Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

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

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 2323 POTOSI STREET

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: LAS VEGAS NV 89146

D Employer identification number: 94-3108570

E Telephone number: 702-252-4663

G Gross receipts $: 6,041,388

F Name and address of principal officer:
ALYSON MCCARTHY
2323 POTOSI STREET
LAS VEGAS NV 89146

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

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

J Website: WWW.RMHLV.COM

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1989

M State of legal domicile: NV

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2024 (Part V, line 2a)	5	33
6 Total number of volunteers (estimate if necessary)	6	4621
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	3,168,554	2,491,594
9 Program service revenue (Part VIII, line 2g)	14,372	110
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	145,416	342,178
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,279	46,731
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,372,621	2,880,613
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	86,355	20,096
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,226,493	1,400,588
16a Professional fundraising fees (Part IX, column (A), line 11e)	78,751	67,400
b Total fundraising expenses (Part IX, column (D), line 25) 358,716		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,014,981	1,191,717
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,406,580	2,679,801
19 Revenue less expenses. Subtract line 18 from line 12	966,041	200,812

	Beginning of Current Year	End of Year
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)	13,846,708	13,141,238
21 Total liabilities (Part X, line 26)	1,521,439	781,807
22 Net assets or fund balances. Subtract line 21 from line 20	12,325,269	12,359,431

Part II Signature Block

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

Sign Here

Signature of officer — Date: 6-1-25

ALYSON MCCARTHY CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JESSICA P SAYLES	JESSICA P SAYLES	05/15/25		P01530213

Firm's name: HOULDSWORTH, RUSSO & COMPANY, P.C — Firm's EIN: 88-0374623

Firm's address: 6001 S DECATUR BLVD STE P, LAS VEGAS, NV 89118-3074 — Phone no. 702-269-9992

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses $ **1,597,894** including grants of $) (Revenue $ **110**)

SEE SCHEDULE O

4b (Code:) (Expenses $ **60,765** including grants of $ **20,096**) (Revenue $)

RONALD MCDONALD HOUSE CHARITIES© SCHOLARSHIPS

IN THE FINAL YEAR OF OUR RMHC COLLEGE SCHOLARSHIP PROGRAM, RMHC AWARDED 19 CONTINUING COLLEGE STUDENTS (ALUMNI) FROM CLARK AND NYE COUNTIES WITH $1,000 SCHOLARSHIPS, FOR A TOTAL OF $19,000 IN SCHOLARSHIP AWARDS. THESE SCHOLARSHIPS WERE FUNDED BY PROCEEDS GENERATED THROUGH THE SALE OF HAPPY MEALS AT OUR LOCAL MCDONALD'S RESTAURANTS.

4c (Code:) (Expenses $ **221,550** including grants of $) (Revenue $)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses $ **216,979** including grants of $) (Revenue $)

4e Total program service expenses **2,097,188**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	**33**		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	**18**		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	**1b**	**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, 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 on 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**		
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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	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 on Schedule O how this was done*	**12c**	X	
13	Did the organization have a written whistleblower policy?	**13**	X	
14	Did the organization have a written document retention and destruction policy?	**14**	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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 ..... **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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.

ALYSON MCCARTHY **2323 POTOSI STREET**

LAS VEGAS **NV 89146** **702-252-4663**

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) **ALYSON MCCARTHY**	40.00									
CEO	0.00			X				120,765	0	24,143
(2) **TIM GAUBATZ**	40.00									
CFO	0.00			X				57,426	0	12,106
(3) **KELLIE VANDER VEUR**	2.00									
CHAIR	0.00	X		X				0	0	0
(4) **DEBORAH MITCHELL**	2.00									
PAST CHAIR	0.00	X		X				0	0	0
(5) **ANGELICA SILVEYRA**	2.00									
SECRETARY	0.00	X		X				0	0	0
(6) **KRISTI WALTON**	2.00									
TREASURER	0.00	X		X				0	0	0
(7) **VIOLETA ALCANTARA**	2.00									
TRUSTEE	0.00	X						0	0	0
(8) **LEE BARRETT**	2.00									
TRUSTEE	0.00	X						0	0	0
(9) **ADRIAN BERNAL**	2.00									
TRUSTEE	0.00	X						0	0	0
(10) **LAURIE BIDDLE**	2.00									
TRUSTEE	0.00	X						0	0	0
(11) **NATASHA CRUZ**	2.00									
TRUSTEE	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ROGER JONES	2.00									
TRUSTEE	0.00	X						0	0	0
(13) EVA MARTIN	2.00									
TRUSTEE	0.00	X						0	0	0
(14) MIKE MCNAMARA	2.00									
TRUSTEE	0.00	X						0	0	0
(15) CHRISTOPHER MILITANO	2.00									
TRUSTEE	0.00	X						0	0	0
(16) PATRICIA NAVARRO-ISSEL	2.00									
TRUSTEE	0.00	X						0	0	0
(17) JULIE SAMUELSON	2.00									
TRUSTEE	0.00	X						0	0	0
(18) MICHELLE THOMPSON	2.00									
TRUSTEE	0.00	X						0	0	0
(19) ANNEMARIE WITECKI	2.00									
TRUSTEE	0.00	X						0	0	0
1b Subtotal								178,191		36,249
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								178,191		36,249

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 **1**

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

Section B. Independent Contractors

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

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

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**

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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	430,328				
	d Related organizations	1d	86,550				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,974,716				
	g Noncash contributions included in lines 1a-1f	1g	$ 324,853				
	h **Total.** Add lines 1a–1f			2,491,594			
Program Service Revenue			Business Code				
	2a **ROOM DONATIONS**		531110	110	110		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			110			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			93,623			93,623
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a	39,692				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c	39,692				
	d Net rental income or (loss)			39,692			39,692
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	2,725,982 / 560,000				
	b Less: cost or other basis and sales exps.	7b	2,459,224 / 578,203				
	c Gain or (loss)	7c	266,758 / -18,203				
	d Net gain or (loss)			248,555			248,555
	8a Gross income from fundraising events (not including $ 430,328 of contributions reported on line 1c). See Part IV, line 18	8a	123,348				
	b Less: direct expenses	8b	123,348				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a **OTHER INCOME**		531110	7,039			7,039
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			7,039			
	12 **Total revenue.** See instructions			2,880,613	110	0	388,909

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	20,096	20,096		
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	214,440	148,548	52,850	13,042
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	931,994	727,081	28,605	176,308
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,427	17,835	1,262	4,330
9 Other employee benefits	129,101	101,801	1,975	25,325
10 Payroll taxes	101,626	77,866	6,626	17,134
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	38,145		38,145	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	67,400			67,400
f Investment management fees	19,780		19,780	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	210,892	178,907	20,382	11,603
12 Advertising and promotion	12,955			12,955
13 Office expenses	64,976	32,334	25,526	7,116
14 Information technology				
15 Royalties				
16 Occupancy	227,161	209,556	15,123	2,482
17 Travel	6,614	5,602	282	730
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,452	7,517	540	1,395
20 Interest	85,786	65,730	5,593	14,463
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	320,086	310,420	5,985	3,681
23 Insurance	65,392	63,417	1,223	752
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a GUEST SERVICES SUPPLIES	130,478	130,478		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,679,801	2,097,188	223,897	358,716
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance 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	589,444	1	94,077
	2	Savings and temporary cash investments	329,123	2	287,932
	3	Pledges and grants receivable, net	668,732	3	419,648
	4	Accounts receivable, net	323	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	7,350	8	121,021
	9	Prepaid expenses and deferred charges	29,734	9	47,303
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 12,609,943			
	b	Less: accumulated depreciation — 10b: 2,448,223	8,879,517	10c	10,161,720
	11	Investments—publicly traded securities	3,334,736	11	2,005,201
	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	7,749	15	4,336
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	13,846,708	16	13,141,238
Liabilities	17	Accounts payable and accrued expenses	509,105	17	263,386
	18	Grants payable		18	
	19	Deferred revenue	1,500	19	11,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,000,000	24	500,000
	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	10,834	25	7,421
	26	**Total liabilities.** Add lines 17 through 25	1,521,439	26	781,807
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	10,951,104	27	11,939,783
	28	Net assets with donor restrictions	1,374,165	28	419,648
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	12,325,269	32	12,359,431
	33	Total liabilities and net assets/fund balances	13,846,708	33	13,141,238

