

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning and ending

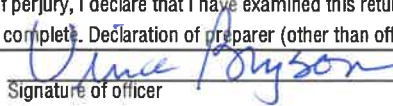
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA		D Employer identification number 95-3167869
	Doing business as		E Telephone number 626-744-9449
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4560 FOUNTAIN AVE.	G Gross receipts \$ 28,192,780.	
	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90029		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: VINCENT M BRYSON 4560 FOUNTAIN AVE, LOS ANGELES, CA 90029		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.RMHCSC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1977
			M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA IS TO PROVIDE COMFORT, CARE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	169
	6 Total number of volunteers (estimate if necessary)	6	19113
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,743,296.	Current Year 13,140,364.
	9 Program service revenue (Part VIII, line 2g)	608,056.	613,088.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	931,887.	829,741.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,171,851.	1,927,602.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,455,090.	16,510,795.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	855,565.	1,185,239.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,889,185.	5,420,430.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	131,453.	256,918.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	1,998,973.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,000,936.	5,211,313.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,877,139.	12,073,900.
19 Revenue less expenses. Subtract line 18 from line 12	3,577,951.	4,436,895.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 63,213,363.	End of Year 65,899,017.
	21 Total liabilities (Part X, line 26)	4,842,781.	4,636,178.
	22 Net assets or fund balances. Subtract line 21 from line 20	58,370,582.	61,262,839.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer		11.14.2016 Date	
	VINCENT M BRYSON, CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	WILLIAM H. HRANCHAK	WILLIAM H. HRANCHAK	11/14/16	P00641665
Firm's name ▶ TEMO ARJANI LLP		Firm's EIN ▶ 95-4149172		
Firm's address ▶ 301 EAST COLORADO BLVD., #426 PASADENA, CA 91101		Phone no. 626-578-1978		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF RONALD MCDONALD HOUSE CHARITIES IS TO PROVIDE COMFORT, CARE AND SUPPORT TO CHILDREN AND FAMILIES IN SOUTHERN CA. OUR VISION IS A COMMUNITY WHERE CHILDREN AND THEIR FAMILIES EMBRACE LIFE AND HEALING WITH A SENSE OF HOPE, ENTHUSIASM, COURAGE AND JOY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,981,353. including grants of \$) (Revenue \$)
RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA WAS FOUNDED IN 1977 WITH A MISSION TO PROVIDE COMFORT, CARE, AND SUPPORT TO CHILDREN AND FAMILIES IN SOUTHERN CALIFORNIA. TODAY, THE CHAPTER OPERATES SIX HOUSES ACROSS THE REGION - IN ORANGE COUNTY, LONG BEACH, INLAND EMPIRE, LOS ANGELES, BAKERSFIELD, AND PASADENA - THAT COLLECTIVELY OFFER ACCOMMODATION AT LITTLE OR NO COST TO 157 FAMILIES EVERY NIGHT, 365 DAYS A YEAR. IN 2015, MORE THAN 5,300 FAMILIES STAYED IN OUR SIX RONALD MCDONALD HOUSES. WE PARTNERED WITH MORE THAN 26 REGIONAL HOSPITALS, HELPING FILL A CRITICAL HEALTHCARE GAP FOR FAMILIES OF CHILDREN WITH LIFE-THREATENING CONDITIONS.

STAFF AND VOLUNTEERS STRIVE TO OFFER EVERY COMFORT OF HOME TO FAMILIES

4b (Code:) (Expenses \$ 1,815,989. including grants of \$) (Revenue \$)
CAMP RONALD MCDONALD FOR GOOD TIMES OFFERS AN AUTHENTIC CAMP EXPERIENCE TO CHILDREN WHO HAVE BEEN DIAGNOSED WITH CANCER, THEIR FAMILIES, AND THEIR SIBLINGS. CAMP IS GROUNDED IN THE FIELD'S BEST PRACTICES, PROVIDING EXPERIENTIAL LEARNING OPPORTUNITIES FOR YOUTH TO PRACTICE SKILLS THAT HAVE PROVEN TO LEAD TO SUCCESS IN CAREER AND LIFE, INCLUDING LEADERSHIP, COLLABORATION/TEAM WORK, PROBLEM SOLVING AND INITIATIVE/SELF-DIRECTION. THE YEAR-ROUND PROGRAM FEATURES FIVE WEEK-LONG SUMMER SESSIONS, TWO HOLIDAY-WEEKEND WINTER CAMPS, AND EIGHT WEEKEND FAMILY CAMPS (TWO IN SPANISH). A NEW CAMP PROGRAM FOR TEENS-WILDERNESS OUTDOOR LEADERSHIP PROGRAM (W.O.L.P.) IS SPECIFICALLY DESIGNED TO ADDRESS A HOST OF ISSUES THAT AFFECT ADOLESCENTS WHO HAVE RECEIVED A CANCER DIAGNOSIS.

4c (Code:) (Expenses \$ 919,281. including grants of \$ 916,075.) (Revenue \$)
SINCE 1987, THE COMMUNITY GRANTS BOARD HAS AWARDED MORE THAN 900 GRANTS TOTALING MORE THAN \$25 MILLION TO SOUTHERN CALIFORNIA ORGANIZATIONS THAT ARE COMMITTED TO IMPROVING THE LIVES OF CHILDREN IN SOUTHERN CALIFORNIA. FUNDING IS PROVIDED THROUGH THE EFFORTS OF THE LOCAL MCDONALD'S OPERATORS' ASSOCIATION OF SOUTHERN CALIFORNIA. EACH YEAR ORGANIZATIONS SERVING INYO, KERN, LOS ANGELES, ORANGE, RIVERSIDE, SAN BERNARDINO, SAN LUIS OBISPO, SANTA BARBARA, AND VENTURA COUNTIES RECEIVE FUNDS FOR PROGRAMS DEALING WITH CIVIC NEEDS, SOCIAL SERVICES, EDUCATION, THE ARTS, OR HEALTHCARE ISSUES AND SERVE CHILDREN IN NEED, AGE 21 YEARS AND YOUNGER.

