**PUBLIC DISCLOSURE COPY**

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.

A For the 2018 calendar year, or tax year beginning

B Check if applicable:

<table>
<thead>
<tr>
<th>C Name of organization</th>
<th>D Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN, INC</td>
<td>39-1433107</td>
</tr>
</tbody>
</table>

E Phone number

G Gross receipts $

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

H(b) Are all subordinates included?  Yes  No

F Name and address of principal officer: ANN PETRIE

SAME AS C ABOVE

I Tax-exempt status:  501(c)(3)  501(c)(4) (insert no.)  4947(a)(1) or 527

J Website: RMHC-EASTERNWI.ORG

K Form of organization:  Corporation  Trust  Association  Other

L Year of formation:  1982  M State of legal domicile: WI

Part I  Summary

1 Briefly describe the organization's mission or two most significant activities: TO KEEP FAMILIES TOGETHER AND PROMOTE THE HEALTH AND WELL-BEING OF CHILDREN.

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  21

4 Number of independent voting members of the governing body (Part VI, line 1b)  4  21

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)  31

6 Total number of volunteers (estimate if necessary)  550

7 Total unrelated business revenue from Part VIII, column (C), line 12

7a Net unrelated business taxable income from Form 990-T, line 38

Part II  Revenue

8 Contributions and grants (Part VIII, line 1h)  4,822,179  4,230,896

9 Program service revenue (Part VIII, line 2g)  0  0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  595,733  874,007

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  190,906  329,319

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  5,408,818  5,434,222

Part II  Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  57,200  175,000

14 Benefits paid to or for members (Part IX, column (A), line 4)  0  0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  912,947  1,055,238

16a Professional fundraising fees (Part IX, column (A), line 11a)  0  0

b Total fundraising expenses (Part IX, column (D), line 25)  299,920

17 Other expenses (Part IX, column (A), lines 11a-11h, 11f-24a)  1,848,535  2,208,054

18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)  2,818,682  3,438,282

19 Revenue less expenses. Subtract line 18 from line 12  2,590,136  1,995,930

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.

Signature Here

SANDRA J. EVANS, TREASURER

Type or print name and title

Date  5/15/2019

Paid

Preparer's name: JILL M. BOYLE, CPA

Preparer's signature: JILL M. BOYLE, CPA

Date: 05/15/19

Check [ ] self-employed  PTIN  01246734

Preparer Firm's name: Sikich LLP

Firm's EIN: 36-3168081

Use Only Firm's address: 13400 BISHOPS LANE, SUITE 300

Phone no. (262) 754-940

Brookfield, WI 53005

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

Form 990 (2018)
1 Briefly describe the organization’s mission:

RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN, INC. KEEPS FAMILIES TOGETHER AND PROMOTES THE HEALTH AND WELL-BEING OF CHILDREN. THE ORGANIZATION PROVIDES A HOME ENVIRONMENT AND SUPPORTIVE FAMILY PROGRAMS.

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 those 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>2,568,546</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GENERAL PROGRAM - RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN, INC. PROVIDES GUEST ROOMS AND OFFERS SUPPORTIVE FAMILY PROGRAMS. SINCE 1984, MORE THAN 45,000 FAMILIES FROM AROUND THE WORLD HAVE CALLED THE RONALD MCDONALD HOUSE "HOME". LAST YEAR, WE SERVED 2,844 FAMILIES. WHILE OVER 75% OF OUR FAMILIES COME FROM WISCONSIN, MANY FAMILIES TRAVELED FROM ACROSS THE UNITED STATES TO SEEK THE LIFE-GIVING MEDICAL CARE AT CHILDREN'S HOSPITAL OF WISCONSIN, ROGERS BEHAVIORAL HEALTH, AND OTHER AREA HOSPITALS. WE SERVE UP TO 70 FAMILIES EACH DAY AND WERE ABLE TO SERVE ALMOST EVERY FAMILY WHO NEEDED OUR HOUSE DURING 2018. ON AVERAGE, OUR FAMILIES STAY WITH US FOR JUST OVER 7 DAYS; HOWEVER OVER 48% FAMILIES STAY WERE FOR LONGER THAN 30 DAYS. EACH FAMILY WHO STAYS AT THE RMHC CAN STAY FOR AS LONG AS THEIR CHILD IS RECEIVING MEDICAL

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4b</td>
<td>175,000</td>
<td>175,000</td>
<td></td>
</tr>
</tbody>
</table>

IN DECEMBER 2016, $200,000 WAS GRANTED TO COLUMBIA/ST. MARY'S FOUNDATION, INC. TO SUPPORT A MILWAUKEE MOBILE DENTAL CLINIC PROGRAM CALLED "MILES OF SMILES." THIS FOUR YEAR GIFT WILL HELP SUPPORT A PROGRAM VITAL TO HELPING PROVIDE DENTAL SERVICES TO MILWAUKEE'S UNDERSERVED YOUTH. IN DECEMBER 2018, $175,000 WAS GRANTED TO SUPPORT ADDITIONAL OPERATING COSTS AND FUND ANOTHER MOBILE DENTAL UNIT.

