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

2017

Open to Public Inspection

A For the 2017 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, Inc.

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$ 2,649,364

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

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	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	18
6	Total number of volunteers (estimate if necessary)	6	5831
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,187,591	2,309,048
9	Program service revenue (Part VIII, line 2g)	10,848	14,132
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,797	193,293
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,000
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,264,236	2,521,473
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	328,053	301,528
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)	703,367	738,286
16a	Professional fundraising fees (Part IX, column (A), line 11e)	42,971	47,540
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 266,103		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	700,637	787,848
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,775,028	1,875,202
19	Revenue less expenses. Subtract line 18 from line 12	489,208	646,271

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,881,574	5,664,418
21	Total liabilities (Part X, line 26)	168,952	274,787
22	Net assets or fund balances. Subtract line 21 from line 20	4,712,622	5,389,631

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: Alyson McCarthy — Date: 7-26-18

Alyson McCarthy CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Katie Hampton	Katie Hampton	07/13/18		P00292787

Firm's name ▶ Houldsworth, Russo & Company, P.C. — Firm's EIN ▶ 88-0374623

Firm's address ▶ 8675 S Eastern Ave Ste A Las Vegas, NV 89123-2839 — 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 ... X

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ... ☐ Yes ☒ 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 $ 767,245 including grants of$) (Revenue $ 14,132)

Ronald McDonald House

The Ronald McDonald House (RMH) Keeps Families Close when they need it most by providing a temporary "home away from home" for families who must travel to Las Vegas to receive critical medical treatment for their children. The House accommodates up to 12 families, or 72 family members, at one time. Families have their own bedroom suites with private bathrooms, play areas for the children, an adult respite room, a fully-stocked pantry and laundry facility, lounge areas, and backyard. The House provides home-cooked dinners, healthy sack lunches, and rides to the hospital every day. We ask for a $10/night donation but no family is ever turned away due to an inability to pay. In 2017, the House served 203 families.

4b (Code:) (Expenses $ 373,975 including grants of$ 301,528) (Revenue $)

RMHC Scholarships

RMHC awards college scholarships to deserving high school seniors and continuing college students from Clark and Nye Counties who demonstrate a financial need and who might not otherwise have the opportunity to receive a higher education. These scholarships are funded, in part, by proceeds generated through the sale of newspapers in McDonald's Restaurants. Local McDonald's owner-operators also conduct an annual restaurant fundraising event called "Eggs for Education." In addition, community partners contribute funds that are matched by RMHC Global. 150 high school seniors and 119 returning college students were awarded more than $369,000 in scholarships in 2017.

4c (Code:) (Expenses $ 111,639 including grants of$) (Revenue $)

Lunch Is On Us!

In an effort to help relieve the financial and emotional stress of having a child in the hospital, RMHC volunteers prepare and deliver free healthy sack lunches to families sitting at the bedsides of their children at Sunrise Children's Hospital, University Medical Center, and the Cure 4 The Kids Chemotherapy Treatment Center in Las Vegas. More than 37,000 lunches in brightly decorated bags were prepared and delivered to families in 2017. Toys, books, and other children's activities are provided on occasion as well.

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

(Expenses $ 192,287 including grants of$) (Revenue $)

4e Total program service expenses ▶ 1,445,146

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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash 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 in 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	3		
b	Enter the number of Forms W-2G included in 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			
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	18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
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 in 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 in Schedule O*	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI 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	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AL,FL,IL,NJ,NY,OR

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

X Own website ☐ Another's website X Upon request ☐ Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

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 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Todd Sklamberg President	1.00 0.00	X		X				0	0	0
(2) Torry Somers President-Elect	2.00 0.00	X		X				0	0	0
(3) Rick Fields Past President	1.00 0.00	X		X				0	0	0
(4) Denise Alderette VP Fund Development	2.00 0.00	X						0	0	0
(5) Alfred Pozos, PhD. VP of Operations	3.00 0.00	X						0	0	0
(6) Lorraine Klemz VP, Strat. Planning	0.50 0.00	X						0	0	0
(7) Linda Johnson Secretary	2.00 0.00	X						0	0	0
(8) Edward Janov Treasurer	1.00 0.00	X		X				0	0	0
(9) Eva Martin Member at Large	2.00 0.00	X						0	0	0
(10) Angelica Silveyra Member at Large	2.00 0.00	X						0	0	0
(11) Lee Barrett Trustee	0.50 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Laurie Biddle	1.00									
Trustee	0.00	X						0	0	0
(13) Heidi Gonzalez	1.00									
Trustee	0.00	X						0	0	0
(14) Roger Jones	1.00									
Trustee	0.00	X						0	0	0
(15) Brad McPherson	1.00									
Trustee	0.00	X						0	0	0
(16) Jerry Merrill	1.00									
Trustee	0.00	X						0	0	0
(17) Debbie Mitchell	1.00									
Trustee	0.00	X						0	0	0
(18) Tamara Beatty Peterson	1.00									
Trustee	0.00	X						0	0	0
(19) Loraine Phelps	1.00									
Trustee	0.00	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶								167,546		15,160
d Total (add lines 1b and 1c) ▶								167,546		15,160

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, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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*		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*		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	289,715			
	d Related organizations	1d	137,368			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,881,965			
	g Noncash contributions included in lines 1a-1f: $ 231,452					
	h **Total.** Add lines 1a–1f ▶		2,309,048			
Program Service Revenue		Busn. Code				
	2a Room revenues	531110	14,132	14,132		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		14,132			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		196,723			196,723
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis & sales exps.		3,430			
	c Gain or (loss)		-3,430			
	d Net gain or (loss) ▶		-3,430	-3,430		
	8a Gross income from fundraising events (not including $ 289,715 of contributions reported on line 1c). See Part IV, line 18 a		124,461			
	b Less: direct expenses b		124,461			
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Busn. Code				
	11a Other	531110	5,000	5,000		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶		5,000			
	12 **Total revenue.** See instructions. ▶		2,521,473	15,702	0	196,723

