Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	01 111	e 2021 Calendar year, or tax year beginning	enung		
В	Check if applicab	C Name of organization		D Employer identific	cation number
_		RONALD MCDONALD HOUSE CHARIILES OF			
	Addre chane Name	e EASTERN IOWA AND WESTERN ILLINOIS			
L	chan	Doing business as		42-11897	
Ļ	returr	,	Room/suite	E Telephone numbe	
	Final returr termi			319-356-	
_	termi ated Amer			G Gross receipts \$	4,307,667.
F	returr	IOWA CIII, IA JZZ40		H(a) Is this a group re	
	Appli tion pend			for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) ote: ► WWW • RMHC-EIWI • ORG	or 527	1	list. See instructions
_		forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	on number ► M State of legal domicile: IA
	art I	Summary	L Year	or formation: 1902 N	VI State of legal domicile; LA
•	1	Briefly describe the organization's mission or most significant activities: RONAL	I.D. MCD	ONALD HOUSE	CHARTTTES
Se	'	OF EASTERN IOWA AND WESTERN ILLINOIS CREA			
Jan	2	Check this box if the organization discontinued its operations or dispose			
Ver	3			3	11
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
ფ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			56
ij	6	Total number of volunteers (estimate if necessary)			263
Activities & Governance	7 a			7a	0.
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		1,179,631.	3,375,446.
ğ	9	Program service revenue (Part VIII, line 2g)		2,764.	4,739.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25,389.	241,500.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,136.	-15,770.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,203,648.	3,605,915.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,000.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		737,073.	809,462.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	. b	Total fundraising expenses (Part IX, column (D), line 25) 261,89			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		842,539.	790,893.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,581,612.	1,600,355.
	19	Revenue less expenses. Subtract line 18 from line 12		-377,964.	2,005,560.
Net Assets or			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		5,951,586.	7,817,603.
etA	21	Total liabilities (Part X, line 26)		303,734. 5,647,852.	129,962. 7,687,641.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		5,047,052.	/,00/,041.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	and to the heat of my	/ knowledge and helief it is
		ances of perjury, i declare that i have examined this return, including accompanying schedules ct, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	/ Kilowieuge allu bellel, it is
uuu	, 00116	is, and complete. Decial attorn of preparer (other than officer) is based on an information of wi	iicii pi epai ei	ilas ally kilowieuge.	
Sig	n	Signature of officer		Date	
Her		JAMIE HENDERSON, PRESIDENT			
Hei	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN
Paid	i	DAVID LITTLE DAVID LITTLE	lo	6/13/22 if self-employ	
	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's FIN	41-0746749
	Only	Firm's address 600 3RD AVENUE SE, SUITE 300		1 11111 0 1111	
	•	CEDAR RAPIDS, IA 52401		Phone no. (3	19) 363-2697
Ma	y the I	RS discuss this return with the preparer shown above? See instructions		,	X Yes No

Dowt III Statement of [Jroarom Cor	vioa Aac	omo	lichmonte			
orm 990 (2021)	EASTERN	IOWA	AND	WESTE	RN	ILLINOI	S
	KONALD I	MCDOM	. עעצ	HOOPE	СПА	KTITED	OF

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	RONALD MCDONALD HOUSE CHARITIES OF EASTERN IOWA & WESTERN ILLINOIS IS
	COMMITTED TO PROVIDING SERVICES THAT DIRECTLY IMPROVE THE HEALTH AND
	WELL-BEING OF CHILDREN WHILE OFFERING A COMMUNITY OF COMFORT AND
	SUPPORT FOR FAMILIES SEEKING MEDICAL CARE FOR A CHILD.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 940,494 \cdot including grants of \$0 (Revenue \$4,739 \cdot)
4a	(Code:) (Expenses \$ 940,494. including grants of \$
	UNIVERSITY OF IOWA STEAD FAMILY CHILDREN'S HOSPITAL, PROVIDES OVERNIGHT
	ACCOMMODATIONS, AMENITIES AND SUPPORT TO HUNDREDS OF FAMILIES FROM
	AROUND THE WORLD AS THEY SEEK CRITICAL MEDICAL CARE FOR THEIR CHILDREN
	AT NEARBY HOSPITALS. ALL SERVICES ARE PROVIDED TO FAMILIES FREE OF
	CHARGE. THE RONALD MCDONALD HOUSE OF IOWA CITY HAS 31 COMFORTABLE
	PRIVATE GUEST ROOMS AS WELL AS HOME-COOKED MEALS, A LARGE KITCHEN FULLY
	STOCKED WITH FOOD AND COOKING SUPPLIES, THREE FAMILY LOUNGES WITH
	ENTERTAINMENT FACILITIES, FREE HOSPITAL PARKING, AND OTHER
	COMPLEMENTARY AMENITIES SUCH AS INTERNET ACCESS, BOOKS AND DVD'S,
	LAUNDRY, VAN SHUTTLE, INDOOR PLAY ROOM, AND A LARGE BACKYARD WITH A
	PLAYGROUND.
4b	(Code:) (Expenses \$ 240,867. including grants of \$ 0.) (Revenue \$ 0.)
	THE RONALD MCDONALD FAMILY ROOM LOCATED AT UNITY POINT- ST. LUKE'S HOSPITAL IN CEDAR RAPIDS PROVIDES AMENITIES AND A COMFORTABLE SPACE FOR
	PARENTS OF HOSPITALIZED CHILDREN, WITH THE BENEFIT OF BEING ONLY STEPS
	AWAY FROM THEIR CHILD'S BEDSIDE. THE FAMILY ROOM AREA INCLUDES A
	KITCHEN, DINING AREA, AND LOUNGE. MEALS, SNACKS AND COFFEE ARE
	AVAILABLE THROUGHOUT THE DAY. THE FAMILY ROOM AREA PROVIDES A A QUIET
	PLACE OF RESPITE FOR FAMILIES TO RELAX, TAKE A BREAK, AND TAKE CARE OF
	THEMSELVES. THE SLEEP ROOM AREA OFFERS THREE COMFORTABLE GUEST ROOMS
	AVAILABLE FOR CHECKOUT BY PARENTS WHO NEED OVERNIGHT ACCOMMODATIONS.
	THERE IS COST TO USE ANY OF THE FAMILY ROOM SERVICES.
	THE DONALD MODONALD BANTLY DOOM LOCATED AT INTUEDCITY OF TOWA CHEAD
	THE RONALD MCDONALD FAMILY ROOM LOCATED AT UNIVERSITY OF IOWA STEAD
4c	(Code:) (Expenses \$
	Other are green and income (Departite and Calcabilla O.)
4d	Other program services (Describe on Schedule O.)
 4е	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,181,361.
	Form 990 (2021)