SINCE 1990, RMHC SOCAL HAS AWARDED MORE THAN \$5.4 MILLION IN

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

4e Total program service expenses **8,716,623.**

**RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA**

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	18	
b	Enter the number of voting members included in line 1a, above, who are independent	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
JOSEPH CHAMBERS, CPA - 626-744-9449
4560 FOUNTAIN AVENUE, , LOS ANGELES, CA 90029

RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE BALL PRESIDENT	1.00	X					0.	0.	0.	
(2) PETER HORNER BOARD MEMBER	1.00	X					0.	0.	0.	
(3) DOUGLAS C. KANNER BOARD MEMBER	1.00	X					0.	0.	0.	
(4) ROBERT YAMAMOTO BOARD MEMBER	1.00	X					0.	0.	0.	
(5) STUART SIEGEL CHAIR EMERITUS	1.00	X					0.	0.	0.	
(6) RANDY GORDON BOARD MEMBER	1.00	X					0.	0.	0.	
(7) DEREK HANSON BOARD MEMBER	1.00	X					0.	0.	0.	
(8) DAVID SANDOVAL BOARD MEMBER	1.00	X					0.	0.	0.	
(9) MARTIN HOLFORD BOARD MEMBER	1.00	X					0.	0.	0.	
(10) EDWARD LODGEN BOARD MEMBER	1.00	X					0.	0.	0.	
(11) JOHN D. OWENS BOARD MEMBER	1.00	X					0.	0.	0.	
(12) CLAYTON PASCHEN, JR. BOARD MEMBER	1.00	X					0.	0.	0.	
(13) OFELIA MELENDREZ-KUMPF BOARD MEMBER	1.00	X					0.	0.	0.	
(14) MITCH NADLER BOARD MEMBER	1.00	X					0.	0.	0.	
(15) LUC ROBITAILLE BOARD MEMBER	1.00	X					0.	0.	0.	
(16) NICHOLAS KOUTOURAS BOARD MEMBER	1.00	X					0.	0.	0.	
(17) TRISH MCCARTHY BOARD MEMBER	1.00	X					0.	0.	0.	

**RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KAREN WEIDNER BOARD MEMBER	1.00	X					0.	0.	0.	
(19) VINCENT M. BRYSON CHIEF EXECUTIVE OFFICER	40.00			X			218,793.	0.	16,895.	
(20) JULEE BROOKS EXECUTIVE DIRECTOR	40.00					X	136,504.	0.	5,142.	
(21) CHERI BAZLEY EXECUTIVE DIRECTOR	40.00					X	114,326.	0.	8,197.	
(22) JOSEPH CHAMBERS DIRECTOR OF FINANCE AND AD	40.00					X	125,477.	0.	6,728.	
(23) SARAH ORTH EXECUTIVE DIRECTOR	40.00					X	126,819.	0.	13,120.	
1b Sub-total							721,919.	0.	50,082.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							721,919.	0.	50,082.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 0

RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,852,432.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,287,932.				
	g Noncash contributions included in lines 1a-1f: \$		152,398.				
	h Total. Add lines 1a-1f		13,140,364.				
	Program Service Revenue	2 a RENTAL INCOME RELATED TO ORGANIZA	Business Code				
		900099	326,483.	326,483.			
b ROOM FEES		900099	286,605.	286,605.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		613,088.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		527,654.			527,654.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		10,715,396.					
		b Less: cost or other basis and sales expenses		10,413,309.			
		c Gain or (loss)		302,087.			
	d Net gain or (loss)		302,087.			302,087.	
	8 a Gross income from fundraising events (not including \$ 1,852,432. of contributions reported on line 1c). See Part IV, line 18	a	2,954,604.				
		b Less: direct expenses	b	1,268,676.			
		c Net income or (loss) from fundraising events		1,685,928.			1,685,928.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS INCOME	900099	165,206.			165,206.		
b MERCHANDISE SALES	900099	45,256.			45,256.		
c COKE MACHINE/PULL TAB INCOME	900099	31,212.			31,212.		
d All other revenue							
e Total. Add lines 11a-11d		241,674.					
12 Total revenue. See instructions.		16,510,795.	613,088.	0.	2,757,343.		

**RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA**

Form 990 (2015)

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Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	806,905.	806,905.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	378,334.	378,334.		
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	772,001.	484,732.	117,154.	170,115.
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	3,734,747.	2,332,781.	573,791.	828,175.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,761.	53,239.	12,567.	17,955.
9 Other employee benefits	448,040.	321,887.	43,344.	82,809.
10 Payroll taxes	381,881.	271,889.	34,342.	75,650.
11 Fees for services (non-employees):				
a Management				
b Legal	63,865.	56,368.	7,298.	199.
c Accounting	71,747.	63,325.	8,199.	223.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	256,918.			256,918.
f Investment management fees	135,555.		135,555.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	429,650.	334,330.	85,055.	10,265.
12 Advertising and promotion	36,785.	24,825.	4,375.	7,585.
13 Office expenses	748,397.	608,242.	60,144.	80,011.
14 Information technology	50,059.	44,182.	5,721.	156.
15 Royalties				
16 Occupancy	691,284.	599,801.	33,894.	57,589.
17 Travel	64,669.	58,483.	4,473.	1,713.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	58,686.	58,475.	208.	3.
20 Interest	87,602.		87,602.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,395,094.	1,228,516.	51,033.	115,545.
23 Insurance	248,915.	206,052.	15,881.	26,982.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ACTIVITIES AND FEES	340,049.	298,985.	24,952.	16,112.
b GUEST SERVICES	285,872.	285,572.	300.	
c REPAIRS AND MAINTENANCE	241,241.	199,700.	15,391.	26,150.
d CANISTER COSTS	224,818.			224,818.
e All other expenses	37,025.		37,025.	
25 Total functional expenses. Add lines 1 through 24e	12,073,900.	8,716,623.	1,358,304.	1,998,973.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	5,727,793.	2	5,634,327.
	3 Pledges and grants receivable, net	775,554.	3	1,524,645.
	4 Accounts receivable, net	2,007,185.	4	1,885,734.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	247,175.	9	328,383.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,775,047.		
	b Less: accumulated depreciation	10b 17,128,431.	30,799,837.	10c 32,646,616.
	11 Investments - publicly traded securities	22,050,819.	11	22,049,312.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,605,000.	15	1,830,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	63,213,363.	16	65,899,017.	
Liabilities	17 Accounts payable and accrued expenses	1,268,214.	17	1,650,153.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,574,567.	23	2,986,025.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,842,781.	26	4,636,178.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	42,932,992.	27	45,039,253.
	28 Temporarily restricted net assets	11,522,567.	28	12,286,166.
	29 Permanently restricted net assets	3,915,023.	29	3,937,420.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	58,370,582.	33	61,262,839.
	34 Total liabilities and net assets/fund balances	63,213,363.	34	65,899,017.

Form 990 (2015)

**RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,510,795.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,073,900.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,436,895.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58,370,582.
5	Net unrealized gains (losses) on investments	5	-1,544,638.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	61,262,839.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public
Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA	Employer identification number 95-3167869
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

RONALD MCDONALD HOUSE CHARITIES OF

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7797820.	8325253.	7881933.	10743296.	13140364.	47888666.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7797820.	8325253.	7881933.	10743296.	13140364.	47888666.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1079608.
6 Public support. Subtract line 5 from line 4.						46809058.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	7797820.	8325253.	7881933.	10743296.	13140364.	47888666.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	498,222.	520,201.	396,831.	481,868.	527,654.	2424776.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	51,154.	75,316.	105,587.	65,384.	241,674.	539,115.
11 Total support. Add lines 7 through 10						50852557.
12 Gross receipts from related activities, etc. (see instructions)					12	3,032,662.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	92.05 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	94.55 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

RONALD MCDONALD HOUSE CHARITIES OF

Schedule A (Form 990 or 990-EZ) 2015

SOUTHERN CALIFORNIA

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

RONALD MCDONALD HOUSE CHARITIES OF

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.)

Horizontal lines for supplemental information.