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	301,528	301,528		
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	182,706	89,861	73,845	19,000
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	453,793	376,438	7,626	69,729
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,858	9,420	1,646	1,792
9 Other employee benefits	40,196	29,448	5,145	5,603
10 Payroll taxes	48,733	35,702	6,238	6,793
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,152		16,152	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	47,540			47,540
f Investment management fees	16,981		16,981	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	118,086	98,846	9,210	10,030
12 Advertising and promotion	11,603	9,399		2,204
13 Office expenses	55,143	31,361	17,815	5,967
14 Information technology				
15 Royalties				
16 Occupancy	82,858	80,356	1,549	953
17 Travel	18,690	13,692	2,393	2,605
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,120	5,217	910	993
20 Interest				
21 Payments to affiliates	53,249			53,249
22 Depreciation, depletion, and amortization	137,153	133,011	2,565	1,577
23 Insurance	24,793	24,044	464	285
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Guest services	138,028	138,028		
b Food Expenses	60,711	60,711		
c Canister supplies & fees	36,245			36,245
d Meals and entertainment	6,058	4,438	776	844
e All other expenses	4,978	3,646	638	694
25 **Total functional expenses.** Add lines 1 through 24e	1,875,202	1,445,146	163,953	266,103
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	771,758	1	791,891
	2	Savings and temporary cash investments	435,524	2	567,092
	3	Pledges and grants receivable, net	214,020	3	165,240
	4	Accounts receivable, net	31,856	4	41,352
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	14,582	9	137,281
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 3,153,398			
	b	Less: accumulated depreciation — 10b: 1,344,004	1,688,590	10c	1,809,394
	11	Investments—publicly traded securities	1,724,533	11	2,148,725
	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	711	15	3,443
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	4,881,574	16	5,664,418
Liabilities	17	Accounts payable and accrued expenses	168,952	17	180,540
	18	Grants payable		18	
	19	Deferred revenue		19	94,247
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	168,952	26	274,787
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,380,860	27	5,090,076
	28	Temporarily restricted net assets	331,762	28	299,555
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,712,622	33	5,389,631
	34	Total liabilities and net assets/fund balances	4,881,574	34	5,664,418

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,521,473
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,875,202
3	Revenue less expenses. Subtract line 2 from line 1	3	646,271
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,712,622
5	Net unrealized gains (losses) on investments	5	76,568
6	Donated services and use of facilities	6	52,694
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-98,524
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,389,631

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 in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ 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 in 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 Single Audit Act and OMB Circular A-133?	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 in 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Jason Samuelson	1.00									
Trustee	0.00	X						0	0	0
(21) Bob Sheridan	2.00									
Trustee	0.00	X						0	0	0
(22) Joyce Smith	1.00									
Trustee	0.00	X						0	0	0
(23) Brianne Soscia	1.00									
Trustee	0.00	X						0	0	0
(24) Kellie Vander Veur	1.00									
Trustee	0.00	X						0	0	0
(25) Jeffrey Wells	1.00									
Trustee	0.00	X						0	0	0
(26) Alyson McCarthy	40.00									
CEO	0.00			X				107,742	0	10,309
(27) Stephanie Franks	40.00									
Director of Finance	0.00			X				59,804	0	4,851
1b Sub-total ▶								167,546		15,160
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, or 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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	**Employer identification number**
Ronald McDonald House Charities of Greater Las Vegas, Inc.	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 or 990-EZ).)

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

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

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

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

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

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

9 ☐ An 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 in 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,616,525	1,672,333	1,752,173	2,187,591	2,309,048	9,537,670
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	1,616,525	1,672,333	1,752,173	2,187,591	2,309,048	9,537,670
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)						834,314
6 **Public support.** Subtract line 5 from line 4.						8,703,356

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1,616,525	1,672,333	1,752,173	2,187,591	2,309,048	9,537,670
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	55,645	78,016	80,170	65,797	196,723	476,351
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						10,014,021

12	Gross receipts from related activities, etc. (see instructions)	12	143,593

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	86.91%
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	89.47%

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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 (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 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	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 government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	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 1-1/2% of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by .035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2 Enter 85% of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization
Ronald McDonald House Charities of Greater Las Vegas, Inc.

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 (e.g., recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ $
- (ii) Assets included in Form 990, Part X ▶ $

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

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

b Assets included in Form 990, Part X ▶ $

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 are a 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 programs
- 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 on 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 Temporarily restricted 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		75,000		75,000
b Buildings		2,602,268	1,059,322	1,542,946
c Leasehold improvements				
d Equipment		326,672	242,682	83,990
e Other		149,458	42,000	107,458
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				1,809,394

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, col. (B) line 12.)* ▶		

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

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

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

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

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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	2,637,184
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	76,568		
b	Donated services and use of facilities	2b	52,694		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	3,430		
e	Add lines **2a** through **2d**			2e	132,692
3	Subtract line **2e** from line **1**			3	2,504,492
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	16,981		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	16,981
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2,521,473

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	1,960,175
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	98,524		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	3,430		
e	Add lines **2a** through **2d**			2e	101,954
3	Subtract line **2e** from line **1**			3	1,858,221
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	16,981		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	16,981
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,875,202

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 of assets in expenses $ 3,430

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Loss on disposal of assets in revenue $ 3,430

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990 or 990-EZ)

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 the latest instructions.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: **Ronald McDonald House Charities of Greater Las Vegas, Inc.**

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 non-government 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 P.O. Box 641114 Pittsburgh PA 15264	Mail	X		85,692	47,540	38,152
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				85,692	47,540	38,152

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, Missouri, 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 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	330,460	61,273	22,443	414,176
	2 Less: Contributions	232,740	47,390	9,585	289,715
	3 Gross income (line 1 minus line 2)	97,720	13,883	12,858	124,461
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	6,938		230	7,168
	6 Rent/facility costs	70,276	7,837	9,485	87,598
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,505	6,046	3,144	29,695
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				124,461
	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 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 (iii) - Custody or Control Arrangement
True Sense Marketing
Yes

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: Ronald McDonald House Charities of Greater Las Vegas, Inc.