Part IV | Checklist of Required Schedules

1 is the organization described in section 501(k)(s) or 4947(k)(1) (other than a private foundation)? 2 is the organization required to complete Schedule 8. Schedule of Contributing? Sele instructions 3				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public efficie? If "Yes," competes Schedule C, Part II . 4 Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t) election in effect during the tax year? If "Yes," complete Schedule C, Part II . 5 Is the organization action 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Park Pice, Proc. 88-102 If "Yes," complete Schedule C, Part II . 6 Did the organization maintain any dorna advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II . 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 . 8 Did the organization maintain collections of works of art, historical treasures, or other similar assetts? If "Yes," complete Schedule D, Part II . 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 coefficial counters of the complete Schedule D, Part II . 9 Did the organization report an amount for investments or provide schedule D, Part II . 10 Did the organization report an amount for investments - other escurlises in Part X, line 107 If "Yes," complete Schedule D, Part II . 11 If the organization report an amount for investments - other socialities in Part X, line 107 If "Yes," complete Schedule D, Part II . 11 If the organization report an amount for investments - other socialities in Part X, line 157 If "Yes," complete Schedule D, Part II . 12 Did the organization report an amount for investments - other socialities in Part X, line 157 If "Yes," complete Schedule D, Part X . 12 Did the organization report an amount for investments - other socialities in P	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization enguger in direct or indiest opticidate against activities on behalf of or in opposition to candidates for public office? If "Nes", complete Schedule C, Part I Section 501(K3) organizations. Did the organization engage in lobbying activities, or have a section 501(K) election in effect during the tax year? If "Nes", complete Schedule C, Part II. 5 is the organization assettine 501(K9), 501(K		If "Yes." complete Schedule A	1	Х	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer? If 'Yes,' complete Schedule C, Part II 4 Section 901(c)(3) organizations. Did the organization ongage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part III 5 Is the organization a section 801(c)(4), 501(c)(5), or 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or smilar amounts as delined in Rev. Proc. 99.197 If 'Yes,' complete Schedule C, Part III 6 Did the organization nearbin any otion advected undo or any smilar indus or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such fundor or accounts? If 'Yes,' complete Schedule D, Part III 7 Did the organization receive or hold a consensional essement, including essements to be preserve open spine. 8 Did the organization maintain collections of vivorian essement, including essements to be preserve open spine. 9 Did the organization maintain collections of vivorian essement, including essements to be preserve open spine. 9 Schedule D, Part III 10 Did the organization maintain and including essements to preserve open schedule D, Part III 10 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 19 th 'Yes,' complete Schedule D, Part III 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10 th yes,' complete Schedule D, Part VIII 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17 th'es,' complete Schedule D, Part X in Did the organization report an amount for investments - other securities in Part X, line 10 th yes,' complete Schedule D, Part X in Did the organization report an amount for investm	2	·	2	Х	
A Section SO(R) organization. Did the organization engage in lobbying activities, or have a section SO1(h) election in effect during the tax year? If Yes," complete Schedule C, Part II 1 is the organization a section SO1(c)(e), SO	3				
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? // Yes, complete Schedule C, Part III. 5 is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6), or 501			3		Х
during the tax year? If "Yes," complete Schedule Q, Part II 5 Is the organization a section 50 (10)(4), 501(6)(5), or 501(6)(5) or 501(6)(5) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule Q, Part III 6 Did the organization maintain any donor advised funds or accounts or 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 II 7 Did the organization receive or hold a conservation asserted in funds or accounts? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar asserts? If "Yes," complete Schedule D, Part III 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 conselling, dolt management, reddit repair, or celor negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X III 11 Did the organization report an amount for rivestments, organization serviced in Part X, line 10? If "Yes," complete Schedule D, Part X III 11 Did the organization report an amount for rivestments or the securities in Part X, line 12, that is 5% or more of its total assets reported in Part X line 18? If "Yes," complete Schedule D, Part X III 11 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X line 18? If "Yes," complete Schedule D, Part X III 12 Did the orga	4				
5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives memberahip dues, assessments, or similar amounts as defined in Rev. Proc. 98-19 gr //wsg. "complete Schedule D, Part II 5 IX 6 Did the organization maintain any donor advised funds or any similar funds or accounts? (if "Yes," complete Schedule D, Part II 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 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? (if "Yes," complete Schedule D, Part II 9 Did the organization 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 negoliation services? (if "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasil endowments? (if "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? if "Yes," complete Schedule D, Part V 10 Did the organization report an amount for investments - other securities in Part X, line 10? if "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - other securities in Part X, line 10? if "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - other securities in Part X, line 10? if "Yes," complete Schedule D, Part V 12 Did the organization report an amount for other assets in Part X, line 15, the lis 5% or more of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part V 2 Did the organization report an amount for other assets in Part X, line 15, the lis 5% or more of its total assets reported in P			4		Х
similar amounts as defined in Rev. Proc. 38-19? (**Yes,** complete Schedule C, Part III by Complete Schedule C, Part III by Complete Schedule D, Part II by Co	5				
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 II 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 III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not isted in Part X, or provide credit counseling, debt management, credit repair, or disbt negotiation services? If "Yes," complete Schedule D, Part IV 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 11 If the organization asswer to any of the following questions is "Yes," then complete Schedule D, Part VI 12 Did the organization report an amount for investments or other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments or other securities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 14 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 2 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 2 Did the organization separate, indep			5		Х
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II If the organization resides or hold a consensation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	6				
7 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part III. 9 Did the organization perport 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? // "Yes," complete Schedule D, Part V. 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? // "Yes," complete Schedule D, Part V. 11 if the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 11 if the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yes," complete Schedule D, Part VI. 12 Did the organization report an amount for investments - other securities in Part X, line 107 // "Yes," complete Schedule D, Part VII. 13 Did the organization report an amount for investments - other securities in Part X, line 107 // "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for other assets in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VIII. 15 Did the organization report an amount for other liabilities in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 107 // "Yes," complete Schedule D, Part X III. 16 Did the organization shallow for uncertain tax positions under Fla A (ReS 7 407) ""Yes," complete Schedule D, Part X III. 17 Did the organization shallow for uncertain tax positions under Fla A (ReS 7 407) ""Yes," complete Schedule D, Part X III. 18 Did the organization shallow for uncertain tax posit			6		Х
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III S 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 counselling, debt management, credit repair, or dobt negotiation services? If "Yes," complete Schedule D, Part V 9	7				
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 dibt negotiation services? If "Yes," complete Schedule D, Part IV 9 Yes, "orginate and endowments" If "Yes," complete Schedule D, Part IV 9 Yes, "orginate and endowments" If "Yes," complete Schedule D, Part IV 11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 157 // "Yes," complete Schedule D, Part VI 15 Did the organization report an amount for investments - other securities in Part X, line 157 // "Yes," complete Schedule D, Part VI 15 Did the organization report an amount for other assets in Part X, line 157 // "Yes," complete Schedule D, Part VI 16 Did the organization report an amount for other assets in Part X, line 157 // "Yes," complete Schedule D, Part X 16 Did the organization report an amount for other assets in Part X, line 157 // "Yes," complete Schedule D, Part X 16 Did the organization report an amount for other assets in Part X, line 157 // "Yes," complete Schedule D, Part X 17 Did the Organization report an amount for other assets in Part X, line 157 // "Yes," complete Schedule D, Part X 11 Did X 11 Did the organization report an amount for other assets in Part X, line 157 // "Yes," complete Schedule D, Part X 11 Did X 11 Did the Organization report an amount for other assets in Part X, line 157 // "Yes," complete Schedule D, Part X 11 Did X 11 Did the organization other and an amount for other assets in Part X, li		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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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 . 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 . 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, IV, IV, IV, IV, IV, IV, IV, IV, IV,		Schedule D, Part III	8		Х
## Yes," complete Schedule D, Part IV 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other liabilities in Part X, line 29? If "Yes," complete Schedule D, Part X 11 Ita X 12 Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is ability for uncertain tax positions under FIN 48 (ASC 1470) If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and XII is potential. 12 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, sundraising, sundraising, sund	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
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 11 If the organization's answer to any of the following questions is "yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VIII c Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part X III part X, line 16? If "Yes," complete Schedule D, Part X IIII X 11c		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines a cand 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		, ,	12a	Х	
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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		x

