR INJURED CHILDREN A WELCOMING AND SUPPORTIVE PLACE TO STAY NEAR THE HOSPITAL. MORE THAN 1, 200 FAMILIES CALLED EITHER THE ARRON OR CLEVELAND RONALD MCDONALD HOUSE HOME FOR A TOTAL OF <u>22</u>, <u>011 NIGHTS OF REST</u>. THESE GUESTS WERE ABLE TO ACCESS CARE FOR THEIR CHILDREN WITHOUT WORKING ABOUT WHERE THEY WOULD STAY OR HOW THEY WOULD PAY FOR IT, TRAVELING FROM 13 COUNTRIES, <u>43</u> STATES, AND 66 DIFFERENT OHIO COUNTIES. AT FULL CAPACITY, RMHC NEO CAN ACCOMMODATE <u>95</u> FAMILIES PER NIGHT AT THE AKRON AND CLEVELAND HOUSE LOCATIONS. OHIO RESIDENTS MADE UP 678 OF FAMILIES, WITH THE TOP TEN OHIO COUNTIES BEING MAHONING, STARK, TRUMBULL, COLUMBIANA, WAYNE, LORAIN, LUCAS, SUMMIT, CUTAHOGA AND 40 (come) (seconds <u>141</u>, <u>4355</u>. modeng game of) (seconds) (CLEVELAND CLINIC CHILDREN'S, CLEVELAND CLINIC FAIRVIEW HOSPITALS (CLEVELAND CLINIC CHILDREN'S, AND BEACH FAMILIES TO REST AND RECHARGE JUST STEPS FROM THEIR CHILD'S TREATMENT ROOM. EACH FAMILY ROOM IS QUIPPED WITH A KITCHENETTE STOCKED WITH SINACKS AND BEVERACES, COMFORTABLE SITTING AREA WITH TV, SMALL PLAY AREA FOR CHILDREN, AND COMPUTERS WITH INTERNET. SOME ALSO INCLUDE A PRIVATE RESTROM WITH SHOWER AND LAUNDRY FACILITIES, AND OVENNIGHT RESPITE ROOMS (ASSIGNED BY HOSPITAL STAFF). HAPPY WHEELS MOBILE HOSPITALITY CARTS BRING COMFORT TO THE BEDSIDE FOR THOSE WHO CANNOT STEP AWAY. 40 (Come</pre>		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
RONALD MCDONALD HOUSE PROGRAMS PROVIDE FAMILIES WITH ILL OR INJURED CHILDREN A WELCOMING AND SUPPORTIVE PLACE TO STAY NEAR THE HOSPITAL. MORE THAN 1,200 FAMILIES CALLED EITHER THE AKRON OR CLEVELAND RONALD MCDONALD HOUSE HOME FOR A TOTAL OF 22,011 NIGHTS OF REST. THESE GUESTS WERE ABLE TO ACCESS CARE FOR THEIR CHILDREN WITHOUT WORRVING ABOUT WHERE THEY WOULD STAY OR HOW THEY WOULD PAY FOR IT, TRAVELING FROM 13 COUNTRIES, 43 STATES, AND 68 DIFFERENT OHIO COUNTIES. AT FULL CAPACITY, RMHC NEO CAN ACCOMMODATE 95 FAMILIES PER NIGHT AT THE AKRON AND CLEVELAND HOUSE LOCATIONS. OHIO RESIDENTS MADE UP 678 OF FAMILIES, WITH THE TOP TEN OHIO COUNTIES BEING MAHONING, STARK, TRUMBULL, COLUMBIANA, WAYNE, LORAIN, LUCAS, SUMMIT, CUYAHOGA AND (b [come") [Comments] 14,435. (CLEVELAND HOUSE LOCATIONS. OHIO RESIDENTS MADE UP 678 OF FAMILIES, WITH THE TOP TEN OHIO COUNTIES BEING MAHONING, STARK, TRUMBULL, COLUMBIANA, WAYNE, LORAIN, LUCAS, SUMMIT, CUYAHOGA AND (b [come"]] [Comments] 14,435. (CLEVELAND CLINIC CHILDREN'S, CLEVELAND CLINIC FAIRVIEW HOSPITALS (CLEVELAND CLINIC CHILDREN'S, CLEVELAND CLINIC FAIRVIEW HOSPITAL METROHEALTH MEDICAL CENTER AND UNIVERSITY HOSPITALS RAINBOW BABIES AND CHILDREN'S) OFFER A SPACE FOR FAMILIES TO REST AND RECHARGE JUST STEPS FROM THEIR CHILD'S TREATMENT ROOM. EACH FAMILY ROOM IS EQUIPPED WITH A KITCHENETTE STOCKED WITH SNACKS AND BEVERAGES, COMFORTABLE SITTING AREA WITH TV, SMALL PLAY AREA FOR CHILDREN, AND COMPUTERS WITH INTERNET. SOME ALSO INCLUDE A FRUVATE RESTROOM WITH SHOWER AND LAUNDRY FACILITIES, AND OVERNIGHT RESPITE ROOMS (ASSIGNED BY HOSPITAL STAFF). HAPPY WHEELS MOBILH HOSPITALITY CARTS BRING COMFORT TO THE BEDSIDE FOR THOSE WHO CANNOT STEP AWAY. 40 (come		
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		Form 990 (2023)

332002 12-21-23

Part IV Checklist	of Required Schedules			
Form 990 (2023)	NORTHEAST OHIO,	INC.		
	RONALD MCDONALD	HOUSE	CHARITIES	OF

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	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	110		- 23
u		114		х
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	TIE	- 23	
т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 4 4	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u></u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u>^</u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	v	
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes, "			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

Form 990 (2023)

Form	990 (2023) NORTHEAST OHIO, INC. 34-126	<u>9123</u>	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable)		
		0		
_	Did the organization comply with backup withholding rules for reportable payments to yonders and reportable gaming			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

NORTHEAST OHIO, INC.

RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC.

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 91			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
c Ca	, , ,			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x
L	any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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?	70	Х	
a h		7a 7b	X	
b c	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	to file Form 8282?	7c		x
d				
e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	44-		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		- 23
17	Section 501(c)(21) organizations. 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?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023)

NORTHEAST OHIO, INC. 34-1269123 Page 6 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 31 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 31 **b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes." provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a а х 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OH, CA, FL, GA, IL, HI, MD, MA, MI, NJ, NC, PA 17 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 18 for public inspection. Indicate how you made these available. Check all that apply.

X Upon request X Own website Another's website _ Other (explain on Schedule O)

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	CRAIG WILSON - 216-229-5757

10415 EUCLID AVENUE, CLEVELAND, OH SCHEDULE O FOR FULL LIST OF STATES

SEE

RONALD MCDONALD	HOUSE	CHARITIES	\mathbf{OF}
NORTHEAST OHIO.	INC.		

Form 990 (2023)	NORTHEAS	т оніо,	INC.			34-
Part VII	Compensation	of Officers, I	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees an	d Independer	nt Contrac	tors			

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)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	or/trus [.]	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee,	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	nstitutional trustee	_	nploy	st cor	1	1000 1120/		organizations
	line)	Individual trustee or director	In stit (Officer	Key employee	Highest compensated employee	Former			
(1) WILSON, CRAIG G.	40.00									
CHIEF EXECUTIVE OFFICER				Х				179,740.	0.	50,031.
(2) HUBBARD, JUDY	40.00									
CHIEF OPERATING OFFICER						Х		116,441.	0.	43,879.
(3) TZOULOUFIS, ARISTEA	40.00									
CHIEF DEVELOPMENT OFFICER						X		111,996.	0.	37,208.
(4) GONZALEZ, EILIANA	40.00									
DIRECTOR HUMAN RESOURCES/DEI						X		103,678.	0.	10,077.
(5) CARROLL, JEANINE	40.00									
CHIEF MARKETING AND COMMUNICATIONS O						X		102,693.	0.	31,723.
(6) LONERO, MICHELLE R.	40.00									
CHIEF FINANCIAL OFFICER				Х				101,135.	0.	45,048.
(7) LARSON, LYNN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) NOVAK, MICHAEL	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(9) BENNETT, TREY	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(10) FANOUS, NICHOLAS	1.00									
TREASURER		Х		х				0.	0.	0.
(11) KAHN, RONALD L.	1.00									
SECRETARY		Х		Х				0.	0.	0.
(12) ANSEL, AMY	1.00									_
DIRECTOR		Х						0.	0.	0.
(13) BEDIAKO, TRINA	1.00									
DIRECTOR		Х						0.	0.	0.
(14) CHADSEY, JEANANNE	1.00									
DIRECTOR		Х						0.	0.	0.
(15) CHAREK, TOM	1.00									_
DIRECTOR		Х						0.	0.	0.
(16) DONOVAN, CATE	1.00									
DIRECTOR		Х						0.	0.	0.
(17) EGLER, MD, RACHEL	1.00									•
DIRECTOR		Х						0.	0.	0.

NORTHEAST OHIO, INC.