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	2,880,613
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,679,801
3	Revenue less expenses. Subtract line 2 from line 1	3	200,812
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,325,269
5	Net unrealized gains (losses) on investments	5	-166,650
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,359,431

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		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. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	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 on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) STACEY ZIERATH										
(12)	**2.00**									
TRUSTEE	**0.00**	**X**						**0**	**0**	**0**
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS

Employer identification number 94-3108570

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,392,770	3,755,618	4,567,011	3,168,554	2,491,594	16,375,547
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	2,392,770	3,755,618	4,567,011	3,168,554	2,491,594	16,375,547
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)						3,972,580
6 Public support. Subtract line 5 from line 4						12,402,967

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2,392,770	3,755,618	4,567,011	3,168,554	2,491,594	16,375,547
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	178,573	309,856	110,710	148,519	133,315	880,973
9 Net income from unrelated business activities, whether or not the business is regularly carried on		37,547	10,902	1,196		49,645
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			24,812	16,162	7,039	48,013
11 **Total support.** Add lines 7 through 10						17,354,178

12	Gross receipts from related activities, etc. (see instructions)	12	585,205

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	71.47 %
15	Public support percentage from 2023 Schedule A, Part II, line 14	15	68.98 %

16a **33 1/3% support test — 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

- **a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

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

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

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

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

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

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

PART II, LINE 10 - OTHER INCOME DETAIL
5 YEARS CUMULATIVE OTHER INCOME $ 40,974

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS

Employer identification number
94-3108570

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

		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 on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X $

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

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

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange program
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- **a** Board designated or quasi-endowment ____ %
- **b** Permanent endowment ____ %
- **c** Term endowment ____ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	**3a(i)**		
(ii) Related organizations?	**3a(ii)**		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,358,323		1,358,323
b Buildings		10,020,061	1,827,186	8,192,875
c Leasehold improvements				
d Equipment		1,171,559	561,037	610,522
e Other		60,000	60,000	
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				10,161,720

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. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

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. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) **OPERATING LEASE LIABILITIES**	**4,336**
(3) **SECURITY DEPOSITS**	**3,085**
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	**7,421**

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

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	2,714,386
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-166,650		
b	Donated services and use of facilities	2b	2,000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	18,203		
e	Add lines 2a through 2d			2e	-146,447
3	Subtract line 2e from line 1			3	2,860,833
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	19,780		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	19,780
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	2,880,613

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	2,680,224
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	2,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	18,203		
e	Add lines 2a through 2d			2e	20,203
3	Subtract line 2e from line 1			3	2,660,021
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	19,780		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	19,780
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	2,679,801

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 XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER LOSS ON DISPOSAL $ 18,203

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER LOSS ON DISPOSAL $ 18,203

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS**

Employer identification number **94-3108570**

Part I Fundraising Activities.

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1	TRUE SENSE MARKETING 155 COMMERCE DR PITTSBURGH PA 15024	MAIL		X	107,314	55,400	51,914
2	MILLION DOLLAR MASTER 2540 BECHAMEL PL LAS VEGAS NV 89044	FUNDRAISE		X	0	12,000	-12,000
3							
4							
5							
6							
7							
8							
9							
10							
Total					107,314	67,400	39,914

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

ALABAMA, FLORIDA, ILLINOIS, MAINE, NEW JERSEY, NEW YORK, OREGON

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 GALA (event type)	(b) Event #2 5K RUN (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	448,141	105,535		553,676
	2 Less: Contributions	336,498	93,830		430,328
	3 Gross income (line 1 minus line 2)	111,643	11,705		123,348
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	104,627			104,627
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,016	11,705		18,721
	10 Direct expense summary. Add lines 4 through 9 in column (d)				123,348
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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:

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 tha 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.

SCH G, PART I, LINE 2B, COL (V) - FUNDRAISING VS. REIMBURSEMENT EXPLANATION
TRUE SENSE MARKETING
DIRECT MAIL FEES

MILLION DOLLAR MASTER
EXPENSES PAID FOR CONSULTING

SCHEDULE I (Form 990)

(Rev. December 2024)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS**

Employer identification number **94-3108570**

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? ..... [X] 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

3 Enter total number of other organizations listed in the line 1 table .....

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	SCHOLARSHIPS	20	20,096			
2						
3						
4						
5						
6						
7						

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
SCHOLARSHIPS: STUDENTS MUST PROVIDE PROOF OF FULL-TIME ENROLLMENT AT AN ACCREDITED POST-SECONDARY EDUCATIONAL INSTITUTION AND STATEMENT OF EXPENSES FOR TUITION FEES, STUDENT FEES, BOOKS, ETC. TO THE SCHOLARSHIP COORDINATOR PRIOR TO SCHOLARSHIP EXPENDITURES EACH SEMESTER.
CARE MOBILE: LICENSEE SHALL DEVELOP AND SUBMIT TO RMHC A WRITTEN PROGRAM SUMMARY REPORT EVERY MONTH FROM THE DELIVERY DATE OF THE RONALD MCDONALD CARE MOBILE. THE SUMMARY SHALL INCLUDE: A LIST OF COMMUNITY PARTNERS, DESCRIPTION OF GEOGRAPHIC AREAS SERVED, NUMBER OF CHILDREN SERVED, DEMOGRAPHICS OF CHILDREN SERVED, DESCRIPTION OF DIAGNOSES, NUMBER OF SITES VISITED, DESCRIPTION OF SERVICES PROVIDED, SUMMARY OF COMMUNITY EVENTS, DESCRIPTION OF SUPPORT FROM RMHC CHAPTER, PLANS FOR PROGRAM EXPANSION, AND ANY OTHER IMPORTANT INFORMATION TO MEASURE THE SUCCESS OF THE PROGRAM. IN ADDITION, THE LICENSEE SHALL SUBMIT THE FOLLOWING EACH YEAR: OPERATIONAL AND ADMINISTRATIVE BUDGETS FOR THE PROGRAM, AUDITED FINANCIAL STATEMENTS AND FORM 990, AUDITOR'S OTHER FINANCIAL INFORMATION (OFI) REPORT, AND CERTIFICATES OF INSURANCE.

SCHEDULE I (Form 990)	Supplemental Information For calendar year 2024, or tax year beginning , and ending	2024

Name of the organization	Employer identification number
RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS	94-3108570

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHOLARSHIPS: STUDENTS MUST PROVIDE PROOF OF FULL-TIME ENROLLMENT AT AN ACCREDITED POST-SECONDARY EDUCATIONAL INSTITUTION AND STATEMENT OF EXPENSES FOR TUITION FEES, STUDENT FEES, BOOKS, ETC. TO THE SCHOLARSHIP COORDINATOR PRIOR TO SCHOLARSHIP EXPENDITURES EACH SEMESTER.

CARE MOBILE: LICENSEE SHALL DEVELOP AND SUBMIT TO RMHC A WRITTEN PROGRAM SUMMARY REPORT EVERY MONTH FROM THE DELIVERY DATE OF THE RONALD MCDONALD CARE MOBILE. THE SUMMARY SHALL INCLUDE: A LIST OF COMMUNITY PARTNERS, DESCRIPTION OF GEOGRAPHIC AREAS SERVED, NUMBER OF CHILDREN SERVED, DEMOGRAPHICS OF CHILDREN SERVED, DESCRIPTION OF DIAGNOSES, NUMBER OF SITES VISITED, DESCRIPTION OF SERVICES PROVIDED, SUMMARY OF COMMUNITY EVENTS, DESCRIPTION OF SUPPORT FROM RMHC CHAPTER, PLANS FOR PROGRAM EXPANSION, AND ANY OTHER IMPORTANT INFORMATION TO MEASURE THE SUCCESS OF THE PROGRAM. IN ADDITION, THE LICENSEE SHALL SUBMIT THE FOLLOWING EACH YEAR: OPERATIONAL AND ADMINISTRATIVE BUDGETS FOR THE PROGRAM, AUDITED FINANCIAL STATEMENTS AND FORM 990, AUDITOR'S OTHER FINANCIAL INFORMATION (OFI) REPORT, AND CERTIFICATES OF INSURANCE.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open To Public Inspection

Name of the organization

GREATER LAS VEGAS

Employer identification number

94-3108570

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				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded	X	1	101,400	FAIR MARKET VALUE
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 (GUEST SUPPLIES)	X	250	52,706	FAIR MARKET VALUE
26	Other (4 SPLIT HVAC)	X	1	59,080	FAIR MARKET VALUE
27	Other (GUEST INVENTORY)	X	250	111,667	FAIR MARKET VALUE
28	Other ( )				

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

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

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

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS A PRIVATE AUCTION COMPANY IS OCCASIONALLY UTILIZED TO SELL NON-CASH CONTRIBUTIONS.