RONALD MCDONALD HOUSE CHARITIES OF

EASTERN IOWA AND WESTERN ILLINOIS

Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 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 X 23 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Х 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 Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II ... 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	check in contours a coponic of field to unly line in this fact.					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	l l	1

132004 12-09-21

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			.,,
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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 organization have excess business nothings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
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			
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			
	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			
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 The the amount of receives an head			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		 ^*
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדי		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		L
	If "Yes," complete Form 6069.			

EASTERN IOWA AND WESTERN ILLINOIS Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	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. Enter the number of voting members included on line 1a, above, who are independent 11			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	•		Х
_	officer, director, trustee, or key employee?	2		Λ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	•		Х
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>3</u> 4		X
4 5		-4 5		X
6		6		X
о 7а	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		21
<i>1</i> a		7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		- 21
b		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion 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?	10a		X
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	37
b	Other officers or key employees of the organization	15b		Х
40	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	10-		v
	taxable entity during the year?	16a		X
р	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	16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
<u> </u>	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	nle
.0	for public inspection. Indicate how you made these available. Check all that apply.	Jiny)	avandi	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
-	SHANNON GREENE - 319-356-3939			
	730 HAWKINS DRIVE, IOWA CITY, IA 52246			

EASTERN IOWA AND WESTERN ILLINOIS

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

		any related organization compensated (B) (C)					เรสเ					
(A)				Pos	زر) itior	1		(D)	(E)	(F)		
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated		
	hours per week					s both or/trus		compensation from	compensation from related	amount of other		
	(list any	tor						the	organizations	compensation		
	hours for	direc				٦		organization	(W-2/1099-MISC/	from the		
	related	ee or	stee			nsate		(W-2/1099-MISC/	` 1099-NEC)	organization		
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related		
	below	ridual	tutior	ie.	Key employee	est c	Jer.			organizations		
	line)	Indi	Insti	Officer	Key	High	Former					
(1) SHANNON GREENE	40.00											
EXECUTIVE DIRECTOR				X				98,055.	0.	14,783.		
(2) JAMIE HENDERSON	1.00											
PRESIDENT		Х		X				0.	0.	0.		
(3) SETH FRIEDMAN	1.00							Y				
VICE PRESIDENT		Х		X				0.	0.	0.		
(4) DENNIS GENDRON	1.00											
TREASURER		X		Х				0.	0.	0.		
(5) BRENT HAWKINS	1.00	4										
TREASURER		X		X				0.	0.	0.		
(6) HEIDI BEALS	1.00											
SECRETARY		Х		X				0.	0.	0.		
(7) TRACY CHAMBERS	0.50											
DIRECTOR		Х						0.	0.	0.		
(8) BEN LOGSDON	0.50											
DIRECTOR		Х						0.	0.	0.		
(9) JANINE PETITGOUT	0.50											
DIRECTOR		Х						0.	0.	0.		
(10) KRISTIN SOLBERG	0.50											
DIRECTOR		Х						0.	0.	0.		
(11) SCOTT SOIFER	0.50											
DIRECTOR		Х						0.	0.	0.		
(12) IAN RUSSELL	0.50								_	_		
DIRECTOR		Х						0.	0.	0.		