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Form 990 (2023) NORTHEAST	OHIO,	IN	C.						34-12	<u> 59123</u>	B Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(-1-		Posi				Reportable	Reportable	E	Estimated
	hours per		not ch , unles					compensation	compensation	e la c	amount of
	week	offi	cer an	d a di	recto	r/trus	tee)	from	from related		other
	(list any	ector						the	organizations	cor	mpensation
	hours for	or dire				ted		organization	(W-2/1099-MISC	;/	from the
	related	stee o	ruste		_	ensa		(W-2/1099-MISC/	1099-NEC)		rganization
	organizations	al tru:	onal t		loyee	comp g		1099-NEC)			nd related
	below line)	Individual trustee or director	Institutional trustee	Officer	/ emp	Highest compensated employee	Former			Orç	ganizations
(10) CDACCT DON	1.00	n	ц.	£	Key	e, <u>F</u>	Ы				
(18) GRASSI, DON DIRECTOR	1.00	x						0.		0.	0.
(19) RICHMOND, CRAIG	1.00	^				-		0.		<u>, </u>	0.
DIRECTOR	1.00	x						0.		0.	0.
(20) HORD, MD, JEFFERY	1.00							0.		<u></u>	
DIRECTOR	1.00	х						0.		0.	0.
(21) KIDIK, ALLYSON	1.00									<u></u>	
DIRECTOR	1.00	x						0.		0.	0.
(22) LERNER, MARK	1.00										
, DIRECTOR		x						0.		0.	0.
(23) PERDUE, JOHN	1.00										
DIRECTOR		х						0.		0.	0.
(24) ROY, MD, APARNA	1.00										
DIRECTOR		Х						0.		0.	0.
(25) MCFARLANE, KIMBERLY	1.00										
DIRECTOR		Х						0.		0.	0.
(26) MILETI, SALVATORE	1.00										
DIRECTOR		Х						0.		0.	0.
1b Subtotal								715,683.			17,966.
c Total from continuation sheets to Part VII	, Section A							0.		0.	0.
d Total (add lines 1b and 1c)								715,683.		0. 21	17,966.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		_
compensation from the organization											5
											Yes No
3 Did the organization list any former officer,	,			•	,	'	0	· · ·	,		
line 1a? If "Yes," complete Schedule J for su										. 3	X
4 For any individual listed on line 1a, is the su	-							-	-		
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a	ccrue compen	isati	on fr	om a	any	unre	elate	ed organization or individ	lual for services		
rendered to the organization? If "Yes." com	olete Schedule	e J fo	or su	ch p	bers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest cor		-								nsation f	rom
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith c	or wi	thin		ear.		
(A) Name and business	address							(B) Description of s	ervices		(C) ensation
TRUESENSE MARKETING							_	THIRD PARTY I			
P.O. BOX 641114, PITTSBUR	сн ра	15	26	4				MAIL MARKETI		3-	72,451.
PROFESIONAL BUILDING MAIN							-1				2,491.
MILES RD, STE 206, WARREN					S			CLEANING SERV	VICES	15	73,673.
SYSCO CLEVELAND					<u> </u>						
4747 GRAYTON RD, CLEVELAN	D, OH 4	41	35					FOOD DISTRIBU	JTOR	16	56,674.
THE ALBERT M. HIGLEY CO			-					CONSTRUCTION			<u> </u>
3636 EUCLID AVE, CLEVELAN	D, OH 4	41	15		_			SERVICES		12	29,630.
FORTNEY & WEYGANDT, INC.								CONSTRUCTION			
31269 BRADLEY ROAD, NORTH	OLMSTE	D,	01	H 4	44	07	0	SERVICES		12	20,791.
2 Total number of independent contractors (in	cluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than		

RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC.