SCHEDULE O (Form 990) (Rev. December 2024)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to *www.irs.gov/Form990* for instructions and the latest information.	Open to Public Inspection

Name of the organization	Employer identification number
RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS	94-3108570

FORM 990 - ORGANIZATION'S MISSION

RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS, INC. IS A NONPROFIT CORPORATION UNDER THE LAWS OF THE STATE OF NEVADA. THIS TEMPORARY "HOME AWAY FROM HOME" PROVIDES HOUSING, MEALS, TRANSPORTATION, AND OTHER SUPPORT SERVICES FOR FAMILIES WHO MUST TRAVEL TO LAS VEGAS TO SEEK CRITICAL MEDICAL TREATMENT FOR THEIR CHILDREN. RMHC ALSO OPERATES A RONALD MCDONALD FAMILY ROOM RIGHT ON THE GROUNDS OF SUNRISE CHILDREN'S HOSPITAL, OFFERING FREE MEALS, A COMFORTABLE LOUNGE, HOT SHOWERS, SLEEPING AND NAPPING ACCOMMODATIONS, AND COMPUTER ACCESS TO FAMILY MEMBERS WITH INFANTS IN THE NEONATAL INTENSIVE CARE UNIT. ANOTHER RMHC PROGRAM, THE RONALD MCDONALD CARE MOBILE, IS A MOBILE STATE-OF-THE-ART DENTAL VAN THAT TRAVELS TO RURAL COMMUNITIES AND INNER-CITY NEIGHBORHOODS THROUGHOUT NEVADA TO SERVE CHILDREN FROM LOW-INCOME FAMILIES WHO HAVE LITTLE TO NO ACCESS TO CRITICAL DENTAL CARE. RMHC ALSO AWARDS ANNUAL SCHOLARSHIPS TO LOCAL HIGH SCHOOL SENIORS, AS WELL AS QUALIFYING CONTINUING COLLEGE STUDENTS IN CLARK AND NYE COUNTIES.

FINANCIAL SUPPORT FOR RMHC OF GREATER LAS VEGAS COMES FROM INDIVIDUAL DONORS, FOUNDATIONS, LOCAL COMPANIES AND CORPORATIONS, AS WELL AS FUNDRAISING EVENTS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

RONALD MCDONALD HOUSE© PROGRAM

IN LAS VEGAS, THERE ARE TWO RONALD MCDONALD HOUSES© (RMH©) THAT KEEP FAMILIES CLOSE WHEN THEY NEED IT MOST BY PROVIDING COMFORTABLE AND SUPPORTIVE HOUSING, MEALS, AND TRANSPORTATION FOR FAMILIES WHO MUST TRAVEL TO LAS VEGAS TO RECEIVE CRITICAL MEDICAL TREATMENT FOR THEIR CHILDREN. THE ORIGINAL HOUSE, BUILT IN 1998, ACCOMMODATES UP TO 12 FAMILIES, OR 72 FAMILY MEMBERS, AT ONE TIME. FAMILIES HAVE THEIR OWN BEDROOM SUITES WITH PRIVATE BATHROOMS AND COMMON AREAS THAT INCLUDE INDOOR AND OUTDOOR PLAY AREAS FOR THE CHILDREN, AN ADULT RESPITE ROOM, A FULLY-STOCKED PANTRY AND LAUNDRY FACILITY, LOUNGE AREAS, AND SHADED BACKYARD. THE HOUSE PROVIDES HOME-COOKED DINNERS, HEALTHY SNACKS, AND RIDES TO THE HOSPITAL EVERY DAY, AT NO COST TO THE FAMILIES. IN SEPTEMBER OF 2024, RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS OPENED ITS SECOND HOUSE WHICH SERVES LARGER FAMILIES WHOSE CHILDREN HAVE LONGER RECOVERY TIMES IN THE HOSPITAL. THIS FACILITY, WHICH CONSISTS OF EIGHT INDIVIDUAL "PATIO HOMES" COMES EQUIPPED WITH FULLY-STOCKED KITCHENS, LIVING ROOMS, MASTER AND CHILDREN'S BEDROOMS AND BATHS, INDIVIDUAL LAUNDRY UNITS, AS WELL AS OUTDOOR PLAYGROUND AND BASKETBALL COURT. TOGETHER, BOTH HOUSES SERVED 238 FAMILIES, INCLUDING 272 ADULTS AND 118 CHILDREN, FOR A TOTAL OF 3,097 NIGHTS. SIXTY-SIX PERCENT (66%) OF THE FAMILIES WHO STAYED AT THE TWO HOUSES ARE FROM LOW-INCOME HOUSEHOLDS. ALTOGETHER, OUR FAMILIES SAVED MORE THAN $598,216 IN LODGING RATES, ALONE, IN 2024, BASED ON AVERAGE NIGHTLY LODGING RATES IN LAS VEGAS.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

RONALD MCDONALD CARE MOBILE©

IN AN EFFORT TO PROVIDE ACCESS TO DENTAL CARE FOR UNDERSERVED CHILDREN IN RURAL SOUTHERN NEVADA AND INNER-CITY LAS VEGAS, RMHC OF GREATER LAS VEGAS, IN PARTNERSHIP WITH NEVADA HEALTH CENTERS, OPERATES A RONALD MCDONALD CARE MOBILE© PROGRAM. THIS MOBILE DENTAL OFFICE ON WHEELS DELIVERS CARE DIRECTLY

SCHEDULE O (Form 990) (Rev. December 2024)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to *www.irs.gov/Form990* for instructions and the latest information.	Open to Public Inspection

Name of the organization	Employer identification number
RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS	94-3108570