Form 990 (2021)

Name and site Average Nours per veek Nours per v	Part VI	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
to Subtotal 1b Subtotal 1c Total from continuation sheets to Part VII, Section A 1d Total (add lines to and 1c) 1d Total (add lines to and 1c) 1d Total quadron from the organization is transported to those listed above) who received more than \$100,000 of compensation from the organizations greater than \$150,000? ** *Yes** complete Schedule J for such individual 1d Total quadrolaul sides on line 1 a receive or accurace compensation and other compensation from the organization greater than \$150,000? ** *Yes** complete Schedule J for such individual 1c Total number of individual sides of online 1 a receive or accurace compensation from the organization greater than \$150,000? ** *Yes** complete Schedule J for such individual 1d Total greater than \$150,000? ** *Yes** complete Schedule J for such individual 2 Total number of individual sides on line 1 a receive or accurace compensation from the organization or individual for services 1d Total greater than \$150,000? ** *Yes** complete Schedule J for such individual 2 Total number of independent contractors 1d Total properties Schedule J for such individual 2 Total number of independent contractors 1d Total properties Schedule J for such individual 2 Total number of independent contractors 1d Total properties Schedule J for such individual 2 Total number of independent contractors 1d Total properties Schedule J for such individual 2 Total number of independent contractors 1d Total properties Schedule J for such individual 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		(A)	(B) Average hours per week	(do box offic	not c	Pos Pos heck i ss per	C) ition more rson i) than o	one n an	(D) Reportable compensation from	(E) Reportable compensatio from related	ı	an	timated nount co other	of
1b Subtotal C Total from continuation sheets to Part VII, Section A D 3, 0.55. C Total from continuation sheets to Part VII, Section A D 3, 0.55. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is trained from the organization is trained and related organization from the organization is trained from the organization is trained from the organization and cells of the organization is trained from the organization and cells of the organization of the organization is trained from the organization of the cellendar year ending with or within the organization of services The organization. Report compensation from the organization of the cellendar year ending with or within the organization is tax year. (A) Nome Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the cellendar year ending with or within the organization of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is the organization of services. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is the organization of services. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is the organization of services.			related organizations below	ndividual trustee or direc	n stit utio nal tru stee	Officer	ey employee	Highest compensated employee	-ormer	(W-2/1099-MISC/	(W-2/1099-MIS		fr org and	om the anization d relate	e on ed
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 98 , 055 . 0 . 14 , 783 . 2 Total number of indeviatals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 98 , 055 . 0 . 14 , 783 . 2 Total number of indeviatals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 98 , 055 . 0 . 14 , 783 . 2 Total number of indeviatals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization															
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 98 , 055 . 0 . 14 , 783 . 2 Total number of indeviatals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization															
d Total (add lines 1b and 1c)			L Section A										1	4,78	
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Rescription of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\infty\$ \text{ NONE} 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\infty\$ \text{ NONE}	<u>d Tot</u>	tal (add lines 1b and 1c)							o re	98,055.	000 of reportable	0.	1	4,78	33.
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	cor	mpensation from the organization					7							Yes	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	line	a 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	and	d related organizations greater than \$150),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	ren	dered to the organization? If "Yes." com											5		X
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0											-	ensat	tion fro	om	
\$100,000 of compensation from the organization 0			address	NC	ONE	3					services	С			1
\$100,000 of compensation from the organization 0															
\$100,000 of compensation from the organization 0															
\$100,000 of compensation from the organization 0															
\$100,000 of compensation from the organization 0															
Earm 9911/00011			· ·	ot lin	nited	d to	_		ted	above) who received me	ore than		Form	990 (2	0011

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any lin	e in this Dart VIII			
		Crieck if Scriedule O Contains a response of	r note to any iin		(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	a Federated campaigns1a					
ran	k	b Membership dues1b					
e, E	(c Fundraising events1c	95,438.				
ifts		d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions) 1e 4	102,973.				
Sir	•	f All other contributions, gifts, grants, and	,				
uti Je			377,035.				
ë₽			62,616.				
no n				3,375,446.			
a C	r	h Total. Add lines 1a-1f		3,3/3,440.			
		<u> </u>	Business Code	4 530	4 520		
çe	2 8	a ROOM FEES AND SUPPORT	624200	4,739.	4,739.		
e vi	k	b					
Program Service Revenue	C	c					
am	(d					
ogr B	•	е					
Pro	f	f All other program service revenue		,			
		g Total. Add lines 2a-2f	•	4,739.			
	3	Investment income (including dividends, interest		,			
	Ū	other similar amounts)		90,582.			90,582.
	4	Income from investment of tax-exempt bond pro		30,302.			30,3021
	4						
	5	Royalties(i) Real					
			(ii) Personal				
	6 a						
	k	b Less: rental expenses 6b					
	(c Rental income or (loss) 6c					
	(d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 824,517.					
	k	b Less: cost or other basis					
ē		and sales expenses 7b 671,085.	2,514.				
eni		c Gain or (loss) 7c 153, 432.	-2,514.				
Revenue		d Net gain or (loss)		150,918.			150,918.
ther F		a Gross income from fundraising events (not		, , ,			, , ,
Oth	٠.	including \$ 95,438. of					
O		contributions reported on line 1c). See					
		· · · · · · · · · · · · · · · · · · ·	12,383.				
			28,153.				
		b Less: direct expenses 8b	20,133.	15 770			15 770
		c Net income or (loss) from fundraising events		-15,770.			-15,770.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
	k	b Less: direct expenses 9b					
	(c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	k	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
ns	11 a	a T					
ned Tue							
Miscellaneous Revenue							
sce Re	(C					
Ξ̈́	•	d All other revenue					
		e Total. Add lines 11a-11d		2 605 015	4 720	^	225 720
	12	Total revenue. See instructions		3,605,915.	4,739.	0.	225,730.