34-1269123

Form 990NORTHEAS	r ohio,				011			120 01	34-126	9123
Part VII Section A. Officers, Directors, Tru					nd H	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week					e.		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed en		(W-2/1099-MISC)		organization
	related	stee o	rustee			oen sat				and related
	organizations	al trus	onal ti		oloyee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) MYEROFF, KEVIN	1.00	-	-	0	¥	Ŧ	ш.			
DIRECTOR		х						0.	0.	0.
(28) BERCKMUELLER, FRITZ	1.00									
DIRECTOR		х						0.	0.	0.
(29) POWERS, JOHN	1.00									
MCDONALD'S CO-OP REPRESENTATIVE		Х						0.	0.	0.
(30) WALZ, MARGUERITE	1.00									
DIRECTOR		Х						0.	0.	0.
(31) HOLLIS, BARRY	1.00									
DIRECTOR		Х						0.	0.	0.
(32) PRESIDENT, CECE	1.00									
DIRECTOR		Х						0.	0.	0.
(33) WLASZYN, ANDREA	1.00									
DIRECTOR	1 0 0	X						0.	0.	0.
(34) RHODES, DONNA	1.00	v								0
DIRECTOR (35) WOLFE, JENELLE	1.00	Х						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(36) WORLEY, JANIES	1.00								0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(37) MARKS, MICHELLE	1.00									
DIRECTOR		х						0.	0.	0.
								-		
		-								
						-				
		-								
	1									
Total to Part VII, Section A, line 1c										

-	~~~							CHARITIES	OF.	34-1269	103 Dec
orm Par						OHI	O, INC.			34-1209	123 Pag
		•••	_								Г
			Check if Schedule O	<u>conta</u>	<u>ins a re</u>	<u>sponse</u>	or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud
ts ts	1	а	Federated campaigns		· · · ·	a					
nu			Membership dues			b					
⊡ G			Fundraising events			lc	974,508.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations			d	527,143.				
s, c bil			Government grants (contr			le	185,754.				
io Si		f	All other contributions, gifts,	grants	s, and						
the			similar amounts not included	d above	e L	If	5,243,794.				
		g	Noncash contributions included in	lines 1a	a-1f	l g \$	419,391.				
a C		h	Total. Add lines 1a-1f					6,931,199.			
							Business Code				
e	2	а	ROOM REVENUE				900099	107,895.	107,895.		
e K		b									
		с									
Program Service Revenue		d									
бo Н		е									
ב			All other program service								
		g	Total. Add lines 2a-2f					107,895.			
	3		Investment income (inclue	•							
			other similar amounts)					479,908.			479,90
	4		Income from investment of		•						
	5		Royalties	··· ·····							
					.,	Real	(ii) Personal				
			Gross rents	6a	16	1,351.					
			Less: rental expenses \dots	6b		0.					
			Rental income or (loss)	6c		1,351.					
			Net rental income or (loss	s)				161,351.	161,351.		
	7	а	Gross amount from sales of		()	conc	(ii) Other				
			assets other than inventory	7a	2,11	6,246.					
			Less: cost or other basis	_	0 11	2 716	4 552				
enne			and sales expenses			2,746.					
eve			Gain or (loss)			3,500.		1 052			1 05
ř			Net gain or (loss)				·····	-1,053.			-1,05
Other Rev	8		Gross income from fundraisi including \$								
0			contributions reported on								
			Part IV, line 18		'		128,656.				
			Net income or (loss) from					-141,660.			-141,66
			Gross income from gamir		Ũ			,			, • •
	5		Part IV, line 19	-							
			Less: direct expenses								
			Net income or (loss) from				<u> </u>				
			Gross sales of inventory,								
			and allowances			10a					
			Less: cost of goods sold								
			Net income or (loss) from								
+		-			2		Business Code				
Sno	11	а	GAIN ON LIQUIDATION	OF	CHILDE	EN'S	900099	3,975,066.	3,975,066.		
nec		b						, , ,	, , ,		
scellane Revenu		c									
			All other revenue				900099	8,240.			8,24
Be		d	All OLLIEL LEVELUE								
Miscellaneous Revenue			All other revenue					3,983,306.			

RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC.

Part	90 (2023) NORTHEAST OF	es		J7 12	69123 Page 1
ectior	n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	4.4.3			
	t include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
,	, ,		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
t	rustees, and key employees	299,362.	193,922.	64,495.	40,945
6 (Compensation not included above to disqualified				
p	ersons (as defined under section 4958(f)(1)) and				
p	ersons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	2,551,162.	1,800,230.	336,571.	414,361
	Pension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	197,684.	157,299.	18,914.	<u>21,471</u> 60,285
	Other employee benefits	531,584.	418,196.	53,103.	60,285
	Payroll taxes	239,971.	190,902.	22,981.	26,088
	ees for services (nonemployees):			,	•
	Aanagement	15,137.	9,082.	6,055.	
	_egal	34,712.	20,827.	13,885.	
		27,797.		27,797.	
		21,151.		21,151.	
	obbying Professional fundraising services. See Part IV, line 17	372,450.			372,450
		41,265.	41,265.		572,450
	nvestment management fees	41,203.	41,205.		
-	Other. (If line 11g amount exceeds 10% of line 25,				
	olumn (A), amount, list line 11g expenses on Sch O.)	90,291.	72 126	E /17	11 720
	Advertising and promotion		73,136.	5,417.	11,738
	Office expenses	15,834.	10,888.	2,612.	2,334
	nformation technology	12,208.	8,395.	2,013.	1,800
15 F	Royalties				
16 (Decupancy	18 085	10 500	1 = 0.0	
	ravel	17,975.	12,582.	1,798.	3,595
	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials \dots				
19 (Conferences, conventions, and meetings				
	nterest				
2 1 F	Payments to affiliates	527,143.	527,143.		
22 [Depreciation, depletion, and amortization	649,849.	636,852.	12,997.	
3 I	nsurance	69,332.	62,398.	3,467.	3,467
a li	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	REPAIRS AND MAINTENANCE	580,419.	568,811.	11,608.	
_	IN-KIND EXPENSES	368,831.	368,831.	,000.	
_	SUPPLIES	341,731.	334,896.	6,835.	0
-	JTILITIES	234,214.	229,530.	4,684.	0
-		801,823.	625,837.	112,730.	63,256
	All other expenses	8,020,774.	6,291,022.	707,962.	1,021,790
	otal functional expenses. Add lines 1 through 24e	0,040,//4•	0,491,044.	101,904.	I,02I,190
	loint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
C	check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (20)

orm	990	(2023)	

RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC.

	1 990 () r t X	2023) NORTHEAST OHIO, INC.		34-	1269123 Page 11
1 4		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	602,909.	1	449,682.
	2	Savings and temporary cash investments	1,285,288.	2	1,288,176.
	3	Pledges and grants receivable, net	299,114.	3	442,957.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net	6,596,353.	7	
Assets	8	Inventories for sale or use	9,008.	8	6,951.
As	9	Prepaid expenses and deferred charges	54,902.	9	70,445.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 33, 349, 485.			
	b	Less: accumulated depreciation 10b 11,310,385.	11,590,736.	10c	22,039,100.
	11	Investments - publicly traded securities	13,153,323.	11	14,347,075.
	12	Investments - other securities. See Part IV, line 11	18,439.	12	21,243.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	39,832.	15	23,946.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	33,649,904.	16	38,689,575.
	17	Accounts payable and accrued expenses	474,589.	17	466,955.
	18	Grants payable		18	
	19	Deferred revenue	76,000.	19	86,161.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	65,055.	25	23,946.
	26	Total liabilities. Add lines 17 through 25	615,644.	26	577,062.
		Organizations that follow FASB ASC 958, check here			
Ce		and complete lines 27, 28, 32, and 33.			21 022 500
alan	27	Net assets without donor restrictions	26,764,869.	27	31,833,708.
B	28	Net assets with donor restrictions	6,269,391.	28	6,278,805.
un		Organizations that do not follow FASB ASC 958, check here			
г		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	22 024 260	31	20 110 510
Ř	32	Total net assets or fund balances	33,034,260. 33,649,904.	32	38,112,513.
	33	Total liabilities and net assets/fund balances	33,049,904.	33	38,689,575. Form 990 (2023)

Form **990** (2023)

RONALD	MCI	DONALD	HOUSE	CHARITIES	OF
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Form	990 (2023) NORTHEAST OHIO, INC.	34-	126912	3	Page	; 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				. [
						_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,5			
2	Total expenses (must equal Part IX, column (A), line 25)	2)20,		
3	Revenue less expenses. Subtract line 2 from line 1	3		500,		_
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,0	-		
5	5	1,5	578,	,08	<u>1.</u>	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	38,1	.12,	,51	<u>3.</u>
Par	t XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII					
				Y	es I	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	-	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	_	<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				7	
b	Were the organization's financial statements audited by an independent accountant?			2b 2	K	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				_	
	review, or compilation of its financial statements and selection of an independent accountant?			2c 2	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		·····	Ba		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

SCHEDULE A		Dublic Chevity Status and Dublic Support					OMB No. 1545-0047		
(Form 990)		Public Charity Status and Public Support					うりつう		
			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2023	
	nt of the Treasury evenue Service		At	ttach to Form 990 or Fo	orm 990-E	Ζ.			Open to Public
				Form990 for instruction			ormation.	Employer	Inspection identification number
Name	of the organization		HEAST OHIO	D HOUSE CHAR	LITES	OF			4-1269123
Part	I Reason			(All organizations must c	omplete th	nis part.) S	ee instruction		4 1209125
				For lines 1 through 12, c					
1	, 		,	on of churches described		,	I)(A)(i).		
2	_			Attach Schedule E (Forn					
3	A hospital or	a cooperative	hospital service orga	anization described in so	ection 170)(b)(1)(A)(ii	ii).		
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_	city, and state	-							
5	An organizati	on operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
_	_		Complete Part II.)						
6	•	· •	-	nental unit described in					
7 2	_ 0		•	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	bublic described in
• □	- ·		Complete Part II.)	(1)(A)() (Complete Der	• 11 \				
8 9				(1)(A)(vi). (Complete Par in section 170(b)(1)(A)(,	ad in coniu	unction with a	land-grant	college
9 _	-	-	-	ulture (see instructions).				-	-
	university:		grant conege of agric			name, eny	, and state of	the conege	
10	_ · _	on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
				t to certain exceptions; a					
	income and u	nrelated busii	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	fter June 30, 1975.
	See section	609(a)(2). (Co	mplete Part III.)						
11	An organizati	on organized	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12 🗌	-	-	-	ively for the benefit of, to	-			•	
			-	ed in section 509(a)(1) o					Check the box on