TO CHILDREN IN THEIR OWN NEIGHBORHOODS. THE CARE MOBILE MAKES SCHEDULED VISITS TO COMMUNITY HEALTH CENTERS, COLLABORATING NON-PROFIT PARTNER SITES, MCDONALD'S RESTAURANTS SITES, AND REMOTE FRONTIER COMMUNITIES. IN 2024, THE CARE MOBILE PROVIDED DENTAL SERVICES, TAKE-HOME ORAL HYGIENE SUPPLIES, AND ORAL HEALTH EDUCATION TO 1,348 LOW-INCOME AND GEOGRAPHICALLY-ISOLATED CHILDREN, AGES 2-21, AT NO COST TO THEIR FAMILIES. THE CARE MOBILE PROGRAM PROVIDED A TOTAL OF $585,319 IN DENTAL SERVICES IN LOW-INCOME COMMUNITIES IN 2024. MORE THAN 97% OF THE CHILDREN SERVED ABOARD CARE MOBILE IN 2024 WERE ON MEDICAID OR HAD NO INSURANCE COVERAGE AT ALL.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
RONALD MCDONALD FAMILY ROOM©
RMHC ALSO PROVIDES A TEMPORARY "HOME AWAY FROM HOME" AT THE RONALD MCDONALD FAMILY ROOM© ON THE GROUNDS OF SUNRISE CHILDREN'S HOSPITAL IN LAS VEGAS. THE FAMILY ROOM IS APPROXIMATELY 1,400 SQUARE FEET AND IS LOCATED DIRECTLY DOWN THE HALL FROM THE NEONATAL INTENSIVE CARE UNIT (NICU), KEEPING FAMILIES CLOSER THAN EVER TO THEIR HOSPITALIZED BABIES. THE FAMILY ROOM OFFERS A PEACEFUL HOME-LIKE ENVIRONMENT WHERE FAMILY MEMBERS CAN TAKE SHORT BREAKS AWAY FROM THE OFTEN TENSE AND CHAOTIC MEDICAL SETTING, YET REMAIN STEPS AWAY FROM THEIR BABY'S BEDSIDE. THE FAMILY ROOM OFFERS OVERNIGHT SLEEPING AND DAYTIME NAPPING ROOMS, TOILETRIES, SHOWERS, LOCKERS, A COMFORTABLE LOUNGE AREA WITH SOFAS, RECLINERS, TV, CHILDREN'S GAMES AND BOOKS, A KITCHENETTE, DINING AREA, AND COMPUTER WORKSTATIONS. COFFEE, TEA, AND COLD BEVERAGES, ALONG WITH SINGLE-SERVE MEALS AND SNACKS ARE AVAILABLE AT NO COST TO OUR FAMILIES, AS WELL AS OUR HEALTHY SACK LUNCHES DAILY. IN 2024, THE RONALD MCDONALD FAMILY ROOM© PROVIDED A PEACEFUL PLACE OF RESPITE TO 12,420 FAMILY MEMBERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE RETURN IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, BOARD TREASURER AND A CPA MEMBER OF THE FINANCE COMMITTEE BEFORE IT IS PRESENTED TO THE BOARD OF DIRECTORS, WHO THEN APPROVES IT BEFORE IT IS SIGNED AND FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
EACH BOARD MEMBER IS REQUIRED TO FILL OUT A QUESTIONNAIRE ONCE EACH YEAR TO MONITOR COMPLIANCE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION EACH YEAR THROUGH THE ANNUAL REVIEW PROCESS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION OF KEY EMPLOYEES EACH YEAR THROUGH THE ANNUAL REVIEW PROCESS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE PUBLISHED ON RMHC'S WEBSITE. GOVERNING DOCUMENTS & CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

SCHEDULE O (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS**

Employer identification number **94-3108570**

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

LOSS ON DISPOSAL	**$ 18,203**
LOSS ON DISPOSAL	**$ -18,203**

SCHEDULE R (Form 990)

(Rev. December 2024)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS**

Employer identification number **94-3108570**

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
(1)					
(2)					
(3)					
(4)					
(5)					

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	(g) Section 512(b)(13) controlled entity? No
(1) RMHC GLOBAL ONE KROC DRIVE 36-2934689 OAK BROOK IL 60523	SUPPORT	IL	501C3	7	N/A		X
(2)							
(3)							
(4)							
(5)							

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) Dispro-portionate alloc.? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													

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	(i) No
(1)										
(2)										
(3)										
(4)										

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.

			Yes	No
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?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		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	C	86,550	FAIR MARKET VALUE
(2)				
(3)				
(4)				
(5)				
(6)				

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 section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII **Supplemental Information.**
Provide additional information for responses to questions on Schedule R. See instructions.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return: **RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS**

Identifying number: **94-3108570**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	111,056

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	111,056
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Land	7/06/98	75,000				75,000	0	--	Land	0	0
2	Building	7/06/98	1,805,000				1,805,000	39	MO	S/L	1,179,820	46,282
12	Donor Wall	5/04/98	3,176				3,176	7	MO	S/L	3,176	0
16	Piano	6/15/98	6,575				6,575	7	MO	S/L	6,575	0
30	Bronze Casting	4/27/01	652				652	7	MO	S/L	652	0
40	Basement Hallway Improvements	7/15/03	5,100				5,100	39	MO	S/L	2,681	131
43	Concrete Repairs	7/29/03	4,750				4,750	15	MO	S/L	4,750	0
44	Shed	7/31/03	1,985				1,985	7	MO	S/L	1,985	0
51	Iron Fence Work	9/25/03	1,100				1,100	40	MO	S/L	557	27
52	Electrical Work	9/01/03	1,300				1,300	40	MO	S/L	661	32
58	Block Wall Repairs	9/20/03	680				680	40	MO	S/L	344	17
63	Electrical Upgrades	12/01/04	3,400				3,400	10	MO	S/L	3,400	0
74	5 Ton A/C Compressor	5/27/05	4,191				4,191	10	MO	S/L	4,191	0
76	Wood & Ceiling Repair - Bathroom	1/31/05	941				941	10	MO	S/L	941	0
78	Programmable Thermostats	9/30/06	3,045				3,045	7	MO	S/L	3,045	0
79	Exterior Stair Improvements	5/01/06	7,906				7,906	10	MO	S/L	7,906	0
85	New Computer - Sarah Out Of Service: 1/01/14	3/01/06	1,572				1,572	5	MO	S/L	1,572	0
88	AC Unit and Air Handler	2/12/07	5,646				5,646	5	MO	S/L	5,646	0
90	New Waterline and Meter	6/13/07	1,200				1,200	39	MO	S/L	510	31
91	Kitchen and Dining AC	8/01/07	802				802	5	MO	S/L	802	0
92	Desk and Credenza	4/19/07	1,616				1,616	7	MO	S/L	1,616	0
93	Desks,Chairs for office renovations	6/21/07	5,779				5,779	7	MO	S/L	5,779	0
98	Shelving	4/17/07	710				710	5	MO	S/L	710	0
110	Water Heater	10/13/08	1,875				1,875	7	MO	S/L	1,875	0
116	3.5 ton Amana Gas A/C unit	3/18/08	8,610				8,610	5	MO	S/L	8,610	0
117	Elevator Repairs	3/19/08	1,459				1,459	5	MO	S/L	1,459	0
118	Door trim repairs	4/23/08	1,616				1,616	10	MO	S/L	1,616	0
119	Water filter and pressure system repairs	5/05/08	3,454				3,454	5	MO	S/L	3,454	0
120	Light switch repairs	10/13/08	4,970				4,970	10	MO	S/L	4,970	0
122	Amana 5 ton AC Unit	7/14/09	8,000				8,000	5	MO	S/L	8,000	0
123	New Blower & Motor - AC Unit	12/01/09	1,114				1,114	5	MO	S/L	1,114	0
124	Appliances - Brand Source	1/13/09	3,110				3,110	7	MO	S/L	3,110	0
128	52 Drive Thru Canisters	10/01/09	65,269				65,269	7	MO	S/L	65,269	0
130	Canisters	4/15/10	1,331				1,331	5	MO	S/L	1,331	0
131	21 Drawer Safe	11/04/10	2,995				2,995	5	MO	S/L	2,995	0
133	Website Design	12/30/10	52,800				52,800	10	MO	S/L	52,800	0
134	Scholarship Database	12/30/10	7,200				7,200	10	MO	S/L	7,200	0
135	Computers	1/01/11	2,840				2,840	5	MO	S/L	2,840	0
138	2012 Ford Econoline Van	1/23/12	26,983				26,983	5	MO	S/L	26,983	0
139	Air Conditioning Ducts	5/18/12	6,509				6,509	10	MO	S/L	6,509	0
140	Drywall Improvements	6/29/12	24,900				24,900	10	MO	S/L	24,900	0
141	Interior Building Improvements	12/01/12	15,205				15,205	10	MO	S/L	15,205	0
142	AC Units and Installation	7/11/12	35,832				35,832	10	MO	S/L	35,832	0
144	Easy Up Tents	5/18/12	1,800				1,800	3	MO	S/L	1,800	0
146	Dell Laptop and monitor	7/13/13	1,106				1,106	5	MO	S/L	1,106	0
149	Outdoor Shed	8/16/13	2,993				2,993	10	MO	S/L	2,993	0
151	Hot Water Heater	4/15/13	3,174				3,174	5	MO	S/L	3,174	0
152	Maytag Dishwasher	9/23/13	599				599	5	MO	S/L	599	0
154	Pantry Shelving	2/22/13	1,272				1,272	7	MO	S/L	1,272	0
155	Linen Closet Shelving	2/22/13	1,126				1,126	7	MO	S/L	1,126	0
156	Operations Closet Shelving	2/22/13	1,053				1,053	7	MO	S/L	1,053	0
157	Fundraising Office Closet Shelving	2/22/13	1,274				1,274	7	MO	S/L	1,274	0
158	55" Flat Screen TV	7/13/13	500				500	5	MO	S/L	500	0
159	Laptop for Alyson	12/22/13	511				511	5	MO	S/L	511	0
160	2 A/C Units	3/06/13	5,478				5,478	10	MO	S/L	5,478	0
161	TV and Wall Mount	7/09/13	1,101				1,101	5	MO	S/L	1,101	0
162	Phase 1 building improvements	8/01/13	32,441				32,441	39	MO	S/L	8,665	832
168	New Furniture Donated	9/14/14	7,150				7,150	5	MO	S/L	7,150	0
169	2 Programmable Therostats donation	7/02/14	759				759	5	MO	S/L	759	0
170	Computers Monitors etc	2/05/14	3,229				3,229	3	MO	S/L	3,229	0
173	Game Room Computers	7/11/14	1,726				1,726	5	MO	S/L	1,726	0
174	Conference Room Tables	6/02/15	2,909				2,909	5	MO	S/L	2,909	0
177	Refrigerator for lunch item storage	7/15/15	566				566	5	MO	S/L	566	0
178	Computer upgrade	4/20/15	894				894	3	MO	S/L	894	0
179	INK-Refurb Apple Computers	9/23/15	825				825	3	MO	S/L	825	0
180	House Remodel Project-Phase 2	1/01/15	104,189				104,189	39	MO	S/L	24,044	2,671
182	RMH Remodel Phase 3	6/30/15	191,097				191,097	39	MO	S/L	41,649	4,900