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All otho	r organizations must con	nolete column (Δ)	
secu	Check if Schedule O contains a respons			ipiete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	схропосо
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	112,839.	56,420.	28,209.	28,210
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	566,818.	445,651.	15,727.	105,440
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	26,850.	21,611.	356.	4,883
9	Other employee benefits	54,110.	37,110.	2,746.	14,254
10	Payroll taxes	48,845.	36,818.	2,869.	9,158
11	Fees for services (nonemployees):	•			•
а	Management				
b					
	Accounting	63,888.		63,888.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,854.		15,854.	
	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A), amount, list line 11g expenses on Sch 0.)	105,498.	90,934.	14,564.	
12	Advertising and promotion	81,468.			81,468
13	Office expenses	31,537.	20,176.	6,858.	4,503
14	Information technology	17,589.	6,070.	2,396.	9,123
15	Royalties		-		-
16	Occupancy	38,732.	38,000.	366.	366
17	Travel	3,039.	2,094.		945
8	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,664.	1,135.	446.	83
20	Interest	-	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	145,197.	142,199.	1,499.	1,499
3	Insurance	25,780.	24,460.	1,320.	•
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)		·	·	
а	HOUSE SUPPLIES	92,930.	92,724.		206
b	REPAIRS AND MAINTENANCE	84,571.	84,571.		
С	HOUSE ACTIVITIES	77,394.	77,133.		261
d	VEHICLE	2,714.	2,714.		
е	All other expenses	3,038.	1,541.		1,497
25	Total functional expenses. Add lines 1 through 24e	1,600,355.	1,181,361.	157,098.	261,896
26	Joint costs . Complete this line only if the organization	•			•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

	990 (; t X	2021) EASTERN TOWA A Balance Sheet	א חאד.	FOLEKN TPTINO	LD	42-	1189783 Page 11
. ui	. , \	Check if Schedule O contains a response or not	e to anv	line in this Part X			
		STREET TO STREET STREET	.o to diriy		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			334,311	1	527,032.
	2	Savings and temporary cash investments			66,034	2	0.
	3	Pledges and grants receivable, net			83,747		763,032
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial co	ntributor, or 35%			
		controlled entity or family member of any of the	se persor	ns		5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	d in sectio	on 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
Ĭ	9	Prepaid expenses and deferred charges		47,893	9	26,908	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	4,958,479.	A		
	b				1,794,942	10c	1,755,515 4,303,504
	11	Investments - publicly traded securities		3,127,132	11	4,303,504	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			105 505	14	444 640
	15	Other assets. See Part IV, line 11	1.5	497,527		441,612	
	16	Total assets. Add lines 1 through 15 (must equ			5,951,586		7,817,603
	17	Accounts payable and accrued expenses			148,934		129,962
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
La	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated			154,800		
	25	Other liabilities (including federal income tax, pa			134,000	24	
	25	parties, and other liabilities not included on lines		l			
		10111	,	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		25	
	26				303,734		129,962
		Organizations that follow FASB ASC 958, che			222,122		
es		and complete lines 27, 28, 32, and 33.					
anc	27				2,738,338	27	4,115,308
pali	28	Net assets with donor restrictions			2,909,514		3,572,333
_ 		Organizations that do not follow FASB ASC 9					
בֿ		and complete lines 29 through 33.	. —				
ğ	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ed				30	
AS	31	Retained earnings, endowment, accumulated in				31	
او	32	Total net assets or fund balances			5,647,852	32	7,687,641
-	33	Total liabilities and net assets/fund balances			5.951.586	33	7.817.603.

Total liabilities and net assets/fund balances

5,951,586.

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)		3,60		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,60	0,3	<u>55.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	2,00	5,5	60.
4					52.
5	3 3 7 1 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1				56.
6					
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-6	3,9	27.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,68	7,6	41.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
	•			Yes	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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?	-	За		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	<u></u>	3b		
			Form	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

RONALD MCDONALD HOUSE CHARITIES OF

OMB No. 1545-0047

Open to Public

Employer identification number

EASTERN IOWA AND WESTERN ILLINOIS 42-1189783 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021

EASTERN IOWA AND WESTERN ILLINOIS

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1617957.	1260171.	1743438.	1179631.	3375446.	9176643.	
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	1617957.	1260171.	1743438.	1179631.	3375446.	9176643.	
	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)						1694278.	
6	Public support. Subtract line 5 from line 4.						7482365.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	1617957.	1260171.	1743438.	1179631.	3375446.	9176643.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	61,332.	101,375.	62,820.	52,294.	90,582.	368,403.	
9	Net income from unrelated business						•	
	activities, whether or not the							
	business is regularly carried on				347.		347.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)		•					
11	Total support. Add lines 7 through 10						9545393.	
	Gross receipts from related activities,	etc. (see instructio	ns)			12	122,177.	
13	First 5 years. If the Form 990 is for th	e organization's fir	,			D1(c)(3)		
	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·				
Sec	ction C. Computation of Public							
14	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	78.39 %	
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	90.06 %	
16a	33 1/3% support test - 2021. If the o	rganization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				> X	
b	33 1/3% support test - 2020. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition				
17a	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	e facts-and-circum	stances test, ched	ck this box and st	t op here. Explain ir	Part VI how the		
	organization meets the facts-and-circu	mstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions		
							(Farm 000) 0001	

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				Т	Т	T
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)					 	
	Total support. (Add lines 9, 10c, 11, and 12.)					-04(-)(0) : ::	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•		.,.,	
Sec	check this box and stop here ction C. Computation of Publi					<u></u>	P
	Public support percentage for 2021 (li			olumn (f))		15	%
	Public support percentage from 2020	, (,,	,	(//		16	<u>%</u>
	etion D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from 2					18	/ 6
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						. —
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, check						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)