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.**

OMB No. 1545-0047

2015

Open to Public Inspection

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA** **Employer identification number** **95-3167869**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

**RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	14,948,796.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,544,638.
b	Donated services and use of facilities	2b	118,193.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-1,426,445.
3	Subtract line 2e from line 1	3	16,375,241.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	135,555.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	135,555.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,510,796.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,056,539.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	118,193.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	118,193.
3	Subtract line 2e from line 1	3	11,938,346.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	135,555.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	135,555.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,073,901.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TO GENERATE INVESTMENT INCOME TO FUND PROGRAMS.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION THAT IS EXEMPT FROM INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. IT IS HOWEVER SUBJECT TO TAX ON NET UNRELATED BUSINESS INCOME. IN ACCORDANCE WITH FASB ASC NO. 740, UNCERTAINTY IN INCOME TAXES, THE ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE CONSOLIDATED FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION.

Part XIII Supplemental Information *(continued)*

THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS FOR THE OPEN TAX YEARS OF 2011 THROUGH 2015 FOR FEDERAL TAX PURPOSES AND 2010 THROUGH 2015 FOR CALIFORNIA TAX PURPOSES. AS OF DECEMBER 31, 2015, THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO OTHER MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS OR WHICH MAY HAVE AN EFFECT ON ITS TAX EXEMPT STATUS NOR IS MATERIAL CHANGE TO UNCERTAIN TAX POSITIONS ANTICIPATED DURING 12 MONTHS FOLLOWING DECEMBER 31, 2015.

Horizontal lines for supplemental information.

RONALD MCDONALD HOUSE CHARITIES OF

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	WALK FOR KIDS (event type)	15 (total number)	
Revenue	1 Gross receipts	422,171.	2,158,577.	2,226,288.	4,807,036.
	2 Less: Contributions	278,147.	326,926.	1,247,359.	1,852,432.
	3 Gross income (line 1 minus line 2)	144,024.	1,831,651.	978,929.	2,954,604.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	46,078.	16,867.	43,331.	106,276.
	7 Food and beverages	41,178.	8,362.	386,938.	436,478.
	8 Entertainment	950.	3,662.	15,218.	19,830.
	9 Other direct expenses	37,596.	306,246.	362,250.	706,092.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,268,676.
11 Net income summary. Subtract line 10 from line 3, column (d)				1,685,928.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

RONALD MCDONALD HOUSE CHARITIES OF

Schedule G (Form 990 or 990-EZ) 2015 SOUTHERN CALIFORNIA

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: TRUESENSE MARKETING

(I) ADDRESS OF FUNDRAISER: 155 COMMERCE DR, FREEDOM, PA 15042

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2015

Open to Public
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA** Employer identification number **95-3167869**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR BLIND OF AMERICA	95-1977659	501(C)(3)	10,000.	0.			FUNDING WILL BE USED TO REPLACE THE ORGANIZATION'S 10-YEAR-OLD VAN:
BOYS & GIRLS CLUB OF WESTMINSTER	95-2919799	501(C)(3)	10,000.	0.			FUNDS WILL BE USED FOR COMPUTER LITERACY PROGRAM TO PURCHASE 25 COMPUTER WORK STATIONS, 2
PATH OF LIFE ENTERPRISES, DBA ANGEL WINGS BAKERY	46-3275283	501(C)(3)	10,000.	0.			FUNDING WILL BE USED TO PURCHASE A VAN TO TRANSPORT APPRENTICES TO AND FROM WORK, AS WELL AS
MARTHA'S VILLAGE AND KITCHEN, INC.	33-0777892	501(C)(3)	13,011.	0.			FUNDING WILL BE USED FOR MARTHA'S FAMILY SHELTER PROGRAM FOR BEDDING, HYGIENE SUPPLIES AND
CAMP LAUREL FOUNDATION, INC. (DBA THE LAUREL FOUNDATION)	95-4429260	501(C)(3)	10,000.	0.			FUNDING WILL BE USED FOR CAMP LAUREL'S SUMMER CAMP SPECIALIZING IN PROVIDING HIV MENTAL HEALTHCARE AND
CAROUSEL RANCH, INC.	95-4646461	501(C)(3)	8,300.	0.			FUNDING WILL BE USED FOR AN 8-WEEK WORK READINESS CERTIFICATION AND JOB TRAINING PROGRAM AND

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **45.**
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THERAPEUTIC LIVING CENTERS FOR THE BLIND (TLC)	51-0143029	501(C)(3)	7,500.	0.			FUNDING WILL BE USED FOR NEW BRAILLE EQUIPMENT, BOOKS, SOFTWARE, AND OTHER SPECIALIZED TOOLS
H.E.A.R.T.S. CONNECTION	77-0490433	501(C)(3)	6,700.	0.			FUNDING WILL BE USED FOR THREE COMMUNITY ACTIVITIES EACH YEAR FOR FAMILIES WHO HAVE
BOYS & GIRLS CLUB OF GREATER REDLANDS-RIVERSIDE	95-6187083	501(C)(3)	7,500.	0.			FUNDING WILL BE USED FOR A HOLISTIC PROGRAM THAT PROMOTES HEALTH AND WELLNESS FOR YOUTH AND
CONEJO FREE CLINIC	95-3177953	501(C)(3)	10,000.	0.			FUNDING WILL BE USED TO PROVIDE FREE MEDICAL CARE FOR APPROXIMATELY 1,000 LOW-INCOME AND UNINSURED
MARYVALE	95-3889412	501(C)(3)	10,000.	0.			FUNDING WILL BE USED FOR FAMILY ROOMS RENOVATION PROJECT THAT WILL BENEFIT 120 TRAUMATIZED FOSTER
MILLER CHILDREN'S & WOMEN'S HOSPITAL LONG BEACH	94-6105984	501(C)(3)	10,000.	0.			FUNDING WILL BE USED TO ADOPT A BAR CODING SCANNING TECHNOLOGY SYSTEM TO MANAGE BREAST
MARIAN REGIONAL MEDICAL CENTER FOUNDATION	95-3818027	501(C)(3)	20,000.	0.			ESTABLISH A PEDIATRIC INTENSIVE CARE UNIT (PICU).
CHOC CHILDREN'S FOUNDATION	95-6097416	501(C)(3)	13,654.	0.			TO HELP IN BUYING TOOLS (IPADS, BROADCAST UNITS, WIRELESS DEVICES, APPLE TV UNITS, DEXOM
MARDAN SCHOOL	95-2547940	501(C)(3)	13,600.	0.			FUNDING REQUESTED FOR A PHOTOGRAPHY STUDIO/LAB WHICH WILL ENABLE THE SCHOOL TO OFFER

Schedule I (Form 990)

RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAUREL HOUSE, INC.	33-0098433	501(C)(3)	10,000.	0.			PURCHASE A USED 10-PASSENGER VAN TO TRANSPORT A MINIMUM OF 12 RUNAWAY AND HOMELESS TEEN
HEALTHY SMILES FOR KIDS OF ORANGE COUNTY	38-3675065	501(C)(3)	10,000.	0.			SUPPORT WOULD PROVIDE "HEALTHY MOUTH TOOLKITS" WHICH INCLUDES TOOTHBRUSH, FLOSS, AND
CHILDREN TODAY	95-4635295	501(C)(3)	10,000.	0.			TO ACQUIRE VITAL SITE FURNISHINGS TO THE COURTYARD AND PICNIC AREA, FOR THE NEW ECO
TOBERMAN NEIGHBORHOOD CENTER	95-1643387	501(C)(3)	13,000.	0.			CLASSROOM EQUIPMENT (TABLES AND CHAIRS) FOR OUR TWO AFTER, AFTER SCHOOL PROGRAMS WHICH
HILLSIDES	95-1644002	501(C)(3)	10,000.	0.			YOUTH MOVING ON (YMO) IS IN NEED OF A VAN TO CONNECT CURRENT AND FORMER FOSTER YOUTH TO
BAKERSFIELD MEMORIAL HOSPITAL FOUNDATION	95-3555043	501(C)(3)	20,000.	0.			BMHF WOULD LIKE TO PURCHASE TWO GIRAFFE OMNIBED ISOLETTES FOR THE NICU, AN ADVANCED
PASADENA ARTS COUNCIL (SAPPA)	95-2540759	501(C)(3)	9,000.	0.			FUNDING WOULD ALLOW US TO PURCHASE STRING INSTRUMENTS FOR 80 CHILDREN AND YOUTH 7 TO
AUTRY NATIONAL CENTER OF THE AMERICAN WEST	95-3947744	501(C)(3)	10,000.	0.			TO ENABLE BUS TRANSPORTATION FOR K-12 TITLE I SCHOOLS TO AND FROM THE AUTRY MUSEUM TO
RIVERSIDE COMMUNITY COLLEGE DISTRICT (RCCD) FOUNDATION	95-2993847	501(C)(3)	15,900.	0.			NOW IN ITS' FIFTH YEAR, STARTING BLOCKS NEEDS SUPPORT IN CONTINUED EDUCATION & SWIMMING

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRENSHAW FAMILY YMCA	95-1644052	501(C)(3)	9,200.	0.			NEED FOR RENOVATION OF THE DANCE ROOMS TO INCLUDE HARDWOOD FLOORS, BALLET BARRES, A SOUND
HOLMAN COMMUNITY DEVELOPMENT CORP	36-4504046	501(C)(3)	11,300.	0.			EQUIPMENT IS NEEDED TO IMPROVE AND ENHANCE THE QUALITY OF WORKSHOPS OFFERED IN THE JOBS
CHILD ABUSE PREVENTION CENTER	33-0013237	501(C)(3)	10,000.	0.			TO PURCHASE ESSENTIAL CHILD CARE AND HOME SAFETY ITEMS FOR CHILDREN IN THESE PROGRAMS, AS
SINGLE MOTHERS OUTREACH, INC.	95-4646004	501(C)(3)	7,250.	0.			SMO IS STARTING A NEW PROJECT THAT WILL DIRECTLY AIDE CHILDREN BY GIVING IMPOVISHED
TALK ABOUT CURING AUTISM (TACA)	27-0048002	501(C)(3)	10,200.	0.			DROWNING IS THE MAJOR CONTRIBUTOR TO DEATHS IN CHILDREN WITH AUTISM. TACA AIMS TO TO REDUCE
VALLEY PRESBYTERIAN HOSPITAL	95-1945832	501(C)(3)	9,576.	0.			HELP IN PURCHASING 7 NEW STRYKER SYMMETRY II SLEEPER CHAIRS FOR PARENTS WHO STAY IN THE
HARMONY PROJECT	95-4856236	501(C)(3)	10,000.	0.			HARMONY PROJECT RESPECTFULLY REQUESTS FUNDS TO SUPPORT THE PURCHASE OF NE
COLLEGE BOUND - DOLLARS FOR ACHIEVERS	95-4604550	501(C)(3)	10,000.	0.			FUNDING WILL BE USED FOR THE ORGANIZATION'S SAT PREP PROGRAM FOR THE 2015-16 SCHOOL YEAR FOR
CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES	77-0195022	501(C)(3)	35,000.	0.			FUNDING WILL BE USED TO EITHER CONSTRUCT AND OUTFIT 2 PCIT SUITES OR 4 PCIT SUITES DEPENDING ON

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ETM-LA INC., (DBA): EDUCATION THROUGH MUSIC-LOS ANGELES)	87-0776958	501(C)(3)	10,000.	0.			FUNDING WILL BE USED TO SUPPORT MUSIC EDUCATION PROGRAMS INCLUDING CURRICULUM DEVELOPMENT
SPECIAL OLYMPICS SOUTHERN CALIFORNIA	95-4538450	501(C)(3)	10,000.	0.			FUNDING WILL BE USED TO SUPPORT SPORTS TRAINING AND COMPETITION TO 9,500 STUDENTS WITH
BOYS & GIRLS CLUB OF SIMI VALLEY	95-2811018	501(C)(3)	10,000.	0.			FUNDING WILL BE USED FOR A NEW BUS TO TRANSPORT CHILDREN TO THE CLUB.
CATHOLIC CHARITIES SAN BERNARDINO & RIVERSIDE COUNTIES	95-3516461	501(C)(3)	12,850.	0.			FUNDING WILL BE USED TO SUPPORT THE EDUCATION COMPLETION AND EFFECTIVE COMMUNICATIONS YOUTH
ZIMMER CHILDREN'S MUSEUM	20-1470992	501(C)(3)	10,000.	0.			FUNDING WILL BE USED TO HELP COVER THE COST OF PROVIDING TRANSPORTATION TO APPROXIMATELY 1,000
WE CAN, PEDIATRIC BRAIN TUMOR NETWORK	95-4302067	501(C)(3)	20,000.	0.			WORKING IN COLLABORATION WITH CAMP RONALD MCDONALD FOR GOOD TIMES IN APPLE CANYON CENTER, CA. WE CAN
MENDING KIDS	95-4394305	501(C)(3)	10,000.	0.			TO PERFORM 20 LIFE-CHANGING SURGERIES, FOR DISADVANTAGED CHILDREN, WITH THE HELP
ASSISTANCE LEAGUE OF LONG BEACH	95-1660324	501(C)(3)	18,000.	0.			TO PROVIDE FREE, NEW SCHOOL UNIFORMS AND SUPPLIES AND BACKPACKS TO LBUSC STUDENTS IN GRADES
NORTHRIDGE HOSPITAL FOUNDATION	23-7444901	501(C)(3)	10,000.	0.			TO OBTAIN ONE GIRAFFE OMNIBED FOR OUR NICU PREMIES AND INFANTS WITH SERIOUS ILLNESSES IN THE

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH CENTER	95-3874381	501(C)(3)	10,000.	0.			TO PROVIDE BEDS, SHEETS, PILLOWS AND BEDFRAMES FOR HOMELESS CHILDREN UNDER THE AGE OF 8 WHO ARE
GIRL SCOUT GREATER LOS ANGELES	95-1644033	501(C)(3)	10,000.	0.			TO FUND AN AFTERSCHOOL ENRICHMENT PROGRAM THAT IS DESIGNED TO REACH 5,000 GIRLS, AGES 5-13,
CHLA		501(C)(3)	50,000.	0.			GRANT TO FIGHT CHILDHOOD LEUKEMIA

RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FUTURE ACHIEVERS SCHOLARSHIPS	25	50,000.	0.		
HACER SCHOLARSHIPS	142	190,000.	0.		
HACER - BAKERSFIELD	16	16,000.	0.		
HACER - SAN DIEGO	1	30,000.	0.		
SCHOLARS OF TOMMOROW	21	41,334.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR BLIND OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED TO REPLACE THE ORGANIZATION'S 10-YEAR-OLD VAN: TRANSPORTATION OPERATES YEAR-ROUND FOR CHILDREN'S RESIDENTIAL PROGRAMS AS WELL AS A SCHOOL, AFTER SCHOOL PROGRAM, A SUMMER CAMP IN MALIBU AND A MULTI-WEEK SUMMER TEEN RESIDENTIAL PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF WESTMINSTER

RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASIA SCHOLARSHIPS	21.	51,000.	0.		

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED FOR COMPUTER LITERACY PROGRAM TO PURCHASE 25 COMPUTER WORK STATIONS, 2 PRINTERS, 1 PROJECTOR AND SOFTWARE LICENSES FOR AGE APPROPRIATE PROGRAMS INCLUDING STORIA EBOOKS FOR READING AND MATH PROGRAMS USED FOR STANDARDIZED, COMPUTER-ADAPTIVE ASSESSMENTS IN K-12 EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT:

PATH OF LIFE ENTERPRISES, DBA ANGEL WINGS BAKERY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED TO PURCHASE A VAN TO TRANSPORT APPRENTICES TO AND FROM WORK, AS WELL AS TO AND FROM THE GROUP SOFT-SKILL TRAINING SITES.

NAME OF ORGANIZATION OR GOVERNMENT: MARTHA'S VILLAGE AND KITCHEN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED FOR MARTHA'S FAMILY SHELTER PROGRAM FOR BEDDING, HYGIENE SUPPLIES AND SNACKS.

NAME OF ORGANIZATION OR GOVERNMENT:

CAMP LAUREL FOUNDATION, INC. (DBA THE LAUREL FOUNDATION)

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED FOR CAMP LAUREL'S SUMMER CAMP SPECIALIZING IN PROVIDING HIV MENTAL HEALTHCARE AND EDUCATION WHILE ADDRESSING THE PRESSING SOCIAL CONCERNS ASSOCIATED WITH HIV/AIDS.

NAME OF ORGANIZATION OR GOVERNMENT: CAROUSEL RANCH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED FOR AN 8-WEEK WORK READINESS CERTIFICATION AND JOB TRAINING PROGRAM AND ON-THE-JOB EXPERIENCE OPERATING A SMALL HORSE TACK REUSE AND RECYCLING STORE. PARTIAL FOR RETAIL DISPLAY AND \$300 FOR UNIFORMS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

THERAPEUTIC LIVING CENTERS FOR THE BLIND (TLC)

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED FOR NEW BRAILLE EQUIPMENT, BOOKS, SOFTWARE, AND OTHER SPECIALIZED TOOLS NEEDED TO SUPPORT THE LITERACY DEVELOPMENT OF CHILDREN WHO ARE BLIND OR VISUALLY IMPAIRED.

NAME OF ORGANIZATION OR GOVERNMENT: H.E.A.R.T.S. CONNECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED FOR THREE COMMUNITY ACTIVITIES EACH YEAR FOR FAMILIES WHO HAVE CHILDREN WITH DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF GREATER REDLANDS-RIVERSIDE

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED FOR A HOLISTIC PROGRAM THAT PROMOTES HEALTH AND WELLNESS FOR YOUTH AND STAFF COVERS TOPICS LIKE GOOD NUTRITION, HANDLING STRESS AND EXERCISE.

NAME OF ORGANIZATION OR GOVERNMENT: CONEJO FREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED TO PROVIDE FREE MEDICAL CARE FOR APPROXIMATELY 1,000 LOW-INCOME AND UNINSURED CHILDREN THROUGH THE ORGANIZATION'S PEDIATRIC CLINICS PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: MARYVALE

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED FOR FAMILY ROOMS RENOVATION PROJECT THAT WILL BENEFIT 120 TRAUMATIZED FOSTER GIRLS EACH YEAR.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

MILLER CHILDREN'S & WOMEN'S HOSPITAL LONG BEACH

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED TO ADOPT A BAR CODING SCANNING TECHNOLOGY SYSTEM TO MANAGE BREAST MILK USAGE IN THE NEONATAL INTENSIVE CARE UNIT THAT WILL IMPROVE PATIENT SAFETY AND REDUCE THE NUMBER OF BREAST MILK ERRORS.

NAME OF ORGANIZATION OR GOVERNMENT: CHOC CHILDREN'S FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP IN BUYING TOOLS (IPADS, BROADCAST UNITS, WIRELESS DEVICES, APPLE TV UNITS, DEXOM MONITORING DEVICES AND INFUSION RECLINER) THAT WILL ENHANCE PATIENT AND FAMILY EDUCATION SO THAT CONDITIONS CAN BE MORE EFFECTIVELY MANAGED AND QUALITY OF LIFE CAN BE IMPROVED.

NAME OF ORGANIZATION OR GOVERNMENT: MARDAN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING REQUESTED FOR A PHOTOGRAPHY STUDIO/LAB WHICH WILL ENABLE THE SCHOOL TO OFFER PHOTOGRAPHY AS A SEPARATE ELECTIVE TO ENRICH THE HIGH SCHOOL EXPERIENCE FOR OUR STUDENTS WHO STRUGGLE WITH SOCIAL DEVELOPMENT DELAYS OR IMPULSIVE BEHAVIOR.

NAME OF ORGANIZATION OR GOVERNMENT: LAUREL HOUSE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE A USED 10-PASSENGER VAN TO TRANSPORT A MINIMUM OF 12 RUNAWAY AND HOMELESS TEEN GIRLS, LIVING IN THE LAUREL HOUSE HOME, FOR A MINIMUM OF 8 YEARS , TOTALING 96 AT-RISK TEEN GIRLS SERVED.

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTHY SMILES FOR KIDS OF ORANGE COUNTY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT WOULD PROVIDE "HEALTHY MOUTH TOOLKITS" WHICH INCLUDES TOOTHBRUSH, FLOSS, AND TOYS THAT PROMOTE ORAL HYGIENE IN OUR ORAL HEALTH PREVENTION AND EDUCATION PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN TODAY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ACQUIRE VITAL SITE FURNISHINGS TO THE COURTYARD AND PICNIC AREA, FOR THE NEW ECO HOUSE CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: TOBERMAN NEIGHBORHOOD CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CLASSROOM EQUIPMENT (TABLES AND CHAIRS) FOR OUR TWO AFTER, AFTER SCHOOL PROGRAMS WHICH SERVES TO BREAK THIS COMMUNITY'S CYCLE OF LOW EDUCATIONAL ATTAINMENT AND POVERTY FOR HIGH RISK STUDENTS, AND FOCUS ON BUILDING THOSE PROTECTIVE DEVELOPMENTAL ASSETS THEY NEED TO THRIVE.