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
184	Family Room Buildout	5/31/16	131,632				131,632	39	MO	S/L	25,595	3,375
185	New Phone system	2/23/16	12,165				12,165	5	MO	S/L	12,165	0
187	Family Room Furniture	5/31/16	20,872				20,872	5	MO	S/L	20,872	0
188	Ronald McDonald Bench	9/30/16	7,534				7,534	5	MO	S/L	7,534	0
190	Electric install-Solar Panel	12/31/16	2,000				2,000	7	MO	S/L	2,000	0
191	Shed	10/31/16	3,590				3,590	3	MO	S/L	3,590	0
192	New Wall	11/02/16	14,000				14,000	20	MO	S/L	5,017	700
193	Conference Room Phone Routing	4/21/17	466				466	10	MO	S/L	311	46
194	Conference Room Remodel	4/30/17	6,744				6,744	7	MO	S/L	6,422	322
195	Fire Panel to J Box	5/03/17	1,075				1,075	7	MO	S/L	1,024	51
196	Relocation of one motion and one siren	5/05/17	190				190	7	MO	S/L	181	9
197	Zone 5 Alarm	5/10/17	285				285	7	MO	S/L	271	14
198	Demo & Desk Removal/Replacement	5/18/17	7,932				7,932	7	MO	S/L	7,460	472
199	Conference Room Phone Routing	5/18/17	250				250	10	MO	S/L	165	25
200	Western Caseworks Corp	5/20/17	2,794				2,794	10	MO	S/L	1,839	280
201	A/V Installation	5/24/17	786				786	10	MO	S/L	518	78
202	Relocate sewer, condensate & gase lines	6/19/17	5,240				5,240	7	MO	S/L	4,866	374
203	Metal Indoor/Outdoor Kitchen Dining Chair	8/30/17	150				150	10	MO	S/L	95	15
204	Two L-Shaped Desks	9/05/17	2,274				2,274	10	MO	S/L	1,440	228
205	Devoko Metal Dining Chairs	9/27/17	876				876	10	MO	S/L	547	88
206	Microwave	3/31/17	399				399	10	MO	S/L	269	40
207	Mahogany flipper table	5/11/17	209				209	10	MO	S/L	139	21
208	Half-round flipper training table	5/11/17	613				613	10	MO	S/L	408	62
209	Replacement projector	5/25/17	76				76	10	MO	S/L	50	8
210	Cord cover for A/V	5/25/17	34				34	10	MO	S/L	22	4
211	Flipper Training Table	6/20/17	419				419	10	MO	S/L	272	42
229	Refrigerator (in-kind)	6/05/17	2,000				2,000	10	MO	S/L	1,317	200
231	Solar Panels	1/01/17	137,518				137,518	7	MO	S/L	137,518	0
232	Backyard Remodel	5/31/18	169,497				169,497	15	MO	S/L	63,090	11,300
233	36" Custom Marquee Sign We Love RMHC	2/08/18	4,750				4,750	7	MO	S/L	4,015	678
234	Backyard furniture	5/31/18	23,416				23,416	7	MO	S/L	18,677	3,346
235	27in iMac with Retina 5k	6/24/18	1,799				1,799	5	MO	S/L	1,799	0
236	American Locker-4 Tower Locker System	9/29/18	2,041				2,041	7	MO	S/L	1,531	291
237	Creston Conference Room System	9/13/18	4,010				4,010	7	MO	S/L	3,055	573
238	Ferguson Ovens	8/18/18	3,231				3,231	7	MO	S/L	2,462	461
239	Alkaline Water Filtration System(Inkind)	10/16/18	5,467				5,467	7	MO	S/L	4,035	781
240	Cargo Van Wrap	1/11/18	2,260				2,260	10	MO	S/L	1,550	226
241	Receptionist in a Box	4/05/18	1,643				1,643	7	MO	S/L	1,350	234
242	Transmission Replacement	1/15/19	4,254				4,254	5	MO	S/L	4,254	0
243	Roof for 2323 Potosi St.	2/07/19	44,774				44,774	39	MO	S/L	5,645	1,148
244	Furnish and Install Windows	2/15/19	3,104				3,104	39	MO	S/L	391	80
245	Renovation for front area	6/11/19	3,200				3,200	15	MO	S/L	1,404	214
246	Renovation for front area	7/11/19	3,900				3,900	15	MO	S/L	1,690	260
247	Goodman 2.5 Ton 14 Seer Heat Pump	1/22/19	11,761				11,761	10	MO	S/L	5,782	1,176
248	Donated mattresses	2/01/19	21,346				21,346	7	MO	S/L	14,078	3,050
249	La-z-Boy dbl recliner	6/01/19	2,907				2,907	7	MO	S/L	1,903	416
250	3-iPad Pros	6/13/19	3,300				3,300	5	MO	S/L	3,282	18
251	Condensor Goodman #VSZ130181AB - roo	6/17/19	2,362				2,362	10	MO	S/L	1,063	236
252	Front Office Unit-Compressor	7/02/19	1,571				1,571	10	MO	S/L	707	157
253	Lobbyguard Optio White Software	7/09/19	10,037				10,037	5	MO	S/L	9,033	1,004
254	52 gallon water heater in basement 1AO	7/18/19	3,550				3,550	10	MO	S/L	1,716	355
255	Installation of rupture valve	3/27/19	4,978				4,978	7	MO	S/L	3,662	712
256	New Server	2/25/20	3,144				3,144	5	MO	S/L	2,463	629
257	2 - Clothes Dryers - Whirlpool	3/04/20	1,403				1,403	7	MO	S/L	769	200
258	2 - Clothes Dryers - GE	3/04/20	1,227				1,227	7	MO	S/L	672	175
259	New Ice Machine and Dispenser - Manitowi	3/04/20	5,902				5,902	10	MO	S/L	2,262	591
260	Kitchen - Replace Hardware/24Drawers/3 T	5/01/20	3,850				3,850	7	MO	S/L	2,017	550
261	Kitchen - Touch-up Pantry Cabinet / Lower	6/09/20	2,210				2,210	5	MO	S/L	1,584	442
262	Laundry Room - New Sink and Faucet	10/22/20	670				670	5	MO	S/L	435	134
264	New Refrigerator - Turbo Air	3/04/20	3,381				3,381	10	MO	S/L	1,296	338
265	Julie Computer Monitor -27 P27H	6/25/20	174				174	5	MO	S/L	125	35
266	2 - Clothes Washers - GE	7/22/20	1,292				1,292	7	MO	S/L	646	184
267	New Compressor - Airserv	8/01/20	2,486				2,486	15	MO	S/L	566	166
268	New Dining Tables - 3@$648.97; 1@$662.	9/24/20	2,609				2,609	5	MO	S/L	1,740	521
269	Whirlpool Dryer	12/22/20	661				661	7	MO	S/L	291	95
270	In-Kind - Lego Pictures for Decor	2/07/20	2,500				2,500	5	MO	S/L	1,958	500
271	In-Kind - 3 Macs 21.5/86b/1TB	9/08/20	3,500				3,500	3	MO	S/L	3,500	0
272	Western Caseworks Corp	11/30/20	15,620				15,620	10	MO	S/L	4,816	1,562
273	Land Improvements - 2363 Potosi	12/31/20	90,496				90,496	0	--	Land	0	0
274	Land Improvements - 2383 Potosi	12/31/20	44,665				44,665	0	--	Land	0	0
275	Land Improvements - 2393 Potosi	12/31/20	45,831				45,831	0	--	Land	0	0