1		-	• •	f supporting organization		-		-	
a			-	upervised, or controlled	• • • •	-			
		-	complete Part IV, Se	gularly appoint or elect a	majonty d	or the direc	cors or truste	es or the st	ipporting
b	ĭ		•	l or controlled in connect	tion with its	s supporte	ed organizatio	n(s) by hay	ina
~				anization vested in the sa			-		-
		0	st complete Part IV,					5	
c	¥	. ,	•	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,
	its supporte	d organizatio	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
d	Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
	that is not f	unctionally inf	tegrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	veness
,				nplete Part IV, Sections					
е		•		written determination fro			Туре I, Туре	II, Type III	
		•		nally integrated supporti	ng organiz	ation.			[]
	inter the number of the following the follo		organizations n about the supporte	d organization(s)					
_g ⊢	(i) Name of suppo		(ii) EIN	(iii) Type of organization		anization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	nstructions)	support (see instructions)
									<u> </u>
Total									

RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC.

34-1269123 Page 2

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3432073.	8205579.	6511257.	6505068.	6745445.	31399422.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	3432073.	8205579.	6511257.	6505068.	6745445.	31399422.	
	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)							
6	Public support. Subtract line 5 from line 4.						31399422.	
	tion B. Total Support						010001000	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	3432073.	8205579.	6511257.	6505068.	6745445.	31399422.	
	Gross income from interest.	01010/01	01000,00	001110,0		0,101100	0100001000	
U	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	122,683.	251,673.	405,603.	659,884.	641,259.	2081102.	
9	Net income from unrelated business	122,005.	251,075.	405,005.	000,001	041,200.	2001102.	
9								
	activities, whether or not the				77,830.		77,830.	
40	business is regularly carried on				11,050.		11,050.	
10	Other income. Do not include gain							
	or loss from the sale of capital	120 000	116,432.	23,813.	23,568.	8 240	292,053.	
	assets (Explain in Part VI.)	120,000.	110,452.	23,013.	23,300.	0,240.	33850407.	
	Total support. Add lines 7 through 10					12	52020407.	
	Gross receipts from related activities,		,					
13	First 5 years. If the Form 990 is for the	-		-				
500	organization, check this box and stor ction C. Computation of Publi	c Support Per	contago					
				olumn (f))		14	92.76 %	
	Public support percentage for 2023 (I					14 15	01 00	
	Public support percentage from 2022 33 1/3% support test - 2023. If the c			line 10 and line 1		• • • • • • • • • • • • • • • • • • •		
104							V	
h	stop here. The organization qualifies as a publicly supported organization							
ŭ								
47-	and stop here. The organization qual		••••••		10 16a ar 16b a			
1/a	a 10% -facts-and-circumstances test - 2023. 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 te	-		• • • •				
b	10% -facts-and-circumstances test						10% or	
	more, and if the organization meets th							
	organization meets the facts-and-circu		-					
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Part II

Schedule A (Form 990) 2023 NORTHEAST OHIO, INC. 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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (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 per- formed, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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							
	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received from other than disgualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.) ction B. Total Support							
		(-) 0010	(1-) 0000	(-) 0001	(-1) 0000	(.).000		
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total	
	Amounts from line 6 Gross income from interest,							
104	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
L	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	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							
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is for th	L	irst second third	fourth or fifth tax	L	1 01(c)(3) oraș	l	
••	check this box and stop here	-			•			
Se	ction C. Computation of Publi	c Support Per	rcentage					
15	Public support percentage for 2023 (I	line 8, column (f), d	livided by line 13, o	column (f))		15	%	
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%	
Se	ction D. Computation of Inves	stment Income	e Percentage					
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%	
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%	
19a	a 33 1/3% support tests - 2023. If the					3 1/3%, and	l line 17 is not	
	more than 33 1/3%, check this box ar							
k	33 1/3% support tests - 2022. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1	/3%, and	
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	nization qualifies a	as a publicly suppo	orted organiz	ation	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC.

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Yes

No

Schedule A (Form 990) 2023 NOR: 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

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

NORTHEAST OHIO, INC. Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised. or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

 Chε 	ck the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions).
-------------------------	-------------------------------	----------------------------	------------------------------	----------------------	---------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported	a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	----------------------------	------------------------	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3

2a

2b

3a

No Yes

	dule A (Form 990) 2023 NORTHEAST OHIO, INC.			34-1269123 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportir			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

	dule A (Form 990) 2023 NORTHEAST OHI			3	4-1269123	Page 7		
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Yea	ar			
_1	Amounts paid to supported organizations to accomplish exer		1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	<u> </u>			
4	Amounts paid to acquire exempt-use assets			4	L			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	<u> </u>			
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8	<u> </u>			
9	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributab Amount for 2			
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
C	From 2020							
d	From 2021							
e	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
i	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
е	Excess from 2023							

Schedule A (Form 990) 2023

	RONALD MCDONALD	HOUSE CHARITIES	OF		
Schedule A (Form 990) 2023	NORTHEAST OHIO,		34-1269123 Page 8		
Part VI Supplemental Inform	mation. Provide the explanat	tions 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					
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.					
(See instructions.)					

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME

CONSULTING SERVICES

2019 AMOUNT: \$120,000

WORKER'S COMPENSATION REBATE

2020 AMOUNT: \$116,432

2021 AMOUNT: \$4,476

2022 AMOUNT: \$303

MISCELLANEOUS REVENUE

2021 AMOUNT: \$19,337

2022 AMOUNT: \$23,265

2023 AMOUNT: \$8,240

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

4



Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	2023			
Name of the organizati	RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC.	Employer identification numb			
Organization type (ch	eck one):				
Filers of:	Section:				
Form 990 or 990-EZ	\fbox 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				
Chook if your propries	tion is sourced by the Concret Dule or a Creatiel Dule				
UNCOK II YOUI UIYAIIIZA	tion 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

Schedule B

(Earm 000)

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X 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 for an *exclusively* set in the set of t

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

NORTH	EAST OHIO, INC.	34	-1269123
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		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	, , , , , , , , , , , , , , , , ,	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization RONALD MCDONALD HOUSE CHARITIES OF

Schedule B (Form 990) (2023)

Employer identification number

Schedule I	B (Form 990) (2023)		Page 3
	rganization		Employer identification number
	D MCDONALD HOUSE CHARITIES OF		
NORTH	EAST OHIO, INC.		34-1269123
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed	I.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	

Schedule	B (Form 990) (2023)			Page 4					
Name of o	organization			Employer identification number					
	D MCDONALD HOUSE CHARITI	ES OF							
NORTH	EAST OHIO, INC.			34-1269123					
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a)	ns to organizations described in se	ction 501(c)(7), (8), or (10) 1	hat total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious, cl	naritable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info.	once.) \$					
())]	Use duplicate copies of Part III if additional s	pace is needed.							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I		()	.,						
		(e) Transfer of gif	t						
		(0)	-						
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee					
(a) No.									
from	(b) Purpose of gift (c) Use of		(d) Des	cription of how gift is held					
Part I									
	(e) Transfer of gift								
	Transferee's name, address, an	id ZIP + 4	Relationship of tr	ansferor to transferee					
		[
(a) No.			(1) D						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
	I	(e) Transfer of gif	+						
	Transferee's name, address, an	d ZI P + 4	Relationship of tr	ansferor to transferee					
(a) No									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I									
		(e) Transfer of gif	t						
	Transferee's name, address, an	od ZIP + 4	Relationship of tr	ansferor to transferee					
		[
		[

90	SCHEDULE D Supplemental Financial Statements						
	n 990)	Complete if the orga	nization answered "Yes" on Form 990,		2023		
			, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. .ttach to Form 990.		Open to Public		
	ment of the Treasury I Revenue Service						
Nam	e of the organization	NORTHEAST OHIO, INC	2.		ployer identification number 34-1269123		
Pa		-	d Funds or Other Similar Funds or A	ccour	nts. Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Eur	nds and other accounts		
4	Total number at or	ad of year		(b) Fui			
1 2		nd of year f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5			writing that the assets held in donor advised fur	nds			