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? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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	269	301,528			
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.

See Schedule I Supplemental Information Worksheet

SCHEDULE I (Form 990)	Supplemental Information For calendar year 2017, or tax year beginning , and ending	2017

Name of the organization: Ronald McDonald House Charities of Greater Las Vegas, Inc.

Employer identification number: 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 six months 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 the latest information.**

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization: **Ronald McDonald House Charities of Greater Las Vegas, Inc.**

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				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory	X	19438	33,239	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(Solar Panels)	X	1	141,118	FMV
26	Other ▶(Program Goods)	X	305	54,095	FMV
27	Other ▶(Gift Cards)	X	100	3,000	FMV
28	Other ▶( )				

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

			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 three 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.

SCHEDULE O (Form 990 or 990-EZ)	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 990-EZ. ▶ Go to *www.irs.gov/Form990* for the latest information.	2017 Open to Public Inspection

Name of the organization	Employer identification number
Ronald McDonald House Charities of Greater Las Vegas, Inc.	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 "home away from home" provides temporary housing, meals, transportation, and other support services for families who must travel to Las Vegas to seek critical medical treatment for their children. RMHC's unique "Lunch Is On Us!" Program delivers healthy sack lunches daily to families sitting bedside with their children at Sunrise Children's Hospital, University Medical Center (UMC), and the Cure 4 The Kids Chemotherapy Treatment Center in Las Vegas. RMHC also awards annual scholarships to local high school seniors, as well as qualifying continuing college students in Clark and Nye Counties. 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. Financial support for RMHC of Greater Las Vegas comes from individual donors, foundations, local companies and corporations, as well as fundraising events. 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.

Form 990, Part III, Line 4d - All Other Accomplishment

Ronald McDonald Care Mobile program -

In an effort to provide access to dental care for underserved children in

Name of the organization: Ronald McDonald House Charities of

Employer identification number: 94-3108570

rural Nevada, RMHC of Greater Las Vegas, in partnership with Nevada Health Centers, operates a Ronald McDonald Care Mobile program - a mobile dental unit that delivers care directly to children in their own neighborhoods. The Care Mobile makes scheduled visits to accessible locations like schools, churches and community centers. Thousands of children who would otherwise go without dental care are currently being served through the Ronald McDonald Care Mobile program.

Family Room-

RMHC also provides a temporary "home away from home" at the Ronald McDonald Family Room at 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 Neo-Natal 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 work stations. 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.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The return is reveiwed by the Executive Director, Business Manager, Board Treasurer and a member of the Finance Committee before it is presented to the Board of Directors, who then approves it before it is signed and filed

Name of the organization	Employer identification number
Ronald McDonald House Charities of	94-3108570

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.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

$ -98,524

This difference is related to the reciept of donated property, plant and equipment in the prior year.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: **Ronald McDonald House Charities of Greater Las Vegas, Inc.**

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	10	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) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? 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) Section 512(b)(13) controlled entity? 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.

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
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	b	53,249	
(2)	RMHC Global	c	137,368	
(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 (99)

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

2017

Attachment Sequence No. **179**

Name(s) shown on return: Ronald McDonald House Charities of Greater Las Vegas, Inc.

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	510,000
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	2,030,000
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 2016 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 2018. 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	137,153

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 2017	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 2017 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 2017 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	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	137,153
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	