		Yes	No
	1		
	-		
	2		
	3a		
	Ja		
- ;	3b		
	3c		
_	4a		
	4b		
	4-		
	4c		
	5a		
	Ja		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	O.L.		
	9b		
	9с		
	l0a		
	Ja		
	l0b		
ule A	(Forn	n 990)	2021

Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
·		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		N how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		poorted organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	uson of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
	-	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec	tion E	. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	ese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	te Sections A through E.	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	Net short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 A	Add lines 1 through 3.	4		
5 [Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
С	collection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	Aggregate fair market value of all non-exempt-use assets (see			
ir	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
C_F	air market value of other non-exempt-use assets	1c		
d T	Total (add lines 1a, 1b, and 1c)	1d		
еС	Discount claimed for blockage or other factors			
(6	explain in detail in Part VI):			
2 A	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 S	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
s	ee instructions).	4		
<u>5</u> N	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
<u>6</u> N	Multiply line 5 by 0.035.	6		
7 F	Recoveries of prior-year distributions	7		
8 N	Minimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 A	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 E	enter 0.85 of line 1.	2		
3 N	/linimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	Inter greater of line 2 or line 3.	4		
5 lr	ncome tax imposed in prior year	5		
6 E	Distributable Amount. Subtract line 5 from line 4, unless subject to			
e	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

42-1189783 Page 7 EASTERN IOWA AND WESTERN ILLINOIS Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 **a** From 2016 **b** From 2017 c From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3 and 4c. 8 Breakdown of line 7: a Excess from 2017

Schedule A (Form 990) 2021

b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	
-	
_	

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
IOWA CATTLEMEN'S ASSOCIATION	476,094.	285,186.
DOROTHY MAHER ESTATE	1,600,000.	1,409,092.
		_
	,	
otal Excess Contributions to Schedule A, Part II, Line 5		1,694,278

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2024

2021

OMB No. 1545-0047

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF EASTERN IOWA AND WESTERN ILLINOIS

Employer identification number

42-1189783

Organization type (check one):						
Filers of	:	Section:				
Form 990 or 990-EZ		$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	General Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; 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					
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page

Name of organization
RONALD MCDONALD HOUSE CHARITIES OF
EASTERN IOWA AND WESTERN ILLINOIS

Employer identification number

42-1189783

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	DOROTHY MAHER ESTATE - MIDWEST ONE BANK PO BOX 1700 IOWA CITY, IA 52244	\$ <u>1,600,000</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	U.S. SMALL BUSINESS ADMINISTRATION 409 THIRD STREET SW WASHINGTON, DC 20416	\$ 309,600.	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
3	RONALD MCDONALD HOUSE CHARITIES INC. 110 NORTH CARPENTER STREET CHICAGO, IL 60607	\$ <u>307,166.</u>	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4 IOWA CATTLEMEN'S ASSOCIATION 2055 IRONWOOD CT AMES, IA 50014	\$ 117,429.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE 324 25TH STREET OGDEN, UT 84201	Fotal contributions \$ 93,373.	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
6	MCDONALD'S IOWA-ILLINOIS CO-OP 729 EXECUTIVE DRIVE	\$	Person X Payroll Noncash (Complete Part II for
	WHITEWATER, WI 53190		noncash contributions.)

Name of organization
RONALD MCDONALD HOUSE CHARITIES OF
EASTERN IOWA AND WESTERN ILLINOIS

Employer identification number

42-1189783

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_	

Name of organization **Employer identification number** RONALD MCDONALD HOUSE CHARITIES OF EASTERN IOWA AND WESTERN ILLINOIS 42-1189783 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF EASTERN IOWA AND WESTERN ILLINOIS

Employer identification number 42-1189783

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		unas or Ac	COUNTS. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor	r advised fund	ds
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds o	an be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	rpose conferr	ing
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form	990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that appl <u>y).</u>		
	Preservation of land for public use (for example, recreat	ion or education) Preserva	ition of a histo	orically important land area
	Protection of natural habitat	Preserva	ition of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	e form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated	by the organi	zation during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handli	ng of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcin	g conservatio	n easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing cor	nservation eas	sements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	•	. , . , . ,	·· — —
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial s	tatements that	at describes the
Da	organization's accounting for conservation easements. III Organizations Maintaining Collections of	Art Historical Traccures	or Othor S	imilar Accots
Га			or Other 3	illilai Assets.
	Complete if the organization answered "Yes" on Form			
та	If the organization elected, as permitted under FASB ASC 958	, 1		
	of art, historical treasures, or other similar assets held for public	, ,		ice of public
	service, provide in Part XIII the text of the footnote to its finance			also a disconsidera of
b	, .	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	e of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
_				
2	If the organization received or held works of art, historical trea		nancial gain, p	provide
	the following amounts required to be reported under FASB AS	_		•
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

132051 10-28-21

	t III Organizations Maintaining C	ollections of Art			ther S	imilar As		(contin		age Z
3	Using the organization's acquisition, accession							100		
	collection items (check all that apply):	,	,	3	3					
а	Public exhibition	d	Loan or exch	nange program						
b	Scholarly research	е		0 . 0						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how thev further th	e organization's	exempt	purpose in	Part :	XIII.		
5										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arrang							ine 9, or		
	reported an amount on Form 990, Par		· ·			,	·	·		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets	not incl	uded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII						•			
	· · ·	·	-					Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo						\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been p	provided on Part	XIII					
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV,	line 10.					
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d)	Three years	back	(e) Four	years	back
1a	Beginning of year balance	3,127,132.	2,783,794.	2,613,0	20.	3,039,	403.	2	739,	576.
b	1 000 000							000.		
С	242 226 277 247 77 506 262 202						302.			
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	150,000.		290,69	91.	336,	143.		298,	963.
f	Administrative expenses	15,854.	13,710.	13,88	82.	14,	654.		14,	512.
g	End of year balance	4,303,504.	3,127,132.	2,783,79	94.	2,613,	020.	3	039,	403.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a))) held as:						
а	Board designated or quasi-endowment	44.0000	_%							
b	Permanent endowment ► 12.0000	%								
С	Term endowment ▶44.0000	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered f	for the o	rganization	1			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. Se	ee Form 990, Pa	ırt X, line	: 10.				
	Description of property	(a) Cost or or basis (investm			(c) Accu depre	mulated ciation		(d) Boo	k valu	е
1a	Land		4	5,968.						68.
	Buildings				2,97	3,593	•	1,64		
С	Leasehold improvements				-	-				
d	Equipment	I	26	6,024.	20	2,319	•	6:	3,7	05.
е	Other			7,052.		7,052				0.
	. Add lines 1a through 1e. (Column (d) must e						_	1,75	5,5	15.
	5 (Solutini (d) Musi C	-,a c.iii 000, i ult/					_	D /Eorn	_	