SEE SCHEDULE O FOR CONTINUATION(S)

08400515 765826 4100880.000 2018.03040 RONALD MCDONALD HOUSE CHAR 41008801
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>4. <strong>Section 501(c)(3) organizations.</strong> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>e. Did the organization report an amount for liabilities in Part X, line 25?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>12a. Did the organization obtain separate, independent audited financial statements for the tax year?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>b. Was the organization included in consolidated, independent audited financial statements for the tax year?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>13. Is the organization a school described in section 170(b)(1)(A)(ii)?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>14a. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>15. Did the organization report on Form I, column (A), line 3, more than $5,000 of grants or other assistance to or for foreign organizations?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>16. Did the organization report on Form I, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Form I, column (A), lines 6 and 11e?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Form I, lines 1c and 8a?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>19. Did the organization report more than $15,000 of gross income from gambling activities on Form I, line 9c?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>20a. Did the organization operate one or more hospital facilities?</td>
<td></td>
<td>📌</td>
</tr>
<tr>
<td>b. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Form I, column (A), line 1?</td>
<td></td>
<td>📌</td>
</tr>
</tbody>
</table>
**Part IV** Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Q</th>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>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 &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, highest compensated employees? If &quot;Yes,&quot; complete Schedule J</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24a</td>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24d</td>
<td>Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>25b</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>26</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>27</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>28</td>
<td>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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>33</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35b</td>
<td>If &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>37</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Q</th>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2b Yes, 31

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?

3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4b If "Yes," enter the name of the foreign country:

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

7a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

7b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7d If "Yes," indicate the number of Forms 8282 filed during the year

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?

9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

10a Initiation fees and capital contributions included on Part VIII, line 12

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

11a Gross income from members or shareholders

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 601(c)(29) qualified nonprofit health insurance issuers.

13a IS the organization licensed to issue qualified health plans in more than one state?

Note: See the instructions for additional information on how the organization must report on Schedule O.

13b Enter the amount of reserves the organization is required to maintain in the states in which the organization is licensed to issue qualified health plans

13c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?

15a If "Yes," see instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16a If "Yes," complete Form 4720, Schedule O.
**Section A. Governing Body and Management**

1a. Enter the number of voting members of the governing body at the end of the tax year:  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  

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?  

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?  

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  

5. Did the organization become aware during the year of a significant diversion of the organization's assets?  

6. Did the organization have members or stockholders?  

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?  

b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  

a. The governing body?  

b. Each committee with authority to act on behalf of the governing body?  

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?  

**Section B. Policies**

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

10a. Did the organization have local chapters, branches, or affiliates?  

b. If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure that their operations are consistent with the organization's exempt purposes?  

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  

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?  

b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  

c. Did the organization regularly and consistently monitor and enforce compliance with the policy?  

13. Did the organization have a written whistleblower policy?  

14. Did the organization have a written document retention and destruction policy?  

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  

b. Other officers or key employees of the organization  

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?  

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?  

**Section C. Disclosure**

17. List the states with which a copy of this Form 990 is required to be filed: [WI, MI, IL]  

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

- [ ] 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:  

ANN PETRIE-PRESIDENT/CEO - 414-475-5333  
8948 W. WATERTOWN PLANK ROAD, WAUWATOSA, WI 53226  

Form 990 (2018)
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.

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) DENNIS BUCHAN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) MARSHALL CHAY</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) CHRISTOPHER DANIELS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) SANDRA J. EVANS</td>
<td>2.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) DAN GEIGLER</td>
<td>10.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIRMAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) ANNE KORTER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) ANDREA JONAS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) TODD JONES</td>
<td>2.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE-CHAIRMAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) STEVE KILIAN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) PAUL LETOURNEAU</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) MAUREEN MANNING</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) MARK NATZKE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) CHRISTOPHER NICKELS</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) JENNIFER OLK</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) DAVE SANDSTROM</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) DANIEL P. SCHWABE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) MARK SHIP</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) PATRICK SINKS DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) JEFFREY W. STEREN DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) ANNA ZECK-DEWEERDT DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(21) GARY ZIMMERMAN DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(22) ANN PETRIE PRESIDENT/CEO</td>
<td>55.00</td>
<td>X</td>
<td>153,162.</td>
<td>0.</td>
<td>21,521.</td>
</tr>
</tbody>
</table>

1b Sub-total ........................................................................................................................................... 153,162. 0. 21,521.

c Total from continuation sheets to Part VII, Section A .................................................................................. 0. 0. 0.

d Total (add lines 1b and 1c) .................................................................................................................................. 153,162. 0. 21,521.