	-		exclusive legal control?		Yes No		
6			dvisors in writing that grant funds can be used				
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	rring			
Pa	t II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	/, line 7			
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).				
	Preservation	of land for public use (for example, recrea	tion or education)	torically	important land area		
		f natural habitat	Preservation of a cer	tified hi	storic structure		
-		of open space					
2	-		ied conservation contribution in the form of a c	onserva			
	day of the tax year				Held at the End of the Tax Year		
a L							
b	•		ucture included on line 2a				
c d				20			
u	d Number of conservation easements included on line 2c acquired after July 25, 2006, and not						
3			eased, extinguished, or terminated by the orga		during the tax		
Ū	year			Lation			
4		where property subject to conservation easies	sement is located				
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enfo	orcement of the conservation easements it	holds?		Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion ease	ements during the year		
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asemen	ts during the year		
		<u> </u>		<i>(</i> 1)			
8		•	satisfy the requirements of section 170(h)(4)(B)	.,			
•	and section 170(h)						
9		-	on easements in its revenue and expense state note to the organization's financial statements t				
		ounting for conservation easements.		ial uest			
Pa	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	Simila	r Assets.		
		the organization answered "Yes" on Form					
1a			8, not to report in its revenue statement and ba	lance sl	heet works		
	of art, historical tre	asures, or other similar assets held for put	olic exhibition, education, or research in further	ance of	public		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.				
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and baland	e sheet	works of		
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furtherand	e of pu	blic service,		
	-	ng amounts relating to these items.					
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1			\$		
					\$		
2			asures, or other similar assets for financial gain	provide	e		
	-	unts required to be reported under FASB A	-				
					\$		
					\$		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s tor Form 990.		Schedule D (Form 990) 2023		

332051 09-28-23

		MCDONALD HO		FIES OF	7				_	-
		ST OHIO, IN						26912		age 2
Par	t III Organizations Maintaining C								nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	following that	t make si	ignificant u	se of its			
	collection items (check all that apply).									
а	Public exhibition	d		hange progra						
b	Scholarly research	e	Other							
С	Preservation for future generations				_					
4	Provide a description of the organization's co						e in Par	t XIII.		
5	During the year, did the organization solicit o						_	_		٦
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran					F		Yes		No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organization	n answered "	Yes" on I	Form 990,	Part IV,	line 9, or		
10	Is the organization an agent, trustee, custodi		lion (for contribution	o or other or	ooto not	included				
Ia							Г	Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						∟			
b	If Yes, explain the arrangement in Part XIII	and complete the for	lowing table.					Amoun	+	
_								Amoun		
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
f 2e	Ending balance Did the organization include an amount on Fe					. [<u>1f</u>]		Yes		No
	If "Yes," explain the arrangement in Part XIII.					ity ?	∟		-	
Par						<u></u>		<u></u>		
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three ye	ears back	(e) Fou	r vears	hack
10	Beginning of year balance	3,100,248.	4,075,999.		8,369.		4,417		,506,	
		5,100,210.	1,0,0,000	5,51	•,•••		51,250		,,	
	Contributions	456,170.	-735,751.	35	7,630.		52,702	-	287	719.
	Net investment earnings, gains, and losses	100,170.	,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	207,	110.
	Grants or scholarships									
е	Other expenditures for facilities	300,000.	240,000.	20	0,000.					
	and programs		240,000.	20	0,000.					
	Administrative expenses	3,256,418.	3,100,248.	4 07	5,999.	3 91	.8,369.	1	794	417.
-	End of year balance		, ,	,	5,555.	5,51	.0,000	• -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · ·
2	Provide the estimated percentage of the curr	• 0000)) heid as.						
	Board designated or quasi-endowment Permanent endowment 63.8972	%	_%							
	26 1000	% %								
C		· -								
2-	The percentages on lines 2a, 2b, and 2c show		tion that are hold or	d administa	rad far th					
38	Are there endowment funds not in the posse	ssion of the organiza	lion that are new ar	iu auminister	red for th	le			Yes	No
	organization by:							20(1)	X	
	(i) Unrelated organizations?								- 11	x
h	(ii) Related organizations?	tiono liotod oo roquir								
-								. 3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		whent lunds.							
	Complete if the organization answere		Part IV, line 11a, S	ee Form 990). Part X.	line 10.				
	Description of property			or other			~	(d) Doo	le volu	
	Description of property	(a) Cost or o basis (investr		(other)		ccumulated		(d) Boo	k valu	e
10	Land			(34131)		- colucion				
	Land		20 20	1,428.	11 (086,54	8 -	19,21	<u>4</u> 8	80
	Buildings		50,50	-,-20•	$ \pm \pm , \vee$,.4		- , , , , , , , , , , , , , , , , , , ,	±,0	
	Leasehold improvements		3 01	8,057.		223,83	7	2,82	4 2	20
	Equipment		5,04	5,057.		, UJ		4,04	±,4	<u>- </u>
	Other		V // 10 /		I			22,03	91	0.0
Total	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part /</u>	<u>x, line IUC, column</u>	<u>(B))</u>					-	
						3	schedul	e D (Forr	11 990)	2023

RONALD	MCI	ONALD	HOUSE	CHARITIES	OF
		0.TT T 0	T 1 C		

Schedule D (Form 990) 2023 NORTHEAST OF Part VII Investments - Other Securities	HIO, INC.	34	-1269123 Page 3
Complete if the organization answered "Yes" of	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	d-of-vear market value
 (1) Financial derivatives (2) Closely held equity interests 			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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	d-of-vear market value
(1)	(1) 20011 141410		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatel (Cal (b) must a nucl Farm 000, Dart V, line 40, acl (D))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
(1)			
(2)			
(3)			
(4)(5)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>(B))</u>		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	on on 330, rat rv, ine		. (b) Book value
(1) Federal income taxes (2) LEASE LIABILITY			23,946.
			25,940.
(3)			
(4)(5)			
(5)			
(6)			
(7)			
(8)			
(9)			02.046
Total. (Column (b) must equal Form 990, Part X, line 25, col.	<u>(B))</u>		23,946.

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

RONALD	MCI	ONALD	HOUSE	CHARITIES	OF
NODTUD	١Cm	OUTO	TNC		

Sche	dule D (Form 990) 2023 NORTHEAST OHIO, INC.		34-1269123	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.,)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	itements With Exper	ises per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>3.</u>)	5	
Pa	rt 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 X, LINE 2:

THE RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC. IS A

NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE. THE RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST

OHIO, INC. IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT

TO 501(A) OF THE INTERNAL REVENUE CODE.

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) PROVIDES GUIDANCE FOR HOW

UNCERTAIN INCOME TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED

AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF

TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING

RMHC NEO'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE

	RONALD MCDONALD	HOUSE CHARITIES OF	
Schedule D (Form 990) 2023	NORTHEAST OHIO,	INC.	34-1269123 Page 5
Part XIII Supplemental Inform	nation (continued)		
MORE-LIKELY-THAN-NOT	OF BEING SUSTA	INED WHEN CHALLENED OR	WHEN EXAMINED BY
THE APPLICABLE TAX A	UTHORITY. TAX P	OSITIONS NOT DEEMED TO	MEET THE
MORE-LIKELY-THAN-NOT	THRESHOLD WOUL	D BE RECORDED AS A TAX	BENEFIT OR
EXPENSE AND LIABILIT	Y IN THE CURREN	T YEAR. FOR THE YEAR E	NDED DECEMBER 31,
2023, MANAGEMENT HAS	DETERMINED THA	T THERE ARE NO UNCERTA	IN TAX POSITIONS.

PART V, LINE 4:

RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO'S ENDOWMENT FUND EXISTS TO PRESERVE, PROTECT AND GROW THE CORPUS OF THE FUND, AND TO PROVIDE AN ONGOING FLOW OF FUNDS TO SUPPORT THE MISSION OF RMHC NEO.

SCHEDULE G	Suppleme	ental Information	tion Rega	arding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	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.								or if the	2023
Department of the Treasury		At	tach to For	m 990 o	r Forn	n 990	-EZ.			Open to Public
Internal Revenue Service							ne latest informatio	n.		Inspection
Name of the organization		MCDONALD		CHAI	RITI	IES	OF			identification numbe
		AST OHIO,							34-126	
	complete this par		organizatio	n answe	red "Y	es" or	n Form 990, Part IV, I	line 17	7. Form 990	EZ filers are not
 c X Phone solici d X In-person so 2 a Did the organization key employees list b If "Yes," list the 1000 	tions email solicitation tations licitations on have a written o red in Form 990, F) highest paid indi	s or oral agreement Part VII) or entity in viduals or entities	e X f X g X	Solicitat Solicitat Special dividual n with pr	ion of ion of fundra (includ	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees,	ו 🗌	Yes X No be
(i) Name and addres or entity (fund	s of individual	ial (ii) Activity fundraiser have custody from activity fu		Amount pai or retained b fundraiser :ed in col. (i)	y) to (or retained by)					
TRUESENSE MARKETING 64114, PITTSBURGH,		THIRD PARTY I	MARKETING		Yes X	No	514,030.		372,45	1. 141,579
Total 3 List all states in wh	ich the organizatio				ontrib		514,030.		372,45 exempt from	

or licensing.

OH, CA, FL, GA, IL, HI, MD, MA, MI, NJ, NC, PA, SC, TN, VA, WI

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

che		ICDONALD HOU ST OHIO, INC	SE CHARITIES •		1269123 Page 2
Pa	rt II Fundraising Events. Complete if the of fundraising event contributions and gros				
		(a) Event #1	(b) Event #2 PAPPY VAN WINKLE	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	(event type) 442,149.	(event type)	(total number)	1,103,164
	2 Less: Contributions	380,919.	207,687.	385,902.	974,508
	3 Gross income (line 1 minus line 2)	61,230.		67,426.	128,656
	4 Cash prizes				
Sé	5 Noncash prizes	26,178.	18,226.	10,021.	54,425
Direct Expenses	6 Rent/facility costs	14,578.		24,922.	39,500
JITECT E	7 Food and beverages	22,314.		40,472.	62,786