NAME OF ORGANIZATION OR GOVERNMENT: HILLSIDES

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH MOVING ON (YMO) IS IN NEED OF A VAN TO CONNECT CURRENT AND FORMER FOSTER YOUTH TO THE PROGRAMS COMPREHENSIVE SUPPORTIVE SERVICES. THE VAN WILL ENABLE YMO TO REACH YOUTHS WHEREVER THEY ARE - AT SCHOOLS, SHELTERS AND THE STREETS.

NAME OF ORGANIZATION OR GOVERNMENT:

BAKERSFIELD MEMORIAL HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BMHF WOULD LIKE TO PURCHASE TWO GIRAFFE OMNIBED ISOLETES FOR THE NICU, AN ADVANCED DEVELOPMENTALLY-SUPPORTIVE MICROENVIRONMENT DESIGNED TO PROMOTE THE GROWTH AND STABILITY OF FRAGILE NEWBORNS, WHICH WILL HELP ASSIST IN THE CARE OF A GROWING NUMBER OF CRITICALLY ILL BABIES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PASADENA ARTS COUNCIL (SAPPA)

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WOULD ALLOW US TO PURCHASE STRING INSTRUMENTS FOR 80 CHILDREN AND YOUTH 7 TO 18 TO LEARN TO PLAY MUSIC BY PARTICIPATING IN YEAR-ROUND AFTER SCHOOL GROUP INSTRUCTION AT THREE SITES IN THE WATTS COMMUNITY .

NAME OF ORGANIZATION OR GOVERNMENT:

AUTRY NATIONAL CENTER OF THE AMERICAN WEST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENABLE BUS TRANSPORTATION FOR K-12 TITLE I SCHOOLS TO AND FROM THE AUTRY MUSEUM TO PARTICIPATE IN ITS' SCHOOL TOURS PROGRAM. TEACHERS WOULD RECEIVE FREE CURRICULUM MATERIAL ENABLING THEM TO CREATE AND REINFORCE CLASSROOM LEARNING AND EACH STUDENT RECEIVE FREE FAMILY ACCESS AND FREE MEMBERSHIP THE THE MUSUEM FOR ONE YEAR.

NAME OF ORGANIZATION OR GOVERNMENT:

RIVERSIDE COMMUNITY COLLEGE DISTRICT (RCCD) FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: NOW IN ITS' FIFTH YEAR, STARTING BLOCKS NEEDS SUPPORT IN CONTINUED EDUCATION & SWIMMING LESSONS, THE PURCHASE OF TOWELS, BATHING SUITS AND BUSSING FROM THE SCHOOL SITES FOR 500 STUDENTS FROM THREE LOW-INCOME SCHOOL SITES AS WELL AS HELP IN PRINTING COSTS.

NAME OF ORGANIZATION OR GOVERNMENT: CRENSHAW FAMILY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: NEED FOR RENOVATION OF THE DANCE ROOMS TO INCLUDE HARDWOOD FLOORS, BALLET BARRES, A SOUND SYSTEM AND OTHER CLASSROOM EQUIPMENT. CURRENTLY, THE DANCE ROOM IS VERY RESTRICTIVE DUE TO

Part IV Supplemental Information

POOR FLOORING (CARPET). PARTIAL FOR FLOORING

NAME OF ORGANIZATION OR GOVERNMENT: HOLMAN COMMUNITY DEVELOPMENT CORP

(H) PURPOSE OF GRANT OR ASSISTANCE: EQUIPMENT IS NEEDED TO IMPROVE AND ENHANCE THE QUALITY OF WORKSHOPS OFFERED IN THE JOBS READINESS TRAINING INSTITUTE AND TO INCREASE THE NUMBERS SERVED.

NAME OF ORGANIZATION OR GOVERNMENT: CHILD ABUSE PREVENTION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE ESSENTIAL CHILD CARE AND HOME SAFETY ITEMS FOR CHILDREN IN THESE PROGRAMS, AS WELL AS BUS PASSES TO ATTEND CRITICAL MEDIAL OR HEALTH-RELATED APPOINTMENTS. GIVE THEM FULL THIS YEAR AND SUGGEST THEY PASS NEXT YEAR

NAME OF ORGANIZATION OR GOVERNMENT: SINGLE MOTHERS OUTREACH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SMO IS STARTING A NEW PROJECT THAT WILL DIRECTLY AIDE CHILDREN BY GIVING IMPOVISHED CHILDREN NEW BACKPACKS FILLED WITH BACK-TO-SCHOOL SUPPLIES AND CALCULATORS FOR SCHOOL WORK. ALSO ART SUPPLIES ARE NEED ED FOR THEIR THERAPY GROUPS.

NAME OF ORGANIZATION OR GOVERNMENT: TALK ABOUT CURING AUTISM (TACA)

(H) PURPOSE OF GRANT OR ASSISTANCE: DROWNING IS THE MAJOR CONTRIBUTOR TO DEATHS IN CHILDREN WITH AUTISM. TACA AIMS TO TO REDUCE INCIDENTS AND TO INCREASE AWARENESS OF WATER SAFETY AMONG IN LOW INCOME FAMILIES WITH AUTISTIC CHILDREN WHO WOULD OTHERWISE BE UNABLE TO AFFORD SWIM LESSONS.

NAME OF ORGANIZATION OR GOVERNMENT: VALLEY PRESBYTERIAN HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: HELP IN PURCHASING 7 NEW STRYKER SYMMETRY II SLEEPER CHAIRS FOR PARENTS WHO STAY IN THE HOSPITAL WITH

Part IV Supplemental Information

THEIR SICK CHILDREN. BY CREATING A MORE COMFORTABLE AND WELCOMING ENVIRONMENT FOR FAMILY MEMBERS, THESE FURNISHINGS WILL CONTRIBUTE TO THE WELL-BEING AND RECOVERY OF THE MORE THAN 1,600 PEDIATRIC AND PICU PATIENTS.