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

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 .........................................................................................................................

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual ..........................................................................................................................

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ..........................................................................................................................

Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>62,618.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>3,453,221.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f. $</td>
<td>576,338.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Total, Add lines 1a-1f</td>
<td>4,230,896.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2g Total, Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td>5,020,150.</td>
<td>416.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td>4,275,938.</td>
<td>173,523.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td>744,212.</td>
<td>-173,105.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td>571,107.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8a Gross income from fundraising events (not including $ 715,057. of contributions reported on line 1c). See Part IV, line 18</td>
<td>611,686.</td>
<td>414,978.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td>196,808.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11a OTHER INCOME</td>
<td>908099.</td>
<td>132,511.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e Total, Add lines 11a-11d</td>
<td>132,511.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Total revenue, See instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2018)
# 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.

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>175,000.</td>
<td>175,000.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>174,683.</td>
<td>101,475.</td>
<td>36,604.</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>777,944.</td>
<td>500,322.</td>
<td>175,843.</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>28,702.</td>
<td>19,783.</td>
<td>4,022.</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>73,909.</td>
<td>41,537.</td>
<td>14,599.</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Management</td>
<td>17,950.</td>
<td>17,950.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td>37,353.</td>
<td>37,353.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>16,525.</td>
<td>14,820.</td>
<td>3,705.</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>14,046.</td>
<td>11,237.</td>
<td>2,809.</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>54,731.</td>
<td>49,258.</td>
<td>5,473.</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>140,017.</td>
<td>133,016.</td>
<td>7,001.</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>2,404.</td>
<td>1,202.</td>
<td>1,202.</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>26,879.</td>
<td>22,847.</td>
<td>4,032.</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>17,249.</td>
<td>17,249.</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>453,210.</td>
<td>448,678.</td>
<td>4,532.</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>117,401.</td>
<td>114,401.</td>
<td>3,000.</td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td>683,446.</td>
<td>615,101.</td>
<td>68,345.</td>
</tr>
<tr>
<td></td>
<td>a SUPPLIES</td>
<td>399,736.</td>
<td>395,739.</td>
<td>3,997.</td>
</tr>
<tr>
<td></td>
<td>b HOUSE MAINTENANCE</td>
<td>36,647.</td>
<td>31,150.</td>
<td>4,764.</td>
</tr>
<tr>
<td></td>
<td>c TELEPHONE</td>
<td>24,270.</td>
<td>20,630.</td>
<td>3,640.</td>
</tr>
<tr>
<td></td>
<td>d PUBLIC RELATIONS</td>
<td>164,190.</td>
<td>31,303.</td>
<td>2,404.</td>
</tr>
<tr>
<td></td>
<td>e All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>3,438,292.</td>
<td>2,743,546.</td>
<td>394,826.</td>
</tr>
</tbody>
</table>

| 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 968-720)

Form 990 (2018)
<table>
<thead>
<tr>
<th>Assets</th>
<th>Beginning of year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Pledges and grants receivable, net</td>
<td>69,568.</td>
<td>76,672.</td>
</tr>
<tr>
<td>4. Accounts receivable, net</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>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 employee beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>7. Notes and loans receivable, net</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8. Inventories for sale or use</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>10a. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>18,191,988.</td>
<td>14,513,092.</td>
</tr>
<tr>
<td>10b. Less: accumulated depreciation</td>
<td>4,069,005.</td>
<td>14,122,983.</td>
</tr>
<tr>
<td>12. Investments - other securities. See Part IV, line 11</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13. Investments - program-related. See Part IV, line 11</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>14. Intangible assets</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>15. Other assets. See Part IV, line 11</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>16. Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>29,967,065.</td>
<td>30,067,369.</td>
</tr>
<tr>
<td>17. Accounts payable and accrued expenses</td>
<td>264,338.</td>
<td>335,701.</td>
</tr>
<tr>
<td>18. Grants payable</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>19. Deferred revenue</td>
<td>142,735.</td>
<td>139,710.</td>
</tr>
<tr>
<td>20. Tax-exempt bond liabilities</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>21. Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23. Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>24. Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>Beginning of year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Unrestricted net assets</td>
<td>28,155,567.</td>
<td>28,274,201.</td>
</tr>
<tr>
<td>28. Temporarily restricted net assets</td>
<td>136,476.</td>
<td>49,808.</td>
</tr>
<tr>
<td>29. Permanently restricted net assets</td>
<td>1,267,949.</td>
<td>1,267,949.</td>
</tr>
<tr>
<td>30. Capital stock or trust principal, or current funds</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>31. Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>32. Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>33. Total net assets or fund balances</td>
<td>29,559,992.</td>
<td>29,591,958.</td>
</tr>
<tr>
<td>34. Total liabilities and net assets/fund balances</td>
<td>29,967,065.</td>
<td>30,067,369.</td>
</tr>
</tbody>
</table>
### Part XI | Reconciliation of Net Assets