	8 Entertainment 9 Other direct expenses	104,626.	1,050.	7,929.	113,605
- I	10 Direct expense summary. Add lines 4 through §11 Net income summary. Subtract line 10 from line				270,316 -141,660
a	rt III Gaming. Complete if the organization ar \$15,000 on Form 990-EZ, line 6a.	nswered "Yes" on Form	990, Part IV, line 19, or re	eported more than	
Kevenue	\$15,000 01 F0111 990-E2, life 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
цē	1 Gross revenue				
penses	2 Cash prizes				
Ы	3 Noncash prizes				
nrect	4 Rent/facility costs				
_	5 Other direct expenses	Yes %	Yes %	Yes %	
	6 Volunteer labor	No	No	No	
	 7 Direct expense summary. Add lines 2 through 5 8 Net gaming income summary. Subtract line 7 fit 				
а	Enter the state(s) in which the organization conduc Is the organization licensed to conduct gaming action If "No," explain:	ivities in each of these	states?		Yes N

332082 09-13-23

Schedule G (Form 990) 2023

	RONALD MCDONALD HOUSE	CHARITIES OF	
Schedule G (Form 990) 2023			34-1269123 Page 3
	t gaming activities with nonmembers?		Yes No
	peneficiary or trustee of a trust, or a member of a p		
	ng?		Yes No
13 Indicate the percentage of ga			13a %
	of the person who prepares the organization's gam		
	· · · · · · · · · · · · · · · · · · ·		
Name			
Address			
15a Does the organization have a	contract with a third party from whom the organiza	ation receives gaming revenue?	Yes No
b If "Yes," enter the amount of	gaming revenue received by the organization	and the am	ount
of gaming revenue retained b			
c If "Yes," enter name and add			
Name			
Address			
Address			
16 Gaming manager information			
Name			
Gaming manager compensat	on \$		
Description of services provid	ed		
Director/officer	Employee Independen	t contractor	
17 Mandatory distributions:			
	nder state law to make charitable distributions fron		
retain the state gaming licens	e? ons required under state law to be distributed to o		Yes No
organization's own exempt a	-	ther exempt organizations of spent i	
	formation. Provide the explanations required b	v Part I. line 2b. columns (iii) and (v)	and Part III. lines 9. 9b. 10b.
	, as applicable. Also provide any additional inform		
SCHEDULE G, PART	I, LINE 2B, LIST OF TEN HI	GHEST PAID FUNDRAL	LSERS:
(I) NAME OF FUNDR	AISER: TRUESENSE MARKETING	3	
(I) ADDRESS OF FU	NDRAISER: PO BOX 64114, PI	TTSBURGH, PA 15264	1-1114

		RONALD	MCI	ONALD	HOUSE	CHARITIES	OF		
Schedule G	i (Form 990) Supplemental Inform	NORTHEA	AST	OHIO,	INC.			34-1269123	Page 4
Part IV	Supplemental Infor	mation (cont	tinued)						

(Form 990) For certain Officers, Directors, Trates, Key Employees, and Highest Compensate Employees Or Form 980, Part N, Line 22. Attach for Form 980, Part N, Line 22. Attach form 980, Part N, Line 23. Attach form 980, Part N, Line 24. The Part Part Part Part Part Part Part Part	SCHE	DULE J	Compensation Information	O	MB No. 1	545-004	17
Department at the leasy interval free of the organization answered "Yes" on Form 990, Part IV, line 23. Open to Public inspection The operation and the appropriate books of the structure of the structure of the organization Relation and the organization Set the structure of the organization Set the structure of the organization Part I Cuestions Regarding Complexe Part III to provide any relevant information regarding these items. First Case or charter travel Housing allowance or residence for personal use Payments to busines use of personal residence or residence for personal use Payments to busines use of personal residence or residence for personal residence or reindence for personal residence or residence for personal use Payments to busines use of personal residence or residence for personal residence or residence for personal use Payments to busines use of personal residence or residence for personal use Payments to busines use of personal residence or residence for personal use Payments to busines use of personal residence or residence for personal use Payments to busines use of personal residence or residence for personal use Payments to busines use of personal residence or residence for personal use Payments to busines use of personal residence or residence for personal use Payments to busines used or form 990, Part II, and officers, including the CEO/Executive Director, busine organization follow a written policy regarding payment or residence formersation or charge-of Control payment? Description of a listed on form 990, Part VII, Section A, line 1a, with respect to the filing organization to a reside organization. Description of a structer organization regarding the terment plan? Des X 4	(Form	990)		,	20	23	
Go to www.its.gov/Eerro900 for instructions and the latest information. Imspection Name of the organization Colspan="2">Colspan="2" Colspan="2" Colspan="2" Colspan="2"							
Name of the organization RONALD MCDONALD HOUSE CHARTIES OF NORTHEAST OHIO, INC. Employer identification number 34 - 1269123 Part I Questions Regarding Compensation 34 - 1269123 Image: Charter and 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 tems. Yes First-class or charter travel Housing allowance or residence for personal use Discretionary spending account Personal section (a), chartfer, cher) Image: Charter and the comparison I Tax indemnification and gross-up payments Health or social club dues or initiation fees Image: Charter and the comparison Image: Charter and the comparison I Indicate which, if any, of the following the organization follow a written policy regarding payment or reimbursament or provision of all of the expenses described above? If 'No;' complete Part III to explain Image: Charter and the compensation of the companization 's CEO/Cxecutive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish comparisation of the CEO/Executive Director, but explain IP art III. Image: Charter and the complexity of the filling organization or a related organization: Image: Charter and the complexity of the filling organization or a related organization: Image: Charter and the complexity of the applicable amo							,C
NORTHERST OHIO, INC. 34-1269123 Part II Questions Regarding Compensation Yes No Part II. Section A, Ine 1a. Complex Part III to provide any relevant information regarding these items. Yes No Part VI. Section A, Ine 1a. Complex Part III to provide any relevant information regarding these items. Yes No Part VI. Section A, Ine 1a. Complex Part III to provide any relevant information regarding these items. Part VI. Section A, Ine 1a. Complex Part III to provide any relevant information regarding these items. Part VI. Section A, Ine 1a. Complex Part III to provide any relevant information regarding these items. Part VI. Section A, Ine 1a. Complex Part III to provide any relevant information regarding these items. Partonal services (such as maid, chauffeur, chel) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursment or provision of all of the expense discribed above? II *No." complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Security Director. Tox boxes for methods used by a related organization to establish compensation committee 1b 1b 2 3 Indicate which, if any, of the following the organization used to establish the compensation survey or study 1c 2 2 4 During the year,				Employer ident			nher
Part 1 Questions Regarding Compensation Yes No 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. Yes No First-States or charter travel Housing allowance or residence for personal use/elevel Particular travel Particular travele Parti	Nume e	in the organization					
In 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. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal residence Tax indemnification and gross-up payments Health or social club dues or initiation frees Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described aboved Pi TN ₀ ' complete Part III to explain 1b 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization regulare substantiation prior to reimbursement? 1b 2 Indicate which, if any, of the following the organization used to establish the compensation organization to establish compensation ormittee Written replayment ford used by a related organization to establish organization or a related organization to maintee and provide the applicable amounts or eached pay and the payment or related organization to establish compensation committee 4a X 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: 4a X <t< th=""><th>Part</th><th></th><th></th><th>J4 120</th><th>J I Z</th><th>5</th><th></th></t<>	Part			J4 120	J I Z	5	
In 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, Ine 1a. Complete Part III to provide any relevant information regarding these items. If inf-class or charter travel Housing allowance or releadence for personal use Traxin for companions Payments for builness use of personal use Payments for builness use or initiation fees If any of the boxes on line 1 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 1b If any of the boxes on line 1 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 1b I indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation organizations 2 I independent compensation comultee Written employment contract 2 I independent compensation consultant X Compensation study of the organizations I independent compensation consultant X Compensation study or subly Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X 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? 5a X </th <th>1 art</th> <th>Question</th> <th></th> <th></th> <th></th> <th>Vee</th> <th>No</th>	1 art	Question				Vee	No
Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the companison of the comparison of the comparison of the comparison of the comparison of all of the expanses of the comparison of all of the expanses described above? If 'No,' complete Part III to explain of the comparison of all of the expanses described above? If 'No,' complete Part III to explain of the comparison of all of the expanses described above? If 'No,' complete Part III to explain of the comparison of all of the expanses described above? If 'No,' complete Part III to explain of the comparison of all of the expanses described above? If 'No,' complete Part III to explain of the comparison of all of the expanses described above? If 'No,' complete Part III to explain of the comparison of all of the expanses described above? If 'No,' complete Part III to explain of the comparison of all of the expanses described above? If 'No,' complete Part III to explain of the comparison of all of the expanses incured by all directors, trustees, and officers, including the CPC/Executive Director, regarding the items checked on line 1a? 10 2 Indicate which, if any, of the following the organization used to establish the compensation of the CEC/Executive Director, beach all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee in independent compensation consultant is compensation survey or study of the personal service applement from a supplemental nonqualified retirement plan? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 5a X 4 During the ore exervine payment or a supplemental nonqualif		ock the approprie	ate box(os) if the presence provided any of the following to or for a person listed on Form (000		res	NO