There are no amounts for Page 2

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	855,846	46,282
3	Patio Cover	9/29/99	2,500				2,500	39	MO	S/L	1,106	64
	Sold/Scrapped: 12/31/17											
11	Refrigerator	5/19/98	1,320				1,320	7	MO	S/L	1,320	0
	Sold/Scrapped: 12/31/17											
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
18	Best Values Shutters	6/23/98	3,240				3,240	7	MO	S/L	3,240	0
19	Shelving/Mail Slots	6/23/98	3,140				3,140	7	MO	S/L	3,140	0
	Sold/Scrapped: 12/31/17											
22	Water Softener	7/06/98	4,500				4,500	5	MO	S/L	4,500	0
	Sold/Scrapped: 12/31/17											
26	Ceiling Fans	10/23/00	5,535				5,535	7	MO	S/L	5,535	0
	Sold/Scrapped: 12/31/17											
28	Water Softener Repairs	6/20/01	2,378				2,378	5	MO	S/L	2,378	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	1,765	131
42	Landscaping Improvements	7/29/03	5,826				5,826	15	MO	S/L	5,211	388
	Sold/Scrapped: 12/31/17											
43	Concrete Repairs	7/29/03	4,750				4,750	15	MO	S/L	4,249	316
44	Shed	7/31/03	1,985				1,985	7	MO	S/L	1,985	0
46	Game Room Cabinet	9/23/03	1,500				1,500	5	MO	S/L	1,500	0
	Sold/Scrapped: 12/31/17											
48	Appliance Maintenance	9/13/03	549				549	5	MO	S/L	549	0
	Sold/Scrapped: 12/31/17											
50	Ceramic Tile	9/01/03	950				950	40	MO	S/L	317	23
	Sold/Scrapped: 12/31/17											
51	Iron Fence Work	9/25/03	1,100				1,100	40	MO	S/L	364	28
52	Electrical Work	9/01/03	1,300				1,300	40	MO	S/L	433	33
54	Landscaping	9/01/03	1,712				1,712	15	MO	S/L	1,522	114
	Sold/Scrapped: 12/31/17											
55	Bathroom Fixtures	9/01/03	1,650				1,650	5	MO	S/L	1,650	0
	Sold/Scrapped: 12/31/17											
56	Shelves for Luggage Room	9/13/03	650				650	7	MO	S/L	650	0
	Sold/Scrapped: 12/31/17											
57	Ceramic Tile Install	9/27/03	850				850	40	MO	S/L	282	21
	Sold/Scrapped: 12/31/17											
58	Block Wall Repairs	9/20/03	680				680	40	MO	S/L	225	17
62	3 Washers & Dryers	11/02/04	2,550				2,550	5	MO	S/L	2,550	0
	Sold/Scrapped: 12/31/17											
63	Electrical Upgrades	12/01/04	3,400				3,400	10	MO	S/L	3,400	0
64	Door	4/03/04	778				778	10	MO	S/L	778	0
	Sold/Scrapped: 12/31/17											
66	Carpeting	8/26/04	17,419				17,419	7	MO	S/L	17,419	0
	Sold/Scrapped: 12/31/17											
67	Dinning Room Set & Hutch	12/28/04	4,200				4,200	7	MO	S/L	4,200	0
	Sold/Scrapped: 12/31/17											
70	Landscaping	12/01/04	8,475				8,475	10	MO	S/L	8,475	0
	Sold/Scrapped: 12/31/17											
73	Strip/Reseal Parking Lot	10/05/05	1,650				1,650	10	MO	S/L	1,650	0
	Sold/Scrapped: 12/31/17											
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
80	Washer and Dryer - Maytag	6/30/06	3,127				3,127	5	MO	S/L	3,127	0
81	Exterior lighting repairs	11/30/06	1,331				1,331	5	MO	S/L	1,331	0
	Sold/Scrapped: 12/31/17											
83	Ice Machine	6/30/06	1,517				1,517	7	MO	S/L	1,517	0
	Sold/Scrapped: 12/31/17											
85	New Computer - Sarah	3/01/06	1,572				1,572	5	MO	S/L	1,572	0
	Out Of Service: 1/01/14											
86	Youth Bed	3/01/06	1,800				1,800	5	MO	S/L	1,800	0
	Sold/Scrapped: 12/31/17											
88	AC Unit and Air Handler	2/12/07	5,646				5,646	5	MO	S/L	5,646	0
89	Exit Signs	2/21/07	3,829				3,829	39	MO	S/L	965	99
90	New Waterline and Meter	6/13/07	1,200				1,200	39	MO	S/L	295	31

Federal Asset Report
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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
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
94	Easy Ups for Camps and Events	3/14/07	1,402				1,402	5	MO	S/L	1,402	0
	Sold/Scrapped: 12/31/17											
96	Big Screen TV (donated)	4/07/07	1,000				1,000	5	MO	S/L	1,000	0
	Sold/Scrapped: 12/31/17											
97	Big Screen (donated)	4/07/07	500				500	5	MO	S/L	500	0
	Sold/Scrapped: 12/31/17											
98	Shelving	4/17/07	710				710	5	MO	S/L	710	0
99	Server Rebuild- New Computer Equipment	5/07/07	4,108				4,108	3	MO	S/L	4,108	0
	Out Of Service: 1/01/14											
104	Ceiling Fan Repairs	8/07/07	1,145				1,145	5	MO	S/L	1,145	0
	Sold/Scrapped: 12/31/17											
106	Water Heater	1/28/08	2,511				2,511	7	MO	S/L	2,511	0
110	Water Heater	10/13/08	1,875				1,875	7	MO	S/L	1,875	0
111	White Cabinets (in-kind)	10/28/08	1,200				1,200	7	MO	S/L	1,200	0
	Sold/Scrapped: 12/31/17											
113	New Camera System	11/10/08	16,143				16,143	10	MO	S/L	13,183	1,614
114	Dell Computer - Julie	11/20/08	1,416				1,416	3	MO	S/L	1,416	0
115	Drain replacement - Guest rooms	3/07/08	700				700	5	MO	S/L	700	0
	Sold/Scrapped: 12/31/17											
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	1,401	161
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	4,100	497
121	Kitchen Repairs	4/07/09	1,500				1,500	10	MO	S/L	1,163	150
	Sold/Scrapped: 12/31/17											
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
125	Two New Ovens - Donated	2/10/09	6,200				6,200	7	MO	S/L	6,200	0
126	Fridge & Freezer + Install	5/05/09	1,000				1,000	7	MO	S/L	1,000	0
127	2 Donated Cherry Finish Office Desks - use	11/09/09	1,000				1,000	7	MO	S/L	1,000	0
	Sold/Scrapped: 12/31/17											
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
132	4 Carlyle Recliners	11/24/10	3,596				3,596	5	MO	S/L	3,596	0
	Sold/Scrapped: 12/31/17											
133	Website Design	12/30/10	52,800				52,800	10	MO	S/L	31,680	5,280
134	Scholarship Database	12/30/10	7,200				7,200	10	MO	S/L	4,320	720
135	Computers	1/01/11	2,840				2,840	5	MO	S/L	2,840	0
136	Awnings	1/24/11	1,680				1,680	5	MO	S/L	1,680	0
	Sold/Scrapped: 12/31/17											
137	2006 Ford F350	7/01/11	8,175				8,175	5	MO	S/L	8,175	0
138	2012 Ford Econoline Van	1/23/12	26,983				26,983	5	MO	S/L	26,533	450
139	Air Conditioning Ducts	5/18/12	6,509				6,509	10	MO	S/L	2,983	651
140	Drywall Improvements	6/29/12	24,900				24,900	10	MO	S/L	11,205	2,490
141	Interior Building Improvements	12/01/12	15,205				15,205	10	MO	S/L	6,209	1,520
142	AC Units and Installation	7/11/12	35,832				35,832	10	MO	S/L	16,124	3,584
143	25 Tempur-Pedic Beds (donated)	11/02/12	58,175				58,175	5	MO	S/L	48,479	9,696
	Sold/Scrapped: 12/31/17											
144	Easy Up Tents	5/18/12	1,800				1,800	3	MO	S/L	1,800	0
145	Lazyboy furniture for livingroom	6/01/13	3,634				3,634	7	MO	S/L	1,860	519
146	Dell Laptop and monitor	7/13/13	1,106				1,106	5	MO	S/L	774	221
147	Outdoor Furniture Cushions	3/31/13	554				554	5	MO	S/L	415	111
	Sold/Scrapped: 12/31/17											
148	Encoder Key Machine	11/05/13	1,135				1,135	5	MO	S/L	719	227
	Sold/Scrapped: 12/31/17											
149	Outdoor Shed	8/16/13	2,993				2,993	10	MO	S/L	998	299
150	Dryer	2/08/13	600				600	7	MO	S/L	336	85
151	Hot Water Heater	4/15/13	3,174				3,174	5	MO	S/L	2,380	635
152	Maytag Dishwasher	9/23/13	599				599	5	MO	S/L	389	120
153	Fabric Chairs for Board Room	9/26/13	600				600	7	MO	S/L	279	85
	Sold/Scrapped: 12/31/17											
154	Pantry Shelving	2/22/13	1,272				1,272	7	MO	S/L	696	182
155	Linen Closet Shelving	2/22/13	1,126				1,126	7	MO	S/L	617	161
156	Operations Closet Shelving	2/22/13	1,053				1,053	7	MO	S/L	577	150
157	Fundraising Office Closet Shelving	2/22/13	1,274				1,274	7	MO	S/L	698	182