	NALD HOUSE C		
	A AND WESTERI	N ILLINOIS 42	2-1189783 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 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 en	d-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	on Form 000 Port IV lin	a 11d Can Form 000 Part V line 15	
Complete if the organization answered "Yes"	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) CONTRIBUTED LEASES	Description		41,949
	SETS HELD BY	OTHERC	381,634
(3) OTHER ASSETS	SEIS UEDD DI	OTHERS	18,029
			10,029
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	45)	_	441,612
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)	P	441,012

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

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

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

Schedule D (Form 990) 2021

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,746,320. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 98,156. a Net unrealized gains (losses) on investments 2a 2,057. Donated services and use of facilities 2b Recoveries of prior year grants 2c 27,893. Other (Describe in Part XIII.) 128,106. Add lines 2a through 2d 2e 3,618,214. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) -12,299.c Add lines 4a and 4b 4c 3,605,915. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 1,706,531. Total expenses and losses per audited financial statements

	Total expenses and losses per addited financial statements			_ '	1 //00/3310
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	93,877.		
	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d	28,153.		
е	Add lines 2a through 2d			2e	122,030.
3	Subtract line 2e from line 1			3	1,584,501.
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	15,854.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	15,854.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,600,355.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, 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 ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME, IF ANY, FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 EASTERN TOWA AND WESTERN TLLINOTS Part XIII Supplemental Information (continued)	42-1189783 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	27,893.
	=: , ;;;
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EVENTS EXPENSES	-28,153.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENTS EXPENSES	28,153.
<u> </u>	

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF EASTERN TOWA AND WESTERN TILINOTS

Employer identification number

	TOWN AND WEDTERN .		1101		42 1107	703
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Ye	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais		a activi	tios (Check all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations	f Solicitat	tion of (gover	nment grants		
c Phone solicitations	g Special	fundra	ising 6	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(includi	ing of	ficers, directors, trus	tees, or	
key employees listed in Form 990, P					Yes	No
b If "Yes," list the 10 highest paid indiv					· 	
compensated at least \$5,000 by the		unit to t	groor	monto under willon ti	io idilaraiser is to se	,
Compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	stody rol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		4				
- Total			•			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontribu	itions	or has been notified	it is exempt from re	gistration
or noorioning.						

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

Schedule G (Form 990) 2021

EASTERN IOWA AND WESTERN ILLINOIS

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000								
		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e		s greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			GOLF			(add col. (a) through			
			TOURNAMENT	RUN EVENT	1	col. (c))			
Φ			(event type)	(event type)	(total number)				
Revenue									
3eve	1	Gross receipts	55,051.	38,384.	12,972.	106,407.			
			45 675	25 256	10 070	04 000			
	2	Less: Contributions	45,675.	35,376.	12,972.	94,023.			
	2	Cross income (line 1 minus line 2)	9,376.	3,008.		12,384.			
_	3	Gross income (line 1 minus line 2)	3,310.	3,000.		12,304.			
	4	Cash prizes							
	5	Noncash prizes							
ses									
ens	6	Rent/facility costs		_					
Direct Expenses									
ect	7	Food and beverages							
ä									
	8	Entertainment	1000	14,118.	1,867.	26 101			
	9 10	Other direct expenses	•			26,191. 26,191.			
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				-13,807.			
Pa	rt I					1370071			
		\$15,000 on Form 990-EZ, line 6a.							
-			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))			
eve.									
	1	Gross revenue							
es	2	Cash prizes							
Direct Expenses	3	Noncoch prizes							
Exp	3	Noncash prizes							
ect	4	Rent/facility costs							
ä									
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>				
		Not coming income cummon. Cultivact line 7	from line 1 column (d)		_				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		·····				
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:						
		he organization licensed to conduct gaming a				Yes No			
		No," explain:							
	_								
		ere any of the organization's gaming licenses re			/ear?	Yes No			
b	If "	Yes," explain:							
	_								
	_								
13208	32082 10-21-21 Schedule G (Form 990) 2021								

RONALD MCDONALD HOUSE CHARITIES OF EASTERN TOWA AND WESTERN TILITNOTS

Sch	edule G (Form 990) 2021 EASTERN TOWA AND WESTERN ILLINOTS 42-	TT09/	03	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es/	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es/	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Y	es/	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	: If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
	Address P			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	es/	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. — -		
_	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III. line	s 9. 9	b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	,
	ros, ros, ros, and ros, de approaction not promote any additional monatorial monatorial			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