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax in indemnification and gross-up payments Heatth or social club doves on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain Did the organization require substantiation prior to reinbursing and allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 1b Jordit be organization require substantiation prior to reinbursing and box org 8 for methods used by a related organization to Excluse as everance payment for or assupplement contract During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? Age X During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? Age X During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization				<i>9</i> 90,			
Image: Trave if or companions Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1 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 10 c Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 2 Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 2 Image: Compensation consultant X Compensation survey or study 3 Form 990 of other organizations X Approval by the board or compensation committee 4a Varing 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? 4b X Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X Participate in or receive payment from a supplemental nonqualified retirement plan? 4b	Ра	- ' '					
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the corganization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish on Compensation or nonsultant 1 Compensation committee Written employment contract 1 Independent compensation of the CEO/Executive Director, but explain in Part III. Compensation committee 4 9 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: a related organization: 4 X 9 Participate in or receive payment from an equity-based compensation arrangement? 4 X 14 "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III. 5 5 0 Any related organization? 5a		Ξ					
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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 times checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Written employment contract Imdependent compensation consultant X Compensation survey or study Form 990 of other organizations X 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? 4a X 6 Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X 7 Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III. 5a <td></td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td>		_					
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 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the capanization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract Written employment contract Compensation committee Written employment contract 4a 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: 4a X 4 Participate in or receive payment from an equity-based compensation arrangement? 4a X b Participate in or receive payment and supplemental nonqualified retirement plan? 5a X Only section 501(c(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9. 5 5a X b Any related organization? 5a X h Any related organization? 5a X							
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a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6b X b Any related organization? 6b X contingent on the net earnings of: 6b X b Any related organization? 6b X b Any related organization? 6b X f "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	5 Fo	r persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	า			
b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 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: 6a X a The organization? 6b X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 I		0					
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 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: 6a X a The organization? 6a X b Any related organization? 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 Image: Contract Contract Contract Science Contract Science Contract Contract Contract Contract Science Contreat Science Contract Science Contract Science Contract Science Co	a Th	e organization?			5a		
If "Yes" on line 5a or 5b, describe in Part III. Image: Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Image: Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? Image: Section A, line 1a, did the organization pay or accrue any compensation Image: Section A, line 1a, did the organization pay or accrue any compensation b Any related organization? Image: Section A, line 1a, did the organization provide any nonfixed payments Image: Section A, line 1a, did the organization provide any nonfixed payments Image: Section A, line 1a, did the organization provide any nonfixed payments 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments Image: Tmage: Section A, line 1a, did the organization provide any nonfixed payments 7 X Image: Section B, line 5 and 6? If "Yes," describe in Part III Image: Tmage: Tmage: Section B, line 1a, did the organization provide any nonfixed payments Image: Tmage: Tmage: Section B, line 1a, did the organization provide any nonfixed payments Image: Tmage: Tmage: Tmage: Section B, line 1a, did the organization provide any nonfixed payments Image: Tmage: Tmage: Section B, line 1a, did the organization provide any nonfixed payments Image: Tmage: Tmage: Tmage: Section B, line 1a, did the organization provide any nonfixed payments Image: Tmage: Tmage: Tmage: Section B, line 1a, did the organization provide any nonfixed payments Image: Tmage: Section B, line 1a, did the organizati	b An	y related organiza	ation?		5b		X
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 I							
a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	6 Fo	r persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	า			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	CO	ntingent on the n	et earnings of:				
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	a Th	e organization?			6a		
If "Yes" on line 6a or 6b, describe in Part III. Image: constraint of the second s					6b		Х
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 Image: Contract	lf "	'Yes" on line 6a o					
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 Image: Contract	7 Fo	r persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
 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)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 					7	Х	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 9 9							
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		-			8		х
Regulations section 53.4958-6(c)? 9							
					9		
	-					n 990)	2023

NORTHEAST OHIO, INC.

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WILSON, CRAIG G.	(i)	174,740.	5,000.	0.	15,388.	34,643.	229,771.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)		L					
	(ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

Page 2

34-1269123

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 7:

THE BONUS PAID TO THE CEO WAS DISCRETIONARY

Schedule J (Form 990) 2023

SCHEDULE M

Noncash Contributions

OMB No. 1545-0047

T

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to Inspect Name of the organization RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC. Employer identification 34-12691 Part I Types of Property (a) (b) (c) (d) Kethod of determining Noncash contribution Method of determining	tion numbe 23 g	
Name of the organization RONALD MCDONALD HOUSE CHARITIES OF Employer identification NorthEAST OHIO, INC. 34-12691 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determinint	n numbe 23 g	
NORTHEAST OHIO, INC. 34–12691 Part I Types of Property (a) (b) (c) (d) Mumber of Noncash contribution Method of determining	23 g	er
Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining	g	
(a) (b) (c) (d) Check if Number of Noncash contribution Method of determinir		
applicable contributions or amounts reported on noncash contribution am		
Items contributed Form 990, Part VIII, line 1g X 2 220. FAIR VALUE		
		—
2 Art - Historical treasures		—
Art - Fractional interests		—
4 Books and publications 5 Clothing and household goods X 71,099. FAIR VALUE		—
		—
6 Cars and other vehicles		—
7 Boats and planes		—
8 Intellectual property		—
9 Securities - Publicly traded		—
10 Securities - Closely held stock		—
11 Securities - Partnership, LLC, or		
trust interests		—
12 Securities - Miscellaneous		—
13 Qualified conservation contribution -		
Historic structures		—
14 Qualified conservation contribution - Other		—
15 Real estate - Residential		
16 Real estate - Commercial		
17 Real estate - Other		
18 Collectibles 19 Food inventory X 599 126,482. FAIR VALUE		—
		—
20 Drugs and medical supplies		—
21 Taxidermy 22 Used state state		—
22 Historical artifacts 22 Objectific analysis		—
23 Scientific specimens		—
24 Archeological artifacts 25 Other (TICKETS/GIFTS) X 694 97,306. FAIR VALUE		—
		—
		—
		—
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29		
		_
	<u>res No</u>	5
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for		
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for	X	7
exempt purposes for the entire holding period?		<u> </u>
b If "Yes," describe the arrangement in Part II.	v	
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31	<u>x</u>	—
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	x	,
contributions? 32a 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.

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

Schedule M (Form 990) 2023

RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC.

Page **2 Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

Schedule M (Form 990) 2023

Part II

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2023

34-1269123

SCHEDULE O (Form 990)

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 for the latest information. RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC.



34-1269123

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORTIVE SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TUSCARAWAS. 32% OF GUESTS CAME FROM OUT OF STATE AND 1% WERE

INTERNATIONAL FAMILIES.

NO FAMILY IS EVER CHARGED A ROOM FEE. THOUGH THE NIGHTLY ROOM COST IS

APPROXIMATELY \$161, FAMILIES ARE NEVER ASKED TO PAY. SOME FAMILIES

CHOOSE TO DONATE TO ASSIST WITH CONTINUED OPERATIONS, SUPPORTING FUTURE