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
276	Land	12/30/20	554,505				554,505	0	--	Land	0	0
277	Land	12/31/20	1,123,451				1,123,451	0	--	Land	0	0
278	Dell Computers - 4	8/06/21	3,396				3,396	5	MO	S/L	1,641	680
279	INK - Tempur-Pedic Full Mattresses (14)	2/12/21	37,500				37,500	7	MO	S/L	15,625	5,357
280	INK - Tempur-Pedic Mattresses (14)	4/29/21	20,000				20,000	7	MO	S/L	7,619	2,857
281	2021 WIP O'Bannon Costs	12/31/21	413,146				413,146	0	--	Memo	0	0
282	Resbit Room Floor and Family Room Ceilir	10/22/21	15,551				15,551	10	MO	S/L	3,369	1,555
283	2022 WIP O'Bannon House	12/31/22	347,106				347,106	0	--	Memo	0	0
284	INK Outdoor Patio Set	8/12/22	4,739				4,739	7	MO	S/L	959	677
285	INK-Tempur-Pedic Mattresses & Foundatio	12/05/22	40,000				40,000	7	MO	S/L	6,190	5,715
286	WIP - Playground Equipment	12/31/22	15,365				15,365	0	--	Memo	0	0
	Total Other Depreciation		6,093,631				6,093,631				2,086,418	111,056
	Total ACRS and Other Depreciation		6,093,631				6,093,631				2,086,418	111,056
	Grand Totals		6,093,631				6,093,631				2,086,418	111,056
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		6,093,631				6,093,631				2,086,418	111,056

Bonus Depreciation Report
Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
190	Electric install-Solar Panel	12/31/16	2,000		0	0	0	2,000
193	Conference Room Phone Routing	4/21/17	466		0	0	0	466
194	Conference Room Remodel	4/30/17	6,744		0	0	0	6,744
195	Fire Panel to J Box	5/03/17	1,075		0	0	0	1,075
196	Relocation of one motion and one siren	5/05/17	190		0	0	0	190
197	Zone 5 Alarm	5/10/17	285		0	0	0	285
198	Demo & Desk Removal/Replacement	5/18/17	7,932		0	0	0	7,932
199	Conference Room Phone Routing	5/18/17	250		0	0	0	250
200	Western Caseworks Corp	5/20/17	2,794		0	0	0	2,794
202	Relocate sewer, condensate & gase lines	6/19/17	5,240		0	0	0	5,240
231	Solar Panels	1/01/17	137,518		0	0	0	137,518
	Grand Total		164,494		0	0	0	164,494

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Land	7/06/98	75,000	0	0
2	Building	7/06/98	1,805,000	46,282	0
12	Donor Wall	5/04/98	3,176	0	0
16	Piano	6/15/98	6,575	0	0
30	Bronze Casting	4/27/01	652	0	0
40	Basement Hallway Improvements	7/15/03	5,100	130	0
43	Concrete Repairs	7/29/03	4,750	0	0
44	Shed	7/31/03	1,985	0	0
51	Iron Fence Work	9/25/03	1,100	28	0
52	Electrical Work	9/01/03	1,300	33	0
58	Block Wall Repairs	9/20/03	680	17	0
63	Electrical Upgrades	12/01/04	3,400	0	0
74	5 Ton A/C Compressor	5/27/05	4,191	0	0
76	Wood & Ceiling Repair - Bathroom	1/31/05	941	0	0
78	Programmable Thermostats	9/30/06	3,045	0	0
79	Exterior Stair Improvements	5/01/06	7,906	0	0
85	New Computer - Sarah	3/01/06	1,572	0	0
88	AC Unit and Air Handler	2/12/07	5,646	0	0
90	New Waterline and Meter	6/13/07	1,200	31	0
91	Kitchen and Dining AC	8/01/07	802	0	0
92	Desk and Credenza	4/19/07	1,616	0	0
93	Desks,Chairs for office renovations	6/21/07	5,779	0	0
98	Shelving	4/17/07	710	0	0
110	Water Heater	10/13/08	1,875	0	0
116	3.5 ton Amana Gas A/C unit	3/18/08	8,610	0	0
117	Elevator Repairs	3/19/08	1,459	0	0
118	Door trim repairs	4/23/08	1,616	0	0
119	Water filter and pressure system repairs	5/05/08	3,454	0	0
120	Light switch repairs	10/13/08	4,970	0	0
122	Amana 5 ton AC Unit	7/14/09	8,000	0	0
123	New Blower & Motor - AC Unit	12/01/09	1,114	0	0
124	Appliances - Brand Source	1/13/09	3,110	0	0
128	52 Drive Thru Canisters	10/01/09	65,269	0	0
130	Canisters	4/15/10	1,331	0	0
131	21 Drawer Safe	11/04/10	2,995	0	0
133	Website Design	12/30/10	52,800	0	0
134	Scholarship Database	12/30/10	7,200	0	0
135	Computers	1/01/11	2,840	0	0
138	2012 Ford Econoline Van	1/23/12	26,983	0	0
139	Air Conditioning Ducts	5/18/12	6,509	0	0
140	Drywall Improvements	6/29/12	24,900	0	0
141	Interior Building Improvements	12/01/12	15,205	0	0
142	AC Units and Installation	7/11/12	35,832	0	0
144	Easy Up Tents	5/18/12	1,800	0	0
146	Dell Laptop and monitor	7/13/13	1,106	0	0
149	Outdoor Shed	8/16/13	2,993	0	0
151	Hot Water Heater	4/15/13	3,174	0	0
152	Maytag Dishwasher	9/23/13	599	0	0
154	Pantry Shelving	2/22/13	1,272	0	0
155	Linen Closet Shelving	2/22/13	1,126	0	0
156	Operations Closet Shelving	2/22/13	1,053	0	0
157	Fundraising Office Closet Shelving	2/22/13	1,274	0	0
158	55" Flat Screen TV	7/13/13	500	0	0
159	Laptop for Alyson	12/22/13	511	0	0
160	2 A/C Units	3/06/13	5,478	0	0
161	TV and Wall Mount	7/09/13	1,101	0	0
162	Phase 1 building improvements	8/01/13	32,441	831	0
168	New Furniture Donated	9/14/14	7,150	0	0
169	2 Programmable Therostats donation	7/02/14	759	0	0
170	Computers Monitors etc	2/05/14	3,229	0	0
173	Game Room Computers	7/11/14	1,726	0	0
174	Conference Room Tables	6/02/15	2,909	0	0
177	Refrigerator for lunch item storage	7/15/15	566	0	0
178	Computer upgrade	4/20/15	894	0	0
179	INK-Refurb Apple Computers	9/23/15	825	0	0
180	House Remodel Project-Phase 2	1/01/15	104,189	2,672	0
182	RMH Remodel Phase 3	6/30/15	191,097	4,900	0