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1</td>
<td>5,434,222.</td>
</tr>
<tr>
<td><strong>2.</strong> Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
<td>3,438,292.</td>
</tr>
<tr>
<td><strong>3.</strong> Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
<td>1,995,930.</td>
</tr>
<tr>
<td><strong>4.</strong> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>4</td>
<td>29,559,992.</td>
</tr>
<tr>
<td><strong>5.</strong> Net unrealized gains (losses) on investments</td>
<td>5</td>
<td>-1,963,964.</td>
</tr>
<tr>
<td><strong>6.</strong> Donated services and use of facilities</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong> Investment expenses</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td><strong>8.</strong> Prior period adjustments</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>9.</strong> Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>9</td>
<td>0.</td>
</tr>
<tr>
<td><strong>10.</strong> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>10</td>
<td>29,591,958.</td>
</tr>
</tbody>
</table>

### Part XII | Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII: [ ] No [X] Yes

1. Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other

   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

   [X] Yes [ ] No

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

   [X] Yes [ ] No

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:

   [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis

   [X] Yes [ ] No

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.

   [ ] No [X] Yes

3a. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

   [X] Yes [ ] No

b. If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.
SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

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

Attach to Form 990 or Form 990-EZ.

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN, INC

Employer identification number 39-1433107

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

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 No
(v) Amount of monetary support (see instructions)
(vi) Amount of other support (see instructions)

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>3007503</td>
<td>2699499</td>
<td>3443997</td>
<td>4622179</td>
<td>4230896</td>
<td>18004074</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3007503</td>
<td>2699499</td>
<td>3443997</td>
<td>4622179</td>
<td>4230896</td>
<td>18004074</td>
</tr>
</tbody>
</table>

| Public support | Subtract line 6 from line 4 | 124,029 | 17880045 |

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>3007503</td>
<td>2699499</td>
<td>3443997</td>
<td>4622179</td>
<td>4230896</td>
<td>18004074</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>124,786</td>
<td>215,478</td>
<td>230,138</td>
<td>480,690</td>
<td>302,900</td>
<td>1353992</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>160,604</td>
<td>299,754</td>
<td>323,079</td>
<td>190,906</td>
<td>329,319</td>
<td>1303662</td>
</tr>
<tr>
<td><strong>Total support</strong></td>
<td>20661728</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 86.54% |
| Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 86.41% |

16a 33 1/3% support test - 2018. 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. **X**

b 33 1/3% support test - 2017. If the organization did not check the 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. **X**

17a 10% -facts-and-circumstances test - 2018. 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. **X**

b 10% -facts-and-circumstances test - 2017. 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. **X**

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. **X**
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. <strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 7. Public Support

| (a) Amounts included on lines 1, 2, and 3 received from disqualified persons | (b) Amounts included on lines 1 and 2 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 12 for the year; | (c) Add lines 7a and 7b | |
|---|---|---|
| 7a. | | |
| 7b. | | |

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. <strong>Total support. (Add lines 9, 10a, 11, and 12)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. <strong>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</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 % |
| Public support percentage from 2017 Schedule A, Part III, line 15 | 16 % |

### Section D. Computation of Investment Income Percentage

| Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 % |
| Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 % |

| 19a. 33 1/3% support tests - 2016. 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 | |
| 19b. 33 1/3% support tests - 2017. 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** | |
Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. (If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.)

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

b Did one or more disqualified persons (as defined 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.

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.

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.

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.)
### Part IV Supporting Organizations (continued)

11. Has the organization accepted a gift or contribution from any of the following persons?
   a. A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
   b. A family member of a person described in (a) above?
   c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes," to a, b, or c, provide detail in Part VI.

<table>
<thead>
<tr>
<th>11a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Type I Supporting Organizations

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

2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

<table>
<thead>
<tr>
<th>1</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Type II Supporting Organizations

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).

<table>
<thead>
<tr>
<th>1</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3. By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

<table>
<thead>
<tr>
<th>1</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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).