NAME OF ORGANIZATION OR GOVERNMENT: HARMONY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: HARMONY PROJECT RESPECTFULLY REQUESTS FUNDS TO SUPPORT THE PURCHASE OF NE INSTRUMENTS TO BE USED BY 2,000 UNDERSERVED YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: COLLEGE BOUND - DOLLARS FOR ACHIEVERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED FOR THE ORGANIZATION'S SAT PREP PROGRAM FOR THE 2015-16 SCHOOL YEAR FOR UNDERSERVED HIGH SCHOOL STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED TO EITHER CONSTRUCT AND OUTFIT 2 PCIT SUITES OR 4 PCIT SUITES DEPENDING ON SIZE OF GRANT. PCIT IS AN INTENSIVE TREATMENT PROGRAM THAT UTILIZES TECHNOLOGY TO IMPROVE THE QUALITY OF PARENT-CHILD RELATIONSHIPS AND PROVIDES PARENTS WITH SKILLS TO MANAGE THE CHALLENGING BEHAVIORS OF YOUNG CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT:

ETM-LA INC., (DBA): EDUCATION THROUGH MUSIC-LOS ANGELES)

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED TO SUPPORT MUSIC EDUCATION PROGRAMS INCLUDING CURRICULUM DEVELOPMENT FOR NEW PARTNER SCHOOLS, BAND INSTRUMENTS, MUSIC CLASSROOM SUPPLIES AND BUSES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SPECIAL OLYMPICS SOUTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED TO SUPPORT SPORTS TRAINING AND COMPETITION TO 9,500 STUDENTS WITH INTELLECTUAL DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES SAN BERNARDINO & RIVERSIDE COUNTIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED TO SUPPORT THE EDUCATION COMPLETION AND EFFECTIVE COMMUNICATIONS YOUTH PROGRAM WITH A FOCUS ON THE NEED FOR BETTER ORAL AND WRITTEN COMMUNICATION SKILLS AND PROVIDING SPONSORSHIP TO STUDENTS COURSEWORK AND TESTING TO OBTAIN A GED CERTIFICATE.

NAME OF ORGANIZATION OR GOVERNMENT: ZIMMER CHILDREN'S MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED TO HELP COVER THE COST OF PROVIDING TRANSPORTATION TO APPROXIMATELY 1,000 YOUTH SERVICES PARTICIPANTS.

NAME OF ORGANIZATION OR GOVERNMENT: WE CAN, PEDIATRIC BRAIN TUMOR NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: WORKING IN COLLABORATION WITH CAMP RONALD MCDONALD FOR GOOD TIMES IN APPLE CANYON CENTER, CA. WE CAN WILL PROVIDE THREE BRAIN TUMOR FAMILY CAMPS TO BE HELD OVER THE COURSE OF THREE SEPARATE WEEKENDS IN 2016

NAME OF ORGANIZATION OR GOVERNMENT: MENDING KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PERFORM 20 LIFE-CHANGING SURGERIES, FOR DISADVANTAGED CHILDREN, WITH THE HELP OF 40-50 VOLUNTEER SURGEONS AND NURSES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ASSISTANCE LEAGUE OF LONG BEACH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FREE, NEW SCHOOL UNIFORMS AND SUPPLIES AND BACKPACKS TO LBUSC STUDENTS IN GRADES K-12 WHOSE FAMILIES CANNOT AFFORD MANDATORY UNIFORMS. FULLY OUTFIT AS MANY CHILDREN AS POSSIBLE

NAME OF ORGANIZATION OR GOVERNMENT: NORTHRIDGE HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO OBTAIN ONE GIRAFFE OMNIBED FOR OUR NICU PREEMIES AND INFANTS WITH SERIOUS ILLNESSES IN THE SAFEST ENVIRONMENT FOR THEIR SURVIVAL.

NAME OF ORGANIZATION OR GOVERNMENT: ST JOSEPH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE BEDS, SHEETS, PILLOWS AND BEDFRAMES FOR HOMELESS CHILDREN UNDER THE AGE OF 8 WHO ARE MOVING INTO NEW APARTMENTS WITH THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: GIRL SCOUT GREATER LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND AN AFTERSCHOOL ENRICHMENT PROGRAM THAT IS DESIGNED TO REACH 5,000 GIRLS, AGES 5-13, RESIDING IN LOW-INCOME, UNDERSERVED, AND PREDOMINANTLY LATINO COMMUNITIES THROUGH THE GREATER LOS ANGELES AREA WITH THE PURCHASE OF BOOKS, CONSTRUCTION PAPER, MARKERS, DRINKS AND SNACKS

PART I, LINE 2

TO BE ELIGIBLE FOR AN AWARD, GRANTEES MUST SUBMIT AN APPLICATION THAT MEETS EXPLICIT CRITERIA AND MUST ARTICULATE EXACTLY HOW THE FUNDS WILL BE USED. AT THE END OF THE GRANT PERIOD, ALL GRANTEES ARE EXPECTED TO

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA**

Employer identification number
95-3167869

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA

95-3167869

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VINCENT M. BRYSON CHIEF EXECUTIVE OFFICER	(i)	218,793.	0.	0.	9,520.	7,375.	235,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA** Employer identification number **95-3167869**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		152,398.	THRIFT SHOP VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2015)

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

SCHEDULE M, LINE 32B:

RHMCSC CONTRACTS WITH AN OUTSIDE FIRM TO ACCEPT AUTOMOBILE DONATIONS ON BEHALF OF THE CHARITY. THE NET PROCEEDS FROM THE SALES OF CONTRIBUTED VEHICLES ARE USED TO SUPPORT THE ORGANIZATION'S CHARITABLE ACTIVITIES, PROGRAMS AND SERVICES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA

Employer identification number
95-3167869

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

AND SUPPORT TO CHILDREN AND FAMILIES IN SOUTHERN CALIFORNIA. OUR
VISION IS A COMMUNITY WHERE CHILDREN AND THEIR FAMILIES EMBRACE LIFE
AND HEALING WITH A SENSE OF HOPE, ENTHUSIASM, COURAGE AND JOY.

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

STAYING AT THE HOUSE, INCLUDING: COMFORTABLE ROOMS THAT CAN ACCOMMODATE
UP TO FOUR MEMBERS OF CHILD'S FAMILY; COMMUNAL KITCHENS WHERE FAMILIES
CAN PREPARE "HOME-COOKED" MEALS DURING THEIR STAY; ACTIVITIES AND MEALS
PLANNED BY VOLUNTEER GROUPS; FREE LAUNDRY FACILITIES; COMPUTER AND
ENTERTAINMENT AREAS; AND A SPRAWLING BACKYARD WITH DINING AND PLAY
AREAS. A HIGHLY TRAINED TEAM OF GUEST SERVICES ASSOCIATES CONFER DAILY
WITH HOSPITAL STAFF AND SOCIAL WORKERS, GREET FAMILIES AS THEY
CHECK-IN, AND TEND TO FAMILIES' DAILY NEEDS TO HELP MINIMIZE
DISTRACTIONS FROM THEIR CHILD'S CARE.

A TEAM OF FAMILY SUPPORT SPECIALISTS WORKS ON-SITE AT OUR LOS ANGELES
AND PASADENA HOUSES TO OFFER EMOTIONAL SUPPORT FOR FAMILIES THROUGH
PARENT SUPPORT GROUPS AND WORKSHOPS. IN ORANGE COUNTY, OUR TWO FAMILY
ROOMS PROVIDE 24-HOUR ACCESS TO COMFORT STATIONS WITHIN THE HOSPITAL
SETTING - INCLUDING LIVING ROOMS WITH COMPUTERS AND TELEVISIONS, QUIET
ROOMS, AND PLAY AREAS - WHERE PARENTS AND SIBLINGS CAN REST AND CONNECT
WITH OTHER FAMILIES.

