

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, INC.
D Employer identification number: 61-0986164
E Telephone number: (859) 268-0757
G Gross receipts \$: 2,806,899.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.RMHCLEXINGTON.COM
K Form of organization: Corporation
L Year of formation: 1981
M State of legal domicile: KY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: NATHAN GRAHAM, EXECUTIVE DIRECTOR
Date:
Preparer: DERRICK ROGERS
Date: 11/09/22
Firm: BREEDING HENDERSON & HORD, PLLC
Address: 1050 MONARCH ST, STE 110, LEXINGTON, KY 40513

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
THE MISSION OF RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS IS TO  
CREATE AND SUPPORT PROGRAMS THAT DIRECTLY IMPROVE THE HEALTH AND  
WELL-BEING OF CHILDREN AND STRENGTHEN FAMILIES BY KEEPING THEM  
TOGETHER IN TIMES OF