Asset	Description	Date In Service	Cost	Tax	AMT
184	Family Room Buildout	5/31/16	131,632	3,376	0
185	New Phone system	2/23/16	12,165	0	0
187	Family Room Furniture	5/31/16	20,872	0	0
188	Ronald McDonald Bench	9/30/16	7,534	0	0
190	Electric install-Solar Panel	12/31/16	2,000	0	0
191	Shed	10/31/16	3,590	0	0
192	New Wall	11/02/16	14,000	700	0
193	Conference Room Phone Routing	4/21/17	466	47	0
194	Conference Room Remodel	4/30/17	6,744	0	0
195	Fire Panel to J Box	5/03/17	1,075	0	0
196	Relocation of one motion and one siren	5/05/17	190	0	0
197	Zone 5 Alarm	5/10/17	285	0	0
198	Demo & Desk Removal/Replacement	5/18/17	7,932	0	0
199	Conference Room Phone Routing	5/18/17	250	25	0
200	Western Caseworks Corp	5/20/17	2,794	279	0
201	A/V Installation	5/24/17	786	79	0
202	Relocate sewer, condensate & gase lines	6/19/17	5,240	0	0
203	Metal Indoor/Outdoor Kitchen Dining Chairs	8/30/17	150	15	0
204	Two L-Shaped Desks	9/05/17	2,274	227	0
205	Devoko Metal Dining Chairs	9/27/17	876	88	0
206	Microwave	3/31/17	399	40	0
207	Mahogany flipper table	5/11/17	209	21	0
208	Half-round flipper training table	5/11/17	613	61	0
209	Replacement projector	5/25/17	76	7	0
210	Cord cover for A/V	5/25/17	34	3	0
211	Flipper Training Table	6/20/17	419	42	0
229	Refrigerator (in-kind)	6/05/17	2,000	200	0
231	Solar Panels	1/01/17	137,518	0	0
232	Backyard Remodel	5/31/18	169,497	11,300	0
233	36" Custom Marquee Sign We Love RMHC	2/08/18	4,750	57	0
234	Backyard furniture	5/31/18	23,416	1,393	0
235	27in iMac with Retina 5k	6/24/18	1,799	0	0
236	American Locker-4 Tower Locker System	9/29/18	2,041	219	0
237	Creston Conference Room System	9/13/18	4,010	382	0
238	Ferguson Ovens	8/18/18	3,231	308	0
239	Alkaline Water Filtration System(Inkind)	10/16/18	5,467	651	0
240	Cargo Van Wrap	1/11/18	2,260	226	0
241	Receptionist in a Box	4/05/18	1,643	59	0
242	Transmission Replacement	1/15/19	4,254	0	0
243	Roof for 2323 Potosi St.	2/07/19	44,774	1,148	0
244	Furnish and Install Windows	2/15/19	3,104	80	0
245	Renovation for front area	6/11/19	3,200	213	0
246	Renovation for front area	7/11/19	3,900	260	0
247	Goodman 2.5 Ton 14 Seer Heat Pump	1/22/19	11,761	1,176	0
248	Donated mattresses	2/01/19	21,346	3,049	0
249	La-z-Boy dbl recliner	6/01/19	2,907	415	0
250	3-iPad Pros	6/13/19	3,300	0	0
251	Condensor Goodman #VSZ130181AB - rooms 5	6/17/19	2,362	236	0
252	Front Office Unit-Compressor	7/02/19	1,571	157	0
253	Lobbyguard Optio White Software	7/09/19	10,037	0	0
254	52 gallon water heater in basement 1AO	7/18/19	3,550	355	0
255	Installation of rupture valve	3/27/19	4,978	604	0
256	New Server	2/25/20	3,144	52	0
257	2 - Clothes Dryers - Whirlpool	3/04/20	1,403	201	0
258	2 - Clothes Dryers - GE	3/04/20	1,227	176	0
259	New Ice Machine and Dispenser - Manitowic	3/04/20	5,902	590	0
260	Kitchen - Replace Hardware/24Drawers/3 Trays	5/01/20	3,850	550	0
261	Kitchen - Touch-up Pantry Cabinet / Lower Pan	6/09/20	2,210	184	0
262	Laundry Room - New Sink and Faucet	10/22/20	670	101	0
264	New Refrigerator - Turbo Air	3/04/20	3,381	338	0
265	Julie Computer Monitor -27 P27H	6/25/20	174	14	0
266	2 - Clothes Washers - GE	7/22/20	1,292	185	0
267	New Compressor - Airserv	8/01/20	2,486	166	0
268	New Dining Tables - 3@$648.97; 1@$662.39	9/24/20	2,609	348	0
269	Whirlpool Dryer	12/22/20	661	94	0
270	In-Kind - Lego Pictures for Decor	2/07/20	2,500	42	0
271	In-Kind - 3 Macs 21.5/86b/1TB	9/08/20	3,500	0	0
272	Western Caseworks Corp	11/30/20	15,620	1,562	0
273	Land Improvements - 2363 Potosi	12/31/20	90,496	0	0
274	Land Improvements - 2383 Potosi	12/31/20	44,665	0	0
275	Land Improvements - 2393 Potosi	12/31/20	45,831	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
276	Land	12/30/20	554,505	0	0
277	Land	12/31/20	1,123,451	0	0
278	Dell Computers - 4	8/06/21	3,396	679	0
279	INK - Tempur-Pedic Full Mattresses (14)	2/12/21	37,500	5,357	0
280	INK - Tempur-Pedic Mattresses (14)	4/29/21	20,000	2,857	0
281	2021 WIP O'Bannon Costs	12/31/21	413,146	0	0
282	Resbit Room Floor and Family Room Ceiling	10/22/21	15,551	1,556	0
283	2022 WIP O'Bannon House	12/31/22	347,106	0	0
284	INK Outdoor Patio Set	8/12/22	4,739	677	0
285	INK-Tempur-Pedic Mattresses & Foundations-14	12/05/22	40,000	5,714	0
286	WIP - Playground Equipment	12/31/22	15,365	0	0
	Total Other Depreciation		6,093,631	103,865	0
	Total ACRS and Other Depreciation		6,093,631	103,865	0
	Grand Totals		6,093,631	103,865	0

Form **990**

Two Year Comparison Report

For calendar year 2024, or tax year beginning , ending

2023 & 2024

Name

RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS

Taxpayer Identification Number

94-3108570

			2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1.	3,168,554	2,491,594	-676,960
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	14,372	110	-14,262
	5. Investment income	5.	148,519	93,623	-54,896
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	-3,103	248,555	251,658
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	44,279	46,731	2,452
	12. **Total revenue.** Add lines 1 through 11	12.	3,372,621	2,880,613	-492,008
Expenses	13. Grants and similar amounts paid	13.	86,355	20,096	-66,259
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	258,876	214,440	-44,436
	16. Salaries, other compensation, and employee benefits	16.	967,617	1,186,148	218,531
	17. Professional fundraising fees	17.	78,751	67,400	-11,351
	18. Other professional fees	18.	262,510	268,817	6,307
	19. Occupancy, rent, utilities, and maintenance	19.	261,732	227,161	-34,571
	20. Depreciation and Depletion	20.	178,271	320,086	141,815
	21. Other expenses	21.	312,468	375,653	63,185
	22. **Total expenses.** Add lines 13 through 21	22.	2,406,580	2,679,801	273,221
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	966,041	200,812	-765,229
Other Information	24. Total exempt revenue	24.	3,372,621	2,880,613	-492,008
	25. Total unrelated revenue	25.	28,117		-28,117
	26. Total excludable revenue	26.	175,950	389,019	213,069
	27. Total assets	27.	13,846,708	13,141,238	-705,470
	28. Total liabilities	28.	1,521,439	781,807	-739,632
	29. Retained earnings	29.	12,325,269	12,359,431	34,162
	30. Number of voting members of governing body	30.	16	18	
	31. Number of independent voting members of governing body	31.	16	18	
	32. Number of employees	32.	32	33	
	33. Number of volunteers	33.	3008	4621	

Form **990T**

Two Year Comparison Report

For calendar year 2024, or tax year beginning , ending

2023 & 2024

Name

RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS

Taxpayer Identification Number

94-3108570

			2023	2024	Differences
Business Taxable Income	**1.** Number of unrelated business activities for this return	1.	1	1	
	2. Unrelated business taxable income from all trades	2.	2,196		-2,196
	3. Charitable contributions	3.			
	4. Section 199A deduction (trusts only)	4.			
	5. Taxable income before NOL loss	5.	2,196		-2,196
	6. Net operating loss (pre-2018)	6.			
	7. Specific deduction	7.	1,000	1,000	
	8. Unrelated business taxable income.	8.	1,196		-1,196
Tax & Credits	**9.** Income tax (corporate or trust)	9.	251		-251
	10. Proxy tax	10.			
	11. Other taxes	11.			
	12. Total taxes	12.	251		-251
	13. Other credits	13.			
	14. General business credit	14.			
	15. Credit for prior year minimum tax	15.			
	16. Total credits	16.			
	17. Net tax after credits	17.	251		-251
	18. Recapture taxes and 965 tax	18.			
	19. Total Taxes	19.	251		-251
Due/Refund	**20.** Prior year overpayment and estimated tax payments	20.			
	21. Payment made with extension	21.			
	22. Backup withholding and foreign withholding	22.			
	23. Other payments	23.			
	24. Total payments	24.			
	25. Balance due/(Overpayment)	25.	251		-251
	26. Overpayment applied to next year	26.			
	27. Penalties	27.			
	28. Total due/(Refund)	28.	251		-251
	29. Activity Losses NOL (Post-2017)	29.			