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

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA	Employer identification number	95-3167869
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ACTIVITIES LIKE HIKING, HORSEBACK RIDING, ARCHERY, AND SWIMMING HELP BUILD MOTIVATION AND RESILIENCY IN CHILDREN FACING DIFFICULT, LONG-TERM MEDICAL TREATMENTS, AND CREATE POSITIVE CHILDHOOD MEMORIES FOR SIBLINGS WHO TYPICALLY ARE DENIED SUCH EXPERIENCES DUE TO THEIR FAMILY'S FOCUS ON A BROTHER OR SISTER'S LONG-TERM MEDICAL CARE. EACH PARTICIPANT MAY ATTEND BOTH A SUMMER WEEK AND WINTER WEEKEND SESSION, ALONG WITH THEIR AGE-APPROPRIATE SIBLINGS, FREE OF CHARGE.

ALL OF OUR PROGRAMS ARE OFFERED AT OUR 60 ACRE FACILITY IN MOUNTAIN CENTER, CALIFORNIA. THE CAMP FACILITY IS COMPRISED OF 14 CABINS (200 BEDS), A POOL, ACTIVITY AREAS, HIKING TRAILS, A RADIO STATION, A DINING HALL, AS WELL AS A "MED SHED," WHERE ALL OF OUR CAMPERS' MEDICAL NEEDS CAN BE ADDRESSED WHILE THEY ARE ON-SITE. IN 2015 WE SERVED 1,653 CAMPERS (583 PATIENTS, 741 SIBLINGS, AND 329 PARENTS) YOUTH DURING OUR FIVE SUMMER CAMP SESSIONS, ONE WINTER CAMP SESSION, AND EIGHT FAMILY CAMPS. TWENTY-SEVEN VOLUNTEER MEDICAL STAFF PROVIDED 786 VOLUNTEER HOURS; IN TOTAL, VOLUNTEERS FILLED 660 ROLES THROUGHOUT THE YEAR, DONATING NEARLY 45,000 HOURS OF SERVICE.

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

SCHOLARSHIPS TO SOUTHLAND STUDENTS. RONALD MCDONALD HOUSE CHARITIES/AFRICAN-AMERICAN FUTURE ACHIEVERS, RMHC/HISPANIC AMERICAN COMMITMENT TO EDUCATIONAL RESOURCES (RMHC/HACER), RMHC/ASIAN PACIFIC AMERICAN STUDENTS INCREASING ACHIEVEMENT (RMHC/ASIA) AND RMHC SCHOLARS SCHOLARSHIP PROGRAMS AWARD EXCEPTIONAL SENIORS WHO RESIDE AND ATTEND SCHOOL IN BAKERSFIELD, LOS ANGELES, ORANGE, RIVERSIDE, SAN BERNARDINO, AND VENTURA COUNTIES. THE SCHOLARSHIP PROGRAMS HONOR STUDENTS FOR THEIR ACADEMIC ACHIEVEMENTS, LEADERSHIP SKILLS, AND COMMUNITY INVOLVEMENT.

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA	Employer identification number	95-3167869
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FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONSISTS OF THE CHAIR, SECRETARY, TREASURER, THE VICE CHAIR, THE IMMEDIATE PAST CHAIR OF THE CORPORATION, AND ANY OTHER DIRECTOR(S) SELECTED BY THE CHAIR RATIFIED BY THE BOARD OF DIRECTORS TO SERVE ON THE EXECUTIVE COMMITTEE. THE CHAIR OF THE CORPORATION SHALL BE THE CHAIRPERSON OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL BE EMPOWERED TO ACT ON BEHALF OF THE BOARD OF DIRECTORS WHEN CIRCUMSTANCES REQUIRE ACTION BETWEEN REGULAR MEETINGS OF THE BOARD OF DIRECTORS AND MAY TAKE SUCH OTHER ACTIONS ON BEHALF OF THE BOARD OF DIRECTORS, AS ARE EXPRESSLY DELEGATED TO THE EXECUTIVE COMMITTEE BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 2:

WE HAVE SEVERAL BOARD MEMBERS WHO ARE MEMBERS OF AN ADVERTISING COOPERATIVE AS LOCAL MCDONALD'S OPERATORS.

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

RMHCSC ENGAGED TEMO ARJANI LLP FOR THE PREPARATION AND FILING OF THE FORM 990. THE FORM 990 IS THOROUGHLY REVIEWED BY THE RMHCSC FINANCE STAFF, AND SENT TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE IS EMPOWERED WITH THE RESPONSIBILITY OF THOROUGHLY REVIEWING AND APPROVING THE FORM 990. THE BOARD OF DIRECTORS WAS PROVIDED WITH A FULL COPY OF THE FORM 990 PRIOR TO FILING.

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

RMHCSC CONSIDERS POTENTIAL CONFLICT OF INTERESTS WHEN BOARD DECISIONS ARE MADE AND ANYONE WHO MAY HAVE PERCEIVED CONFLICT IS ASKED TO REMOVE

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA	Employer identification number 95-3167869
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THEMSELVES FROM THE DISCUSSION AND ABSTAIN FROM VOTING ON THE MATTER.

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

AS AN ORGANIZATION, RMHCSC PARTICIPATES IN LOCAL NON-PROFIT SALARY STUDIES ANNUALLY. THEN, RMHCSC USES THIS DATA TO DETERMINE THE SALARY RANGES AND MERIT INCREASES FOR ALL OF ITS EMPLOYEES, INCLUDING THE CEO, EXECUTIVE DIRECTORS AND OTHER OFFICERS, ANNUALLY.

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

RMHCSC'S ANNUAL AUDITED FINANCIAL STATEMENTS ARE MADE PUBLIC THROUGH THE PUBLICATION AND DISTRIBUTION OF ITS ANNUAL REPORT, WHICH IS AVAILABLE IN PRINT AND ON ITS WEBSITE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA** Employer identification number **95-3167869**

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
RMHCSC HOLDINGS, LLC - 27-3653127 4560 FOUNTAIN AVE LOS ANGELES, CA 90029	RENTAL ACTIVITY	CALIFORNIA	62,500.	696,088.	RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
RMHC GLOBAL - 36-2934689 ONE KROC DRIVE OAK BROOK, IL 60523	SERVE KIDS	ILLINOIS	501(C)(3)	LINE 7	N/A		X

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

Schedule R (Form 990) 2015

**RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LOS ANGELES RONALD MCDONALD HOUSE ESBT	RENTAL ACTIVITY	CA	RONALD MCDONALD HOUSE CHARITIES OF	TRUST		1,200,000.	100%	X	

**RONALD MCDONALD HOUSE CHARITIES OF
SOUTHERN CALIFORNIA**

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RMHC GLOBAL	B	205,482.	
(2) RMHC GLOBAL	C	510,212.	
(3) LOS ANGELES RONALD MCDONALD HOUSE ESBT	B	118,102.	
(4) LOS ANGELES RONALD MCDONALD HOUSE ESBT	C	37,100.	
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

LOS ANGELES RONALD MCDONALD HOUSE ESBT

DIRECT CONTROLLING ENTITY: RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN
CALIFORNIA