FAMILIES WHO WILL STAY AT A HOUSE. MOST OF THE NIGHTLY ROOM COST IS

SUPPORTED BY GENEROUS DONORS.

FAMILY MEALS HELP KEEP FAMILIES STRONG SO THEY CAN FOCUS ON WHAT

MATTERS MOST THEIR CHILDREN. IN 2023, 94,722 MEALS WERE SERVED ACROSS

THE PROGRAMS, SAVING FAMILIES MORE THAN \$1.4 MILLION. IN CLEVELAND,

47,100 MEALS WERE PROVIDED; THE AKRON HOUSE PROVIDED 20,726 MEALS. THIS

IS IN ADDITION TO 24/7 SELF-SERVE SNACKS, GRAB AND GO ITEMS AND

BEVERAGES AT BOTH LOCATIONS.

BEYOND THE HOUSE, 18,440 MEALS WERE SERVED AT FAMILY ROOMS AND 8,456

MEALS WERE PROVIDED TO THE AKRON CHILDREN'S AKRON AND MAHONING VALLEY

CAMPUSES. BOXED LUNCHES ARE DELIVERED REGULARLY TO THE AKRON CAMPUS,

AND BREAKFAST BAGS TO THE BEEGHLY CAMPUS AND MERCY HEALTH ST.

ELIZABETH'S NICU IN MAHONING VALLEY.

 Schedule O (Form 990) 2023
 Page 2

 Name of the organization
 RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC.
 Employer identification number 34-1269123

 VOLUNTEERS
 PROVIDE ESSENTIAL SUPPORT TO OPERATE OUR PROGRAMS. IN 2023,

 408
 INDIVIDUAL VOLUNTEERS CONTRIBUTED MORE THAN 26,000 HOURS, AN

 ESTIMATED VALUE OF MORE THAN \$833,000. TEN PET THERAPY PARTNERS VISITED

 55
 TIMES, PROVIDING A CALMING AND NORMALIZING EXPERIENCE FOR FAMILIES.

 TRULY THE VALUE PROVIDED BY VOLUNTEERS CANNOT BE CONVEYED IN DOLLARS.

 THE CARE, COMPASSION AND COMMUNITY OF SUPPORT GIVEN TO FAMILIES BY

 VOLUNTEERS IS PRICELESS.

OUR ANNUAL VOLUNTEER RECOGNITION EVENT TOOK PLACE AT THE CLEVELAND METROPARKS ZOO, WITH A CELEBRATORY BRUNCH AND CEREMONY. AWARDS WERE GIVEN FOR YEARS OF SERVICE, AND SPECIAL HONORS WERE GIVEN FOR EXEMPLARY SERVICE IN EACH PROGRAM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: IN TOTAL, 4,226 FAMILIES VISITED FAMILY ROOM LOCATIONS MORE THAN 30,000 TIMES. THERE WERE 18,440 MEALS SERVED, 18,678 KITCHENETTE USES AND, WHERE AVAILABLE, 2,400 LOADS OF LAUNDRY WERE WASHED, AND 1,706 SHOWERS TAKEN. HAPPY WHEELS CARTS VISITED UNITS 321 TIMES, DELIVERING 21,560 GIFTS OF COMFORT AND JOY. THERE WERE 136 OVERNIGHT STAYS IN THE RESPITE ROOMS OF THE FAMILY ROOM AT FAIRVIEW.

PROVIDING SUPPORT, TEACHING, AWARENESS AND RESOURCES, RONALD MCDONALD STAR PROGRAMS ARE FUN AND WELCOMING LEARNING ENVIRONMENTS FOR CHILDREN WHILE THEIR SIBLINGS RECEIVE CARE. THE STAR CENTER AT CLEVELAND CLINIC CHILDREN'S OUTPATIENT CENTER OPERATED ALL YEAR AND A NEW STAR CORNER OPENED IN MAY WITHIN THE EMERGENCY DEPARTMENT OF AKRON CHILDREN'S MAHONING VALLEY CAMPUS IN BOARDMAN. THE PROGRAMS ALLOW CAREGIVERS TO TURN THEIR FULL ATTENTION TO THE CHILD RECEIVING TREATMENT. COMBINED, 2,794 CHILDREN RECEIVED LESSONS ON HEALTHY HABITS, NUTRITION AND MORE. 407 FAMILIES REGISTERED 557 CHILDREN WHILE 2,237 CHILDREN RECEIVED LESSONS IN THE WAITING ROOM. IN ADDITION, 5,423 GIVEAWAYS FROM THE HAPPY WHEEL CART (TOYS, SNACK, ACTIVITIES, CRAYONS, ETC.) HELPED CALM CHILDREN IN WAITING AREAS AND UNITS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AND INCLUSIVE PLAY RESOURCES FOR CHILDREN WITH SPECIAL NEEDS.

WE CONTINUED TO BUILD OUR RELATIONSHIP WITH UNITE US FOCUSING ON

RESOURCE COLLABORATION AND DATA SHARING WHILE LOOKING FOR ADDITIONAL

OPPORTUNITIES TO ACHIEVE OUR COMMON GOALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RONALD MCDONALD CARE MOBILE, IN PARTNERSHIP WITH UH RAINBOW BABIES &

CHILDREN'S, BRINGS DENTAL CARE TO AT-RISK CHILDREN AGES 3-12 RIGHT IN

THEIR COMMUNITIES. THOUGH STILL LIMITED BY STAFFING ISSUES, 338

CHILDREN WERE SERVED.

THE RMHC NEO BOARD OF DIRECTORS IN 2023 CONSISTED OF 31 DEDICATED

VOLUNTEERS WHO ASSISTED WITH THE STRATEGIC DIRECTION OF THE

ORGANIZATION. IN ADDITION, 11 INDIVIDUALS SERVED AS GREATER

AKRON/CANTON/MAHONING VALLEY COMMUNITY TRUSTEES AND 21 INDIVIDUALS AS

GREATER CLEVELAND TRUSTEES. MORE THAN 100 INDIVIDUALS PARTICIPATED ON A

STANDING COMMITTEES OF THE BOARD (CONSISTING OF BOTH BOARD AND

NON-BOARD MEMBERS), EMERGING LEADERS (YOUNG PROFESSIONALS), LEGACY

Schedule O (Form 990) 2023		Page 2
5	NALD MCDONALD HOUSE CHARITIES OF RTHEAST OHIO, INC.	Employer identification number $34 - 1269123$
COUNCIL (BOARD MI	EMBERS WHO FULFILL THEIR TWO, THREE-YEAR CO	OMMITMENTS),
MCDONALD'S ADVIS	ORY, AND COMMITTEES FOR SIGNATURE RMHC NEO	FUNDRAISING
EVENTS		

FORM 990, PART VI, SECTION A, LINE 7A:

SECTION 3 OF ARTICLE II OF THE CODE OF REGULATIONS OF RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC. (RMHC NEO) WAS AMDENDED EFFECTIVE JULY 20, 2021 TO PROVIDE THAT THE PERSON SERVING FROM TIME TO TIME AS SECRETARY OF THE NORTHEASTERN OHIO MCDONALD'S BUSINESSES ASSOCIATION, INC. BE A FULL MEMBER OF THE CORPORATION'S BOARD OF DIRECTORS. THUS, IT IS THE MEMBERS OF THAT ORGANIZATION AND NOT THE RMHC NEO BOARD WHO MAKE THE DETERMINATION BY WHO THEY ELECT TO BE THEIR SECRETARY.

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

PRIOR TO FILING WITH THE IRS, THE FORM 990 WAS PROVIDED FOR REVIEW TO THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, SENIOR ACCOUNTANT, CHAIR OF THE AUDIT COMITTEE, BOARD TREASURER, AND THE OFFICERS OF THE BOARD OF DIRECTORS. IN ADDITION, A FINAL COPY OF THE FORM 990 WAS PROVIDED TO EACH MEMBER OF THE GOVERNING BOARD BEFORE IT WAS FILED.

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

ANY TRUSTEE, PRINCIPAL OFFICER, MEMBER OF A COMMITTEE WITH BOARD-DELEGRATED POWERS, OR ANY OTHER PERSON WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE DECISIONS OF THE BOARD OR WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST MUST ANNUALLY SIGN A CONFLICT-OF-INTEREST FORM. A POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED PRIOR TO ANY DISCUSSION AND THE INDIVIDUAL WITH THE CONFLICT OF INTEREST MUST LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS

Schedule O (Form 990) 2023	Page 2
Name of the organization RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC.	Employer identification number 34-1269123
DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE	MEMBERS AT THE
MEETING SHALL DECIDE IF A CONFLICT OF INTEREST EXIST. IF A	CONFLICT OF
INTEREST DOES EXIST, THAT INDIVIDUAL MAY BE PRESENT DURING	DISCUSSION BUT
MUST LEAVE THE ROOM FOR ANY FINAL DISCUSSION AND THE VOTE.	THE DISCLOSURE
AND SUBSEQUENT VOTE ON THE CONFLICT OF INTEREST ALONG WITH	THE VOTE ON THE
ISSUE AT HAND MUST BE NOTED IN MEETING MINUTES.	

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

THE HUMAN RESOURCE TASK FORCE REVIEWS THE ORGANIZATIONAL AND COMPENSATION STRUCTURE OF RMHC NEO. THE COMMITTEE APPROVES SALARY ADJUSTMENTS FOR RMHC NEO STAFF AND DOCUMENTATION IS MAINTAINED IN ELECTRONIC PERSONNEL FILES. STAFF SALARIES AND PERCENTAGE OF INCREASE ARE APPROVED ANNUALLY BY THE BOARD AS PART OF THE BUDGETING PROCESS. A SALARY STUDY WAS UPDATED BY AN OUTSIDE CONSULTANT IN 2023. THIS STUDY WAS USED TO BENCHMARK WHETHER RMHC NEO STAFF WERE BEING COMPENSATED APPROPRIATELY AND WILL BE REVIEWED AND UPDATED EVERY TWO-THREE YEARS UNDER THE PURVIEW OF THE HUMAN RESOURCE TASK FORCE AND CHIEF OPERATING OFFICER.

THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL REVIEW OF THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE, SETS GOALS AND APPROVES COMPENSATION. THE HUMAN RESOURCE TASK FORCE PROVIDES COMPENSATION RECOMMENDATIONS, BASED ON AVAILABLE AND RELEVANT COMPENSATION SURVEYS USED AS BENCHMARKS TO DETERMINE COMPETITIVE PRACTICES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: OH,CA,FL,GA,IL,HI,MD,MA,MI,NJ,NC,PA,SC,TN,VA,WI

Schedule O (Form 990) 2023 Vame of the organization RONALD MCDONALD HOUSE CHARITIES OF	Page Employer identification number
NORTHEAST OHIO, INC.	34-1269123
THE ORGANIZATION WILL PROVIDE COPIES (US MAIL, EMAIL OR IN	N PERSON), OF
GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICIES AND FI	INANCIAL
STATEMENTS WITHIN ONE WEEK OF A REQUEST FROM THE PUBLIC, H	FOR THE SAME
PERIOD OF TIME AS SET FORTH IN INTERNAL REVENUE CODE SECTI	ION 6104(D).
THE MOST RECENT AUDITED FINANCIAL SATEMENTS, THE FORM 990,	AND THE RMHC NEO
ANNUAL PROGRAM IMPACT REPORT, WHICH INCLUDES RESULTS FROM	THE MOST RECENT
AUDIT INCLUDING CURRENT PROGRAMS INFORMATION AND A LIST OF	BOARD OF
DIRECTORS AND STAFF, ARE LOCATED ON THE RMHC NEO WEBSITE.	

SCHEDULE R (Form 990)	Com	Related Organizations plete if the organization answered "Y Attac		OMB No. 1548	23			
Department of the Trease Internal Revenue Service	ury	Go to www.irs.gov/Form990 fo		Open to P Inspect	ion			
Name of the organ	ization RONALD MCDONA NORTHEAST OHI	ALD HOUSE CHARITIES				Employer ide 34-12	entification n 69123	umber
Part I Identif	cation of Disregarded Entities. Comp	plete if the organization answered "Yes	on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Dr Total inco	(e) End-of-year a	assets Di	(f) rect controlling entity	g
	cation of Related Tax-Exempt Organ ations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 990	 0, Part IV, line 34, b	ecause it had one o	r more related ta	k-exempt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	micile (state or Exempt Code Public charity D		(f) Direct controlli entity	ng _{cont}	(g) 512(b)(13) trolled tity? No
CHILDREN'S FAM	IILY CARE INC 34-1405958	RENTAL FOR FAMILIES WITH			R	ONALD MCDONAL		
141 WEST STATE AKRON, OH 443		CHILDREN BEING TREATED AT AKRON CHILDREN'S HOSPITAL	оніо	501(C)(3)		OUSE CHARITIE F NORTHEAST C		
For Paperwork R	eduction Act Notice, see the Instructi	ons for Form 990.		1	· · ·	Schedu	ule R (Form 99	90) 2023

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
										+		
	{											
	{											
	{											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contr enti	i) :tion ɔ)(13) rolled ity?
		country)		or tructy		400010		Yes	No

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)			
Gift, grant, or capital contribution from related organization(s)		X	
Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)			_
Dividends from related organization(s)			
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		+
Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			-
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)	1s	X	. [

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S FAMILY CARE, INC.	С	527,143.	FMV
(2) CHILDREN'S FAMILY CARE, INC.	к	577,588.	FMV
(3) CHILDREN'S FAMILY CARE, INC.	S	3,975,066.	FMV
<u>(4)</u>			
<u>(5)</u>			
_(6)			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

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RONALD MCDONALD HOUSE CHARITIES OF Schedule R (Form 990) 2023 NORTHEAST OHIO, INC.	34-1269123 Page 5
Part VII Supplemental Information	34 1209123 Fage 3
Provide additional information for responses to questions on Schedule R. See instructions.	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	
NAME OF RELATED ORGANIZATION:	
CHILDREN'S FAMILY CARE, INC.	
DIRECT CONTROLLING ENTITY: RONALD MCDONALD HOUSE CHARITIES O	F NORTHEAST
OHIO, INC.	