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

RONALD MCDONALD HOUSE CHARITIES OF EASTERN IOWA AND WESTERN ILLINOIS

Employer identification number 42-1189783

	–	EASTERN IOWA	11111111111	DDIDIU ID.	1111010		-1189/83
Par	tl Type	s of Property					
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) f determining ribution amounts
1	Art - Works of	art					
2		I treasures					
3		al interests					
4		ıblications					
5		household goods	X		25,166.	ESTIMATED	FMV
6		er vehicles					
7		nes					
8		operty					
9		ublicly traded					
0		losely held stock					
1		artnership, LLC, or					
•	trust interests	• • • • • • • • • • • • • • • • • • • •					
2	Securities - M	iscellaneous					
3	Qualified cons	servation contribution -					
	Historic struc	tures					
4	Qualified cons	servation contribution - Other					
5	Real estate - F	Residential					
3		Commercial					
7		Other					
8							
9		γ					
0		edical supplies					
1							
2		facts					
3		cimens					
4		artifacts					
5	Other	(TOYS)	Х	1	15 980.	ESTIMATED	FM7/
, 3	Other D	(TICKETS)	X	3		ESTIMATED	
7	Other D	(MISCELLANEOUS)	X	5		ESTIMATED	
		(FOOD/CANDY)	X	5		ESTIMATED	FMV
<u> </u>	Other •		1		· · · · · · · · · · · · · · · · · · ·	BOITMATED	PHV
9		orms 8283 received by the organ	•				0
	for which the	organization completed Form 82	283, Part V, L	onee Acknowleag	ement 29		
	5		,				Yes N
Ja		ar, did the organization receive b	-		· · · · · · · · · · · · · · · · · · ·		
	must hold for	at least three years from the dat	e of the initia	ll contribution, and	which isn't required to be us	sed for	_
		oses for the entire holding period	?				. 30a 2
	16 113 / 11 1	ribe the arrangement in Part II.					
b	•		policy that re	equires the review	of any nonstandard contribut	ions?	31 X
	•	anization have a gift acceptance					
1	Does the orga	anization hire or use third parties	or related or	•	,,		32a Σ
1 2a	Does the orga Does the orga contributions	anization hire or use third parties	or related or	•	,,		32a X
1 2a	Does the orga Does the orga contributions' If "Yes," desc	anization hire or use third parties	or related or			:ked	32a >

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

RONALD MCDONALD HOUSE CHARITIES OF

EASTERN IOWA AND WESTERN ILLINOIS 42-1189783 Schedule M (Form 990) 2021 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, PART I, COLUMN (B): THE NUMBER OF CONTRIBUTIONS IS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2021 132142 11-17-21

SCHEDULE 0 (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Go to www.irs.gov/Form990 for the latest information. RONALD MCDONALD HOUSE CHARITIES OF

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 42-1189783

EASTERN IOWA AND WESTERN ILLINOIS FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROGRAMS THAT DIRECTLY IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FAMILY CHILDREN'S HOSPITAL ALSO PROVIDES AMENITIES AND A COMFORTABLE WITH THE BENEFIT OF BEING ONLY STEPS AWAY FROM THEIR CHILD'S THE FAMILY ROOM AREA INCLUDES A KITCHEN, DINING AREA, AND 3 THE FAMILY ROOM IS LOCATED ON THE PEDIATRIC PICU FLOOR. MEALS, SNACKS AND COFFEE AND AVAILABLE TO FAMILIES THROUGHOUT THE DAY. THE UI STEAD FAMILY CHILDREN'S HOSPITAL FAMILY ROOM HAS ONE SLEEP ROOM AVAILABLE FOR CHECKOUT FOR DAYTIME NAPS AND OVERNIGHT ACCOMMODATIONS THERE IS NO COST TO USE ANY OF THE FAMILY ROOM SERVICES. FOR PARENTS.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEES HAVE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS.

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

FORM 990 IS REVIEWED IN DETAIL BY THE EXECUTIVE DIRECTOR AND OPERATIONS AFTER THEIR APPROVAL FORM 990 IS PRESENTED TO THE BOARD PRESIDENT FOR FINAL APPROVAL AND SIGNATURE. FORM 990 IS DISTRIBUTED TO EACH BOARD MEMBER PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

BY HAVING EACH DIRECTOR OBTAIN AND SIGN A STATEMENT OF COMPLIANCE AND

DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST EACH YEAR. IFTHERE IS A

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF EASTERN IOWA AND WESTERN ILLINOIS

Employer identification number 42-1189783

POTENTIAL CONFLICT OF INTEREST, THE INTERESTED PERSON MAY MAKE A

PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH

PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF,

AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT MAY RESULT IN A

CONFLICT OF INTEREST. THE PRESIDENT OF THE BOARD IS RESPONSIBLE FOR

MONITORING COMPLIANCE.

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

THE PERFORMANCE OF THE EXECUTIVE DIRECTOR IS EVALUATED ANNUALLY. A

PERFORMANCE SCORING MECHANISM IS CIRCULATED TO BOARD MEMBERS, WHO THEN

SUBMIT CONFIDENTIAL EVALUATIONS TO THE BOARD PRESIDENT. A SUMMARY OF THE

EVALUATION RESULTS IS SUBMITTED TO THE COMMITTEE OF THE BOARD FOR

CONSIDERATION. COMPENSATION IS BASED UPON THE PERFORMANCE REVIEW WITH

REFERENCE TO SALARIES OF COMPARABLE SIZE ORGANIZATIONS WITHIN THE RONALD

MCDONALD HOUSE CHARITIES SYSTEM AND SIMILAR SIZE ORGANIZATIONS WITHIN THE

COMMUNITY. THE BOARD OF DIRECTORS CONSIDERS THE RECOMMENDATION OF THE

EXECUTIVE COMMITTEE AND APPROVES THE COMPENSATION.

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

DEPRECIATION EXPENSE ON DONATED ASSETS

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

CHANGE IN BENEFICIAL INTEREST HELD BY ADAMS TRUST 27,893.

DONATED RENT -87,136.

TOTAL TO FORM 990, PART XI, LINE 9 -63,927.

-4,684.

Schedule O (Form 990) 2021			Page 2
Name of the organization RONALD IN EASTERN	MCDONALD HOUSE CH IOWA AND WESTERN	ARITIES OF ILLINOIS	Employer identification number 42-1189783
FORM 990, PART XII, LI			
THE PROCESS HAS NOT CH		VEAD	
THE PROCESS HAS NOT CH	ANGED FROM FRIOR	IEAR.	