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
158	55" Flat Screen TV	7/13/13	500				500	5	MO	S/L	350	100
159	Laptop for Alyson	12/22/13	511				511	5	MO	S/L	306	103
160	2 A/C Units	3/06/13	5,478				5,478	10	MO	S/L	2,100	548
161	TV and Wall Mount	7/09/13	1,101				1,101	5	MO	S/L	771	220
162	Phase 1 building improvements	8/01/13	32,441				32,441	39	MO	S/L	2,842	832
163	Security System	7/15/13	2,754				2,754	10	MO	S/L	964	275
164	Low Voltage Phones	7/02/13	2,919				2,919	7	MO	S/L	1,460	417
165	1 Tempur-Pedic Beds (donated)	11/02/12	2,327				2,327	5	MO	S/L	1,939	388
	Sold/Scrapped: 12/31/17											
167	Reverse osmosis system	10/02/14	995				995	7	MO	S/L	320	142
168	New Furniture Donated	9/14/14	7,150				7,150	5	MO	S/L	3,337	1,430
169	2 Programmable Therostats donation	7/02/14	759				759	5	MO	S/L	379	152
170	Computers Monitors etc	2/05/14	3,229				3,229	3	MO	S/L	3,140	89
171	Patio Furniture	4/14/14	1,041				1,041	3	MO	S/L	954	87
172	Washing Machine	7/08/14	300				300	3	MO	S/L	250	50
173	Game Room Computers	7/11/14	1,726				1,726	5	MO	S/L	863	345
174	Conference Room Tables	6/02/15	2,909				2,909	5	MO	S/L	921	582
175	Ice Machine	1/20/15	1,829				1,829	5	MO	S/L	701	366
177	Refrigerator for lunch item storage	7/15/15	566				566	5	MO	S/L	170	113
178	Computer upgrade	4/20/15	894				894	3	MO	S/L	497	298
179	INK-Refurb Apple Computers	9/23/15	825				825	3	MO	S/L	344	275
180	House Remodel Project-Phase 2	1/01/15	104,189				104,189	39	MO	S/L	5,343	2,672
182	RMH Remodel Phase 3	6/30/15	191,097				191,097	39	MO	S/L	7,350	4,900
183	Van	6/30/16	44,221				44,221	5	MO	S/L	4,422	8,844
184	Family Room Buildout	5/31/16	131,632				131,632	39	MO	S/L	1,969	3,375
185	New Phone system	2/23/16	12,165				12,165	5	MO	S/L	2,028	2,433
187	Family Room Furniture	5/31/16	20,872				20,872	5	MO	S/L	2,435	4,174
188	Ronald McDonald Bench	9/30/16	7,534				7,534	5	MO	S/L	377	1,507
189	Landcaping & irrigation	12/31/16	3,832				3,832	5	MO	S/L	0	766
190	Electric install-Solar Panel	12/31/16	2,000				2,000	7	MO	S/L	0	286
191	Shed	10/31/16	3,590				3,590	3	MO	S/L	199	1,197
192	New Wall	11/02/16	14,000				14,000	20	MO	S/L	117	700
193	Conference Room Phone Routing	4/21/17	466				466	10	MO	S/L	0	31
194	Conference Room Remodel	4/30/17	6,744				6,744	7	MO	S/L	0	642
195	Fire Panel to J Box	5/03/17	1,075				1,075	7	MO	S/L	0	102
196	Relocation of one motion and one siren	5/05/17	190				190	7	MO	S/L	0	18
197	Zone 5 Alarm	5/10/17	285				285	7	MO	S/L	0	27
198	Demo & Desk Removal/Replacement	5/18/17	7,932				7,932	7	MO	S/L	0	661
199	Conference Room Phone Routing	5/18/17	250				250	10	MO	S/L	0	15
200	Western Caseworks Corp	5/20/17	2,794				2,794	10	MO	S/L	0	163
201	A/V Installation	5/24/17	786				786	10	MO	S/L	0	46
202	Relocate sewer, condensate & gase lines	6/19/17	5,240				5,240	7	MO	S/L	0	374
203	Metal Indoor/Outdoor Kitchen Dining Chair	8/30/17	150				150	10	MO	S/L	0	5
204	Two L-Shaped Desks	9/05/17	2,274				2,274	10	MO	S/L	0	76
205	Devoko Metal Dining Chairs	9/27/17	876				876	10	MO	S/L	0	22
206	Microwave	3/31/17	399				399	10	MO	S/L	0	30
207	Mahogany flipper table	5/11/17	209				209	10	MO	S/L	0	14
208	Half-round flipper training table	5/11/17	613				613	10	MO	S/L	0	41
209	Replacement projector	5/25/17	76				76	10	MO	S/L	0	4
210	Cord cover for A/V	5/25/17	34				34	10	MO	S/L	0	2
211	Flipper Training Table	6/20/17	419				419	10	MO	S/L	0	21
212	Backyard landscape project	10/13/17	27,291				27,291	0	--	Memo	0	0
213	Backyard remodel - Fountain	10/17/17	2,099				2,099	0	--	Memo	0	0
214	Key System	11/17/17	9,504				9,504	0	--	Memo	0	0
215	Pigeon netting & screening	11/20/17	6,990				6,990	0	--	Memo	0	0
216	Pigeon netting - addtl labor	11/20/17	850				850	0	--	Memo	0	0
217	Trash can	11/27/17	258				258	0	--	Memo	0	0
218	Plumbing Repair	11/30/17	1,241				1,241	0	--	Memo	0	0
219	Stainless Steel Refrigerator x2	12/07/17	654				654	0	--	Memo	0	0
220	BBQ & Fountain	12/08/17	752				752	0	--	Memo	0	0
221	Conduits for Storage Sheds	12/08/17	294				294	0	--	Memo	0	0
222	Patio Heaters	12/08/17	1,857				1,857	0	--	Memo	0	0
223	Mist System	12/08/17	213				213	0	--	Memo	0	0
224	Nevada Outdoor Living	12/11/17	1,525				1,525	0	--	Memo	0	0
225	Electrical trenching & installing conduit	12/20/17	409				409	0	--	Memo	0	0
226	Tungsten Heater 6000w x2	12/20/17	1,950				1,950	0	--	Memo	0	0
227	Landscape Project - Progress Billing #2	12/21/17	27,291				27,291	0	--	Memo	0	0
228	Sheds x2	12/21/17	6,281				6,281	0	--	Memo	0	0
229	Refrigerator (in-kind)	6/05/17	2,000				2,000	10	MO	S/L	0	117
230	Washer & Dryer (in-kind)	6/05/17	1,600				1,600	10	MO	S/L	0	93
231	Solar Panels	1/01/17	137,518				137,518	7	MO	S/L	0	19,645

Federal Asset Report
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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Total Other Depreciation		3,300,320				3,300,320				1,350,341	137,152
	Total ACRS and Other Depreciation		3,300,320				3,300,320				1,350,341	137,152
	Grand Totals		3,300,320				3,300,320				1,350,341	137,152
	Less: Dispositions and Transfers		146,916				146,916				132,219	11,267
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		3,153,404				3,153,404				1,218,122	125,885

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
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
	Form 990, Page 1		164,494		0	0	0	164,494
	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
18	Best Values Shutters	6/23/98	3,240	0	0
28	Water Softener Repairs	6/20/01	2,378	0	0
30	Bronze Casting	4/27/01	652	0	0
40	Basement Hallway Improvements	7/15/03	5,100	131	0
43	Concrete Repairs	7/29/03	4,750	185	0
44	Shed	7/31/03	1,985	0	0
51	Iron Fence Work	9/25/03	1,100	27	0
52	Electrical Work	9/01/03	1,300	32	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
80	Washer and Dryer - Maytag	6/30/06	3,127	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
89	Exit Signs	2/21/07	3,829	98	0
90	New Waterline and Meter	6/13/07	1,200	30	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
99	Server Rebuild- New Computer Equipment	5/07/07	4,108	0	0
106	Water Heater	1/28/08	2,511	0	0
110	Water Heater	10/13/08	1,875	0	0
113	New Camera System	11/10/08	16,143	1,346	0
114	Dell Computer - Julie	11/20/08	1,416	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	54	0
119	Water filter and pressure system repairs	5/05/08	3,454	0	0
120	Light switch repairs	10/13/08	4,970	373	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
125	Two New Ovens - Donated	2/10/09	6,200	0	0
126	Fridge & Freezer + Install	5/05/09	1,000	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	5,280	0
134	Scholarship Database	12/30/10	7,200	720	0
135	Computers	1/01/11	2,840	0	0
137	2006 Ford F350	7/01/11	8,175	0	0
138	2012 Ford Econoline Van	1/23/12	26,983	0	0
139	Air Conditioning Ducts	5/18/12	6,509	651	0
140	Drywall Improvements	6/29/12	24,900	2,490	0
141	Interior Building Improvements	12/01/12	15,205	1,521	0
142	AC Units and Installation	7/11/12	35,832	3,583	0
144	Easy Up Tents	5/18/12	1,800	0	0
145	Lazyboy furniture for livingroom	6/01/13	3,634	519	0
146	Dell Laptop and monitor	7/13/13	1,106	111	0
149	Outdoor Shed	8/16/13	2,993	299	0
150	Dryer	2/08/13	600	86	0
151	Hot Water Heater	4/15/13	3,174	159	0
152	Maytag Dishwasher	9/23/13	599	90	0
154	Pantry Shelving	2/22/13	1,272	182	0
155	Linen Closet Shelving	2/22/13	1,126	161	0
156	Operations Closet Shelving	2/22/13	1,053	151	0
157	Fundraising Office Closet Shelving	2/22/13	1,274	182	0
158	55" Flat Screen TV	7/13/13	500	50	0
159	Laptop for Alyson	12/22/13	511	102	0

Asset	Description	Date In Service	Cost	Tax	AMT
160	2 A/C Units	3/06/13	5,478	548	0
161	TV and Wall Mount	7/09/13	1,101	110	0
162	Phase 1 building improvements	8/01/13	32,441	832	0
163	Security System	7/15/13	2,754	276	0
164	Low Voltage Phones	7/02/13	2,919	417	0
167	Reverse osmosis system	10/02/14	995	142	0
168	New Furniture Donated	9/14/14	7,150	1,430	0
169	2 Programmable Therostats donation	7/02/14	759	152	0
170	Computers Monitors etc	2/05/14	3,229	0	0
171	Patio Furniture	4/14/14	1,041	0	0
172	Washing Machine	7/08/14	300	0	0
173	Game Room Computers	7/11/14	1,726	345	0
174	Conference Room Tables	6/02/15	2,909	581	0
175	Ice Machine	1/20/15	1,829	365	0
177	Refrigerator for lunch item storage	7/15/15	566	113	0
178	Computer upgrade	4/20/15	894	99	0
179	INK-Refurb Apple Computers	9/23/15	825	206	0
180	House Remodel Project-Phase 2	1/01/15	104,189	2,671	0
182	RMH Remodel Phase 3	6/30/15	191,097	4,900	0
183	Van	6/30/16	44,221	8,844	0
184	Family Room Buildout	5/31/16	131,632	3,375	0
185	New Phone system	2/23/16	12,165	2,433	0
187	Family Room Furniture	5/31/16	20,872	4,175	0
188	Ronald McDonald Bench	9/30/16	7,534	1,506	0
189	Landcaping & irrigation	12/31/16	3,832	767	0
190	Electric install-Solar Panel	12/31/16	2,000	285	0
191	Shed	10/31/16	3,590	1,197	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	964	0
195	Fire Panel to J Box	5/03/17	1,075	154	0
196	Relocation of one motion and one siren	5/05/17	190	27	0
197	Zone 5 Alarm	5/10/17	285	41	0
198	Demo & Desk Removal/Replacement	5/18/17	7,932	1,133	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	78	0
202	Relocate sewer, condensate & gase lines	6/19/17	5,240	749	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	87	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	8	0
210	Cord cover for A/V	5/25/17	34	3	0
211	Flipper Training Table	6/20/17	419	42	0
212	Backyard landscape project	10/13/17	27,291	0	0
213	Backyard remodel - Fountain	10/17/17	2,099	0	0
214	Key System	11/17/17	9,504	0	0
215	Pigeon netting & screening	11/20/17	6,990	0	0
216	Pigeon netting - addtl labor	11/20/17	850	0	0
217	Trash can	11/27/17	258	0	0
218	Plumbing Repair	11/30/17	1,241	0	0
219	Stainless Steel Refrigerator x2	12/07/17	654	0	0
220	BBQ & Fountain	12/08/17	752	0	0
221	Conduits for Storage Sheds	12/08/17	294	0	0
222	Patio Heaters	12/08/17	1,857	0	0
223	Mist System	12/08/17	213	0	0
224	Nevada Outdoor Living	12/11/17	1,525	0	0
225	Electrical trenching & installing conduit	12/20/17	409	0	0
226	Tungsten Heater 6000w x2	12/20/17	1,950	0	0
227	Landscape Project - Progress Billing #2	12/21/17	27,291	0	0
228	Sheds x2	12/21/17	6,281	0	0
229	Refrigerator (in-kind)	6/05/17	2,000	200	0
230	Washer & Dryer (in-kind)	6/05/17	1,600	160	0
231	Solar Panels	1/01/17	137,518	19,646	0

Asset	Description	Date In Service	Cost	Tax	AMT
	Total Other Depreciation		3,153,404	125,388	0
	Total ACRS and Other Depreciation		3,153,404	125,388	0
	Grand Totals		3,153,404	125,388	0

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

For calendar year 2017, or tax year beginning , and ending

2017

Name
Ronald McDonald House Charities of Greater Las Vegas, Inc.

Employer Identification Number
94-3108570

		(a) Other event Golf (event type)	(b) Other event (event type)	(c) Other event (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1 Gross receipts	22,443			22,443
	2 Less: Charitable contributions	9,585			9,585
	3 Gross income (line 1 minus line 2)	12,858			12,858
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	230			230
	6 Rent/facility costs	9,485			9,485
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	3,144			3,144

Form **990**

Two Year Comparison Report

2016 & 2017

For calendar year 2017, or tax year beginning , ending

Name

Ronald McDonald House Charities of Greater Las Vegas, Inc.

Taxpayer Identification Number

94-3108570

			2016	2017	Differences
Revenue	1. Contributions, gifts, grants	1.	2,187,591	2,309,048	121,457
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	10,848	14,132	3,284
	5. Investment income	5.	65,797	196,723	130,926
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.		-3,430	-3,430
	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.		5,000	5,000
	12. **Total revenue.** Add lines 1 through 11	12.	2,264,236	2,521,473	257,237
Expenses	13. Grants and similar amounts paid	13.	328,053	301,528	-26,525
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	175,542	182,706	7,164
	16. Salaries, other compensation, and employee benefits	16.	527,825	555,580	27,755
	17. Professional fundraising fees	17.	42,971	47,540	4,569
	18. Other professional fees	18.	90,551	151,219	60,668
	19. Occupancy, rent, utilities, and maintenance	19.	80,551	82,858	2,307
	20. Depreciation and Depletion	20.	119,871	137,153	17,282
	21. Other expenses	21.	409,664	416,618	6,954
	22. **Total expenses.** Add lines 13 through 21	22.	1,775,028	1,875,202	100,174
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	489,208	646,271	157,063
Other Information	24. Total exempt revenue	24.	2,264,236	2,521,473	257,237
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	76,645	212,425	135,780
	27. Total assets	27.	4,881,574	5,664,418	782,844
	28. Total liabilities	28.	168,952	274,787	105,835
	29. Retained earnings	29.	4,712,622	5,389,631	677,009
	30. Number of voting members of governing body	30.	22	23	
	31. Number of independent voting members of governing body	31.	22	23	
	32. Number of employees	32.	19	18	
	33. Number of volunteers	33.	4539	5831	

Form **990**

Tax Return History

2017

Name: **Ronald McDonald House Charities of Greater Las Vegas, Inc.**

Employer Identification Number: **94-3108570**

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	1,616,525	1,672,333	1,752,173	2,187,591	2,309,048	
Membership dues						
Program service revenue	12,237	9,063	9,728	10,848	14,132	
Capital gain or loss	23,138	-12,431	-24,786		-3,430	
Investment income	55,645	78,016	80,170	65,797	196,723	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		1,233			5,000	
Total revenue	1,707,545	1,748,214	1,817,285	2,264,236	2,521,473	
Grants and similar amounts paid	338,664	318,667	351,201	328,053	301,528	
Benefits paid to or for members						
Compensation of officers, etc.	85,843	97,027	152,815	175,542	182,706	
Other compensation	419,472	428,854	452,919	527,825	555,580	
Professional fees	126,570	140,155	126,929	133,522	198,759	
Occupancy costs	45,958	79,859	78,128	80,551	82,858	
Depreciation and depletion	110,694	109,771	113,322	119,871	137,153	
Other expenses	328,227	343,649	407,470	409,664	416,618	
Total expenses	1,455,428	1,517,982	1,682,784	1,775,028	1,875,202	
Excess or (Deficit)	252,117	230,232	134,501	489,208	646,271	
Total exempt revenue	1,707,545	1,748,214	1,817,285	2,264,236	2,521,473	
Total unrelated revenue						
Total excludable revenue	91,020	75,881	65,112	76,645	212,425	
Total Assets	3,841,849	4,026,966	4,117,487	4,881,574	5,664,418	
Total Liabilities	176,395	127,399	158,559	168,952	274,787	
Net Fund Balances	3,665,454	3,899,567	3,958,928	4,712,622	5,389,631	

Form **990T**

Tax Return History

2017

Name: **Ronald McDonald House Charities of Greater Las Vegas, Inc.**

Employer Identification Number: **94-3108570**

	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form **990T**

Tax Return History

2017

Name: Ronald McDonald House Charities of Greater Las Vegas, Inc.

Employer Identification Number: 94-3108570

	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments	1,327					
Balance due/Overpayment	-1,327					

* Income shown net of expenses

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Interest	$ 81,134		14			
Gain	115,589		14			
Total	$ 196,723					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Professional fees	$ 71,952	$ 52,712	$ 9,210	$ 10,030
Prof. Dental Services	46,134	46,134		
Total	$ 118,086	$ 98,846	$ 9,210	$ 10,030

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Facilities & Equip rental	$ 4,978	$ 3,646	$ 638	$ 694
Total	$ 4,978	$ 3,646	$ 638	$ 694

Schedule A, Part II, Line 1(e)

Description	Amount
Other contributions	$ 1,063,554
Donated food	33,239
Solor Panels	141,118
Donated Program Goods	54,095
Gift Cards Donated	3,000
Engelstad Family Foundation	
Cash Contribution	200,000
Donald & Vera Thompson Trust	
Cash Contribution	274,874
Ronald McDonald House Charities	
Cash Contribution	137,368
MGM Resorts Foundation	
Cash Contribution	67,085
Del E. Webb Foundation	
Cash Contribution	45,000
Gala	
Cash Contribution	232,740
5K Run	
Cash Contribution	47,390
Golf	
Cash Contribution	9,585
Total	$ 2,309,048

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
Premier Trust	$ 45,136	$
LV Founders Club	25,000	
Karsh Memorial Trust	51,000	
John Kish Foundation	70,000	
Jim & Eva Martin	66,000	
Engelstad Family Foundation	870,000	669,720
Del Webb Foundation	80,000	
Coca-Cola North America	90,701	
Capital One Services	60,000	
CAN Foundation	25,000	
Kohl's	64,500	
William Bishop	148,000	
Miller Trust	97,000	
Thompson Trust	364,874	164,594
Total	$ 2,057,211	$ 834,314

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
Interest	$ 81,134
Gain	115,589
Total	$ 196,723

Schedule A, Part II, Line 12 - Current year

Description	Amount
Room revenues	$ 14,132
Other	5,000
Gala	97,720
5K Run	13,883
Golf	12,858
Total	$ 143,593

Gala

Other Direct Fundraising or Gaming Expenses

Description	Amount
Supplies	$ 2,588
Professional Fees	17,917
Total	$ 20,505

5K Run

Other Direct Fundraising or Gaming Expenses

Description	Amount
Supplies	$ 2,405
Professional Fees	3,641
Total	$ 6,046

Golf

Other Direct Fundraising or Gaming Expenses

Description	Amount
Supplies	$ 3,144
Total	$ 3,144

Review Notes

Client Note