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," 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. Yes | No

   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. Yes | No

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. Yes | No

   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. Yes | No
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

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

### Section C - Distributable Amount

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

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)

<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
</tr>
<tr>
<td>2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3 Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>4 Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>5 Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>6 Other distributions (describe in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>7 Total annual distributions. Add lines 1 through 6.</td>
<td></td>
</tr>
<tr>
<td>8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>9 Distributable amount for 2018 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10 Line 8 amount divided by line 9 amount</td>
<td></td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2018 (reasonable cause required; explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder, Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Distributions for 2018 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder, Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Schedule A, Part II, Line 10, Explanation for Other Income:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$160,604</td>
</tr>
<tr>
<td>2015</td>
<td>$299,754</td>
</tr>
<tr>
<td>2016</td>
<td>$323,079</td>
</tr>
<tr>
<td>2017</td>
<td>$190,906</td>
</tr>
<tr>
<td>2018</td>
<td>$196,808</td>
</tr>
</tbody>
</table>

**Other Income**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>$132,511</td>
</tr>
</tbody>
</table>
Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2018

Name of the organization
RONALD MCDONALD HOUSE CHARITIES
OF EASTERN WISCONSIN, INC

Employer identification number
39-1433107

Organization type (check one):

Filers of:             Section:

Form 990 or 990-EZ
☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Form 990-PF
☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering “N/A” in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year .......................................................... ► $ ____________

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823451 11-06-18
**Part I**

**Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$180,500.00</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$115,250.00</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$182,592.00</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$156,972.00</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$100,000.00</td>
<td>Person X Payroll Noncash</td>
</tr>
</tbody>
</table>
### Part II  Noncash Property

(See instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
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<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (See this line only.)

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee
----------------------------------------|--------------------------------------------|
|                                        |                                            |
|                                        |                                            |
|                                        |                                            |

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee
----------------------------------------|--------------------------------------------|
|                                        |                                            |
|                                        |                                            |
|                                        |                                            |

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee
----------------------------------------|--------------------------------------------|
|                                        |                                            |
|                                        |                                            |
|                                        |                                            |

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee
----------------------------------------|--------------------------------------------|
|                                        |                                            |
|                                        |                                            |
|                                        |                                            |

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee
----------------------------------------|--------------------------------------------|
|                                        |                                            |
|                                        |                                            |
|                                        |                                            |
**SCHEDULE D**
(Form 990)

**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.

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

**Attach to Form 990.**

**Name of the organization**
RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN, INC

**Employer identification number**
39-1433107

### 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

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.

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

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.

1b 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:

- Revenue included on Form 990, Part VIII, line 1 $-
- 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:

- Revenue included on Form 990, Part VIII, line 1 $-
- Assets included in Form 990, Part X $-

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

Schedule D (Form 990) 2018
**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):

- Public exhibition
- Scholarly research
- Preservation for future generations
- Loan or exchange programs
- 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:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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.

1a Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,636,476</td>
<td>2,514,315</td>
<td>2,550,768</td>
<td>2,547,502</td>
<td>9,553,652</td>
</tr>
</tbody>
</table>

1b Contributions

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>122,161</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1c Net investment earnings, gains, and losses

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>-248,811</td>
<td>305,575</td>
<td>580,255</td>
<td>311,822</td>
<td>240,689</td>
</tr>
</tbody>
</table>

1d Grants or scholarships

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1e Other expenditures for facilities and programs

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21,432</td>
<td>305,575</td>
<td>616,708</td>
<td>311,822</td>
<td>240,689</td>
</tr>
</tbody>
</table>

1f Administrative expenses

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1g End of year balance

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2,366,233</td>
<td>2,636,476</td>
<td>2,514,315</td>
<td>2,550,768</td>
<td>2,547,502</td>
</tr>
</tbody>
</table>

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

a Board designated or quasi-endowment  44.30 %

b Permanent endowment  53.60 %

c Temporarily restricted endowment  2.10 %

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:

(i) unrelated organizations

(ii) related organizations

b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?

---

**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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>786,847</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td>15,102,556</td>
<td>2,964,487</td>
<td>12,138,069</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>2,230,736</td>
<td>1,073,222</td>
<td>1,157,514</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>71,849</td>
<td>31,296</td>
<td>40,553</td>
<td></td>
</tr>
</tbody>
</table>

Total: Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

14,122,983
### 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.

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

### 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
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<td>5</td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
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<td>5</td>
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<tr>
<td>8</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(Column (b) must equal Form 990, Part X, col. (B) line 15.)</td>
<td></td>
</tr>
</tbody>
</table>

### 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**
<table>
<thead>
<tr>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
</tr>
<tr>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
</tr>
<tr>
<td>(5)</td>
</tr>
<tr>
<td>(6)</td>
</tr>
<tr>
<td>(7)</td>
</tr>
<tr>
<td>(8)</td>
</tr>
<tr>
<td>(9)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

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. 

---

Schedule D (Form 990) 2018

08400515 765826 4100880.000 2018.03040 RONALD MCDONALD HOUSE CHA 41008801
PART V, LINE 4:

THE TEMPORARY RESTRICTED FUNDS WILL BE USED FOR ITEMS AS DESIGNATED BY THE DONORS. THE FUNDS THAT WERE PERMANENTLY RESTRICTED BY THE DONORS WILL BE KEPT IN PRINCIPAL AND ONLY THE INCOME FROM THOSE FUNDS WILL BE USED FOR OPERATIONS. THE BOARD OF DIRECTORS HAS APPROVED A MINIMUM BALANCE FOR INVESTMENTS, SO THIS AMOUNT WILL ALSO BE KEPT IN PRINCIPAL AND ONLY INCOME FROM THOSE FUNDS WILL BE USED FOR OPERATIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 158,813.

LOSS ON SALE OF FIXED ASSETS 173,105.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 331,918.
## PART XII, LINE 2D - OTHER ADJUSTMENTS:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUNDRAISING EXPENSES</td>
<td>158,813.</td>
</tr>
<tr>
<td>LOSS ON SALE OF FIXED ASSETS</td>
<td>173,105.</td>
</tr>
<tr>
<td><strong>TOTAL TO SCHEDULE D, PART XII, LINE 2D</strong></td>
<td>331,918.</td>
</tr>
</tbody>
</table>
**SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

**Name of the organization**

RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN, INC

**Employer identification number**

39-1433107

---

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

2. a 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?  
   - [ ] 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.

---

**Indicate the content of the below table:**

<table>
<thead>
<tr>
<th>(i) Name and address of Individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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.

---

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

Schedule G (Form 990 or 990-EZ) 2018

---
### 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.

<table>
<thead>
<tr>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>GALA EVENT</td>
<td>CHRISTMAS HOUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts</td>
<td>490,572.</td>
<td>164,293.</td>
<td>667,143.</td>
</tr>
<tr>
<td>Loss: Contributions</td>
<td>271,038.</td>
<td>0.</td>
<td>444,019.</td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>219,534.</td>
<td>164,293.</td>
<td>223,124.</td>
</tr>
<tr>
<td>Cash prizes</td>
<td>0.</td>
<td>1,100.</td>
<td>1,100.</td>
</tr>
<tr>
<td>Noncash prizes</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td>3,000.</td>
<td>1,210.</td>
<td>4,210.</td>
</tr>
<tr>
<td>Food and beverages</td>
<td>56,016.</td>
<td>32,385.</td>
<td>88,401.</td>
</tr>
<tr>
<td>Entertainment</td>
<td>0.</td>
<td>72,467.</td>
<td>43,001.</td>
</tr>
<tr>
<td>Other direct expenses</td>
<td>0.</td>
<td>72,467.</td>
<td>43,001.</td>
</tr>
<tr>
<td>Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td>394,852.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income summary. Subtract line 10 from line 3, column (d)</td>
<td>212,099.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer labor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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  
   b An outside facility  
   13a %  
   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 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
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.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization: RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN, INC

**Part I General Information on Grants and Assistance**

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee's eligibility for the grants or assistance, and the criteria used to award the grants or assistance? 

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 II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLUMBIA ST. MARY'S FOUNDATION INC 4425 N. PORT WASHINGTON ROAD MILWAUKEE, WI 53212</td>
<td>39-1494981</td>
<td>501(c)(3)</td>
<td>175,000.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS
## 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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

## Part IV

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

**PART I, LINE 2:**

RMHC RECEIVES QUARTERLY IMPACT STATISTICS FROM GRANTEE, VERIFYING IMPACT OF THE MILES OF SMILES PROGRAM. GRANTEE PROVIDES FINANCIAL DATA TO SUPPORT HOW THE GRANT FUNDING IS BEING USED IN THE MILES OF SMILES PROGRAM.

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT:** COLUMBIA ST. MARY'S FOUNDATION INC

**(H) PURPOSE OF GRANT OR ASSISTANCE:** TO SUPPORT THE DENTAL CLINIC PROGRAM CALLED "MILES OF SMILES" WHICH PROVIDES DENTAL SERVICES TO MILWAUKEE'S

892102 11-02-10

36
UNDERSERVED YOUTH.
### Compensation Information

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

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

#### Part I: Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Personal services (such as maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If &quot;No,&quot; complete Part III to explain</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Indicate which, if any, of the following filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Compensation committee</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- Written employment contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Independent compensation consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Compensation survey or study</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- Approval by the board or compensation committee</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>a Receive a severance payment or change-of-control payment?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td>4b</td>
<td>X</td>
</tr>
<tr>
<td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td>4c</td>
<td>X</td>
</tr>
<tr>
<td>Only section 501(c)(9), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>a The organization?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b Any related organization?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes&quot; on line 5a or 5b, describe in Part III.</td>
<td>5b</td>
<td>X</td>
</tr>
<tr>
<td>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>a The organization?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b Any related organization?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes&quot; on line 6a or 6b, describe in Part III.</td>
<td>6b</td>
<td>X</td>
</tr>
<tr>
<td>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If &quot;Yes,&quot; describe in Part III</td>
<td>7</td>
<td>X</td>
</tr>
<tr>
<td>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4956-4(a)(3)? If &quot;Yes,&quot; describe in Part III</td>
<td>8</td>
<td>X</td>
</tr>
<tr>
<td>9 If &quot;Yes&quot; on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4956-6(c)?</td>
<td>9</td>
<td>X</td>
</tr>
<tr>
<td>(A) Name and Title</td>
<td>(B) Breakdown of W-2 and/or 1099-MISC compensation</td>
<td>(C) Retirement and other deferred compensation</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>(1) ANN PETRIE</td>
<td>(i) 141,662.  (ii) 11,500. (iii) 0.</td>
<td>(ii) 4,845.  (iii) 0.</td>
</tr>
<tr>
<td>PRESIDENT/CEO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part III | Supplemental Information

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

**Name of the organization**: RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN, INC  
**Employer identification number**: 39-1433107

### Part I: Types of Property

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional Interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td>X 6 19,379. FAIR MARKET VALUE</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td>X 465 101,189. FAIR MARKET VALUE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>25</td>
<td>Other ► (WISHLIST ITEM)</td>
<td>X 900 376,733. FAIR MARKET VALUE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other ► (EVENT SUPPLIE)</td>
<td>X 513 56,133. FAIR MARKET VALUE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other ► (BEVERAGES)</td>
<td>X 56 21,404. FAIR MARKET VALUE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other ► (PLAYROOM GAME)</td>
<td>X 1 1,500. FAIR MARKET VALUE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn’t required to be used for exempt purposes for the entire holding period?** Yes X  

**31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?** X

**32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?** X

**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.**

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

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**LHA 832141 10-16-18**

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**08400515 765826 4100880.000 2018.03040 RONALD MCDONALD HOUSE CHA 41008801**
SCHEDULE M, LINE 32B:

THE ORGANIZATION USES VARIOUS BROKERAGE FIRMS TO SELL DONATED SECURITIES.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

2017 WAS THE FINAL YEAR OF THE RMHC NATIONAL SCHOLARSHIP PROGRAM.

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

TREATMENT. WE SUGGEST A DONATION OF $20 A NIGHT FROM OUR FAMILIES, WHEN THE COST IS OVER $130 PER NIGHT ($107 AFTER GENEROUS DONATIONS OF IN-KIND DONATIONS). LAST YEAR, ONLY 32% OF OUR FAMILIES WERE ABLE TO CONTRIBUTE THE SUGGESTED $20 A NIGHT, HOWEVER, NO ONE IS EVER TURNED AWAY FOR THEIR INABILITY TO PAY. THE MAJORITY OF OUR SUPPORT COMES FROM PRIVATE FUNDING THROUGH SPECIAL EVENTS AND DONORS. ALTHOUGH THE MCDONALD’S CORPORATION DOES NOT PROVIDE DIRECT FINANCIAL SUPPORT, THE MCDONALD’S OWNER/OPERATORS AND ITS CUSTOMERS IN SOUTHEASTERN AND NORTHEASTERN WISCONSIN AND THE UPPER PENINSULA OF MICHIGAN GENEROUSLY PROVIDE SUPPORT THROUGH VARIOUS FUNDRAISING ACTIVITIES INCLUDING DONATION BOXES AT MCDONALD’S RESTAURANTS. LAST YEAR, THESE IMPORTANT EFFORTS CONTRIBUTED TO ABOUT 10% OF THE ANNUAL REVENUE.

OUR PROGRAMS WOULD NOT BE POSSIBLE WITHOUT OUR COMMUNITY OF OVER 550 VOLUNTEERS. EVERY SINGLE DAY, OUR VOLUNTEERS HELP KEEP THE HOUSE RUNNING SMOOTHLY AND EFFICIENTLY THROUGH A HOST OF RESPONSIBILITIES INCLUDING ORIENTING OUR FAMILIES WHEN THEY CHECK IN, CLEANING THE ROOMS AFTER THEY CHECK-OUT, DRIVING THE SHUTTLE VAN TO AND FROM THE HOSPITAL, SMALL MAINTENANCE PROJECTS AND SHARING OUR STORY IN OUR COMMUNITY. WE WOULDN’T BE ABLE TO KEEP OUR DOORS OPEN WITHOUT OUR CARING AND LOVING VOLUNTEERS.
THE RONALD MCDONALD HOUSE OFFERS MORE THAN A PLACE TO STAY. PARENTS
AND CHILDREN FIND A WARM AND LOVING ENVIRONMENT WITH MANY PROGRAMS AND
INITIATIVES TO SUPPORT THEM DURING A VERY STRESSFUL TIME IN THEIR
LIVES. IN ADDITION TO COMFORTABLE ROOMS, WE HAVE A COMPUTER LAB,
LAUNDRY FACILITIES, PLAY AREAS AND A CHAPEL. WE ARE ALSO PROUD OF OUR
PROGRAMS AND A FEW HIGHLIGHTS FROM LAST YEAR INCLUDE:

FAMILY DINNER PROGRAM - EACH NIGHT, AREA ORGANIZATIONS, BUSINESSES,
CHURCHES, AND FAMILY GROUPS SERVE HOME-COOKED MEALS TO OUR FAMILIES.
LAST YEAR, 625 MEALS WERE PROVIDED INCLUDING DINNERS, WEEKEND BRUNCHES,
LUNCH-2-GO AND SNACKS FROM SCRATCH. THIS PROGRAM PROVIDES A WONDERFUL
WAY FOR FAMILIES TO SUPPORT EACH OTHER AS WELL AS FURTHER REDUCE THEIR
FINANCIAL BURDEN.

EXPRESSION THERAPY - OUR ART THERAPISTS, MUSIC THERAPIST, AND
DRAMA/MOVEMENT THERAPISTS USE A CREATIVE PROCESS TO GUIDE FAMILIES
TOWARDS A PLACE OF HEALING, RECONCILIATION AND HOPE. THEY PROVIDE
SUPPORT AND A SAFE PLACE TO EXAMINE THE INTENSE FEELINGS SURROUNDING A
CHILD'S ILLNESS OR INJURY AND THE WAY IT AFFECTS THE CHILD AS WELL AS
THE FAMILY USING CREATIVITY AS THE PRIMARY METHOD OF COMMUNICATION.
THE RESULTS HAVE BEEN INSPIRING. OUR FAMILIES HAVE OPENED UP THEIR
HEARTS, EXPLORED THEIR FEARS AND SADNESS AND ALLOWED THEIR EMOTIONAL
NEEDS TO BE HEARD WHILE REBUILDING A SENSE OF WELL-BEING AND HOPE.

PET THERAPY - THIS PROGRAM PROVIDES THE OPPORTUNITY TO HEAL THROUGH
ANIMAL ASSISTED THERAPY. IT PROMOTES SOCIAL AND EMOTIONAL SUPPORT
PROVIDED BY SPECIALY TRAINED PROFESSIONALS. DOGS AND THEIR RESPECTIVE
HANDLERS VISIT THE RONALD MCDONALD HOUSE ABOUT TWICE A WEEK.
SECRET GARDEN - ADJACENT TO THE HOUSE IS A BEAUTIFUL OUTDOOR GARDEN WITH A WALKING PATH, GAZEBO, WATERFALL AND A PATIO EQUIPPED WITH GAS GRILLS. OUR FAMILIES FIND SOLACE AND FRESH AIR IN THE BEAUTIFUL ENVIRONMENT. THE GARDEN IS MAINTAINED AND CARED FOR BY 22 VOLUNTEER MASTER GARDENERS WHO PLANT, PRUNE, WEED, AND CARE ON A DAILY BASIS TO KEEP IT PRISTINE AND BEAUTIFUL. GARDEN EDUCATION OCCURS EACH WEEK DURING THE GROWING SEASON. IN 2018, 1,487 OF VOLUNTEER HOURS WERE PROVIDED TO MAINTAIN THE GARDEN. THIRTY-NINE GARDEN EDUCATION CLASSES TOOK PLACE IN 2018.

ABOVE ALL, THE RONALD MCDONALD HOUSE OFFERS THE EMOTIONAL SUPPORT AND COMMON FRIENDSHIP OF OTHER FAMILIES IN VERY SIMILAR SITUATIONS OF HAVING AN ILL OR INJURED CHILD IN THE HOSPITAL.

FORM 990, PART VI, SECTION A, LINE 2:
DAN SCHWABE AND GARY ZIMMERMAN HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:
The finance committee reviews the Form 990 and makes it available to the board of directors prior to filing.

FORM 990, PART VI, SECTION B, LINE 12C:
Members of the board of directors must annually complete a conflict of interest policy form and inform management of any potential conflicts during the year. The governance committee is responsible for pro-actively identifying conflicts and/or potential conflicts and acting accordingly.
FORM 990, PART VI, SECTION B, LINE 15:

THE HUMAN RESOURCES COMMITTEE CONSULTS EXTERNAL COMPENSATION DATA TO DETERMINE COMPENSATION FOR THE PRESIDENT/CEO AND OTHER POSITIONS. COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE HUMAN RESOURCES COMMITTEE AND THE CHAIRMAN OF THE BOARD.

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

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE.

FORM 990, PART XII, LINE 2C

THE FINANCE COMMITTEE REVIEWS THE AUDITED FINANCIAL STATEMENTS AND HAS THE SAME REVIEW PROCESS AS IT HAS HAD IN PRIOR YEARS.