Form **SchA** (990T)

Two Year Comparison for Unrelated Business Activity

For calendar year 2024, or tax year beginning , ending

2023 & 2024

Organization Name
RONALD MCDONALD HOUSE CHARITIES OF

Taxpayer Identification Number
94-3108570

Activity: **UNRELATED BUSINESS ACTIVITY**

Unincorporated Business Income Tax Code: **532000**

			2023	2024	Differences
Revenue	**1.** Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.	4,696		-4,696
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	4,696		-4,696
Expenses	**12.** Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.	2,500		-2,500
	22. Total deductions. Add lines 12 through 22	22.	2,500		-2,500
	23. Taxable income before deductions. Subtract line 23 from 11	23.	2,196		-2,196
	24. Deductible losses	24.			
	25. Unrelated business taxable income (loss)	25.	2,196		-2,196

Form **990**

Tax Return History

2024

Name **RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS**

Employer Identification Number **94-3108570**

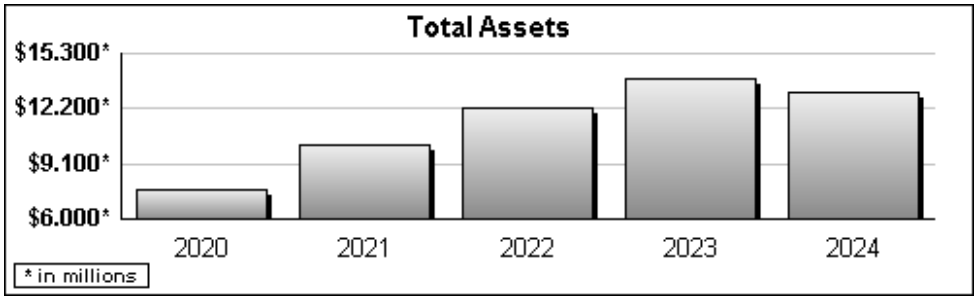
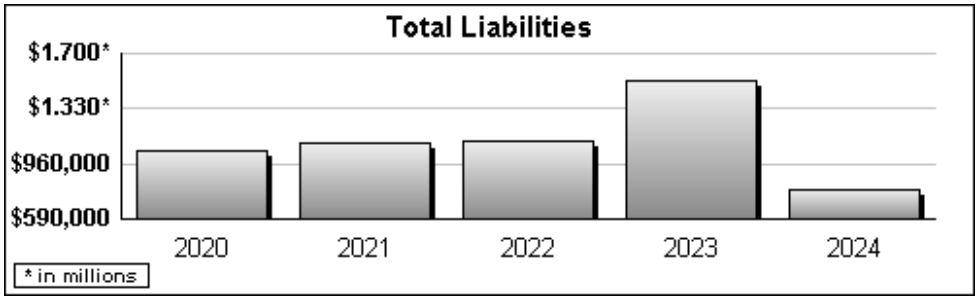
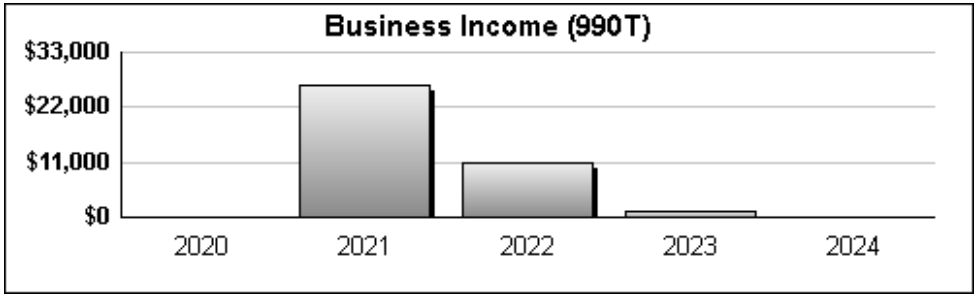
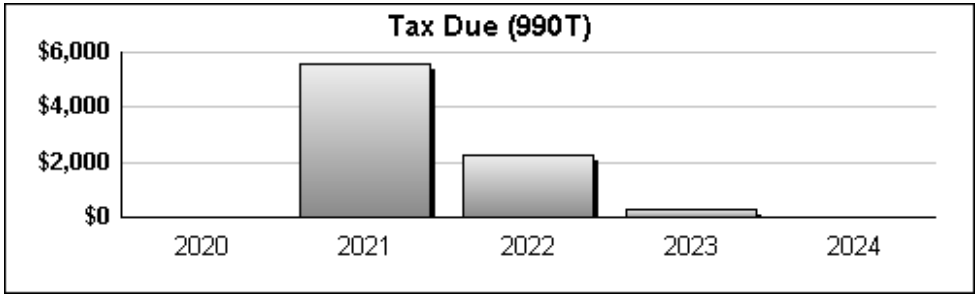
	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	2,392,770	3,755,618	4,567,011	3,168,554	2,491,594	
Membership dues						
Program service revenue	8,574	9,686	7,927	14,372	110	
Capital gain or loss	-1,027		84,243	-3,103	248,555	
Investment income	178,573	309,856	110,710	148,519	93,623	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		83,823	58,526	44,279	46,731	
Total revenue	2,578,890	4,158,983	4,828,417	3,372,621	2,880,613	
Grants and similar amounts paid	104,500	164,450	132,000	86,355	20,096	
Benefits paid to or for members						
Compensation of officers, etc.	201,709	167,940	251,173	258,876	214,440	
Other compensation	681,220	692,004	821,134	967,617	1,186,148	
Professional fees	309,837	309,201	329,382	341,261	336,217	
Occupancy costs	128,286	123,520	215,838	261,732	227,161	
Depreciation and depletion	149,436	144,137	136,746	178,271	320,086	
Other expenses	172,347	188,231	260,831	312,468	375,653	
Total expenses	1,747,335	1,789,483	2,147,104	2,406,580	2,679,801	
Excess or (Deficit)	831,555	2,369,500	2,681,313	966,041	200,812	
Total exempt revenue	2,578,890	4,158,983	4,828,417	3,372,621	2,880,613	
Total unrelated revenue		35,898	33,714	28,117		
Total excludable revenue	186,120	367,467	227,692	175,950	389,019	
Total Assets	7,637,239	10,131,342	12,202,422	13,846,708	13,141,238	
Total Liabilities	1,051,595	1,104,987	1,106,976	1,521,439	781,807	
Net Fund Balances	6,585,644	9,026,355	11,095,446	12,325,269	12,359,431	

Form **990T**

Tax Return History

2024

Name **RONALD MCDONALD HOUSE CHARITIES OF GREATER LAS VEGAS**

Employer Identification Number **94-3108570**

	2020	2021	2022	2023	2024	2025
UBTI from all trades	0	27,520	11,902	2,196	0	
Charitable contributions						
Net operating loss deduction						
Specific deduction		1,000	1,000	1,000	1,000	
Section 199A deduction (trusts)						
Income after deductions		26,520	10,902	1,196		
Income tax (corporate or trust)		5,569	2,289	251		
Other taxes						
Total taxes		5,569	2,289	251		
General business credit						
Other credits						
Net tax after credits		5,569	2,289	251		
Estimated tax payments						
Other payments				251		
Balance due /-Overpayment		5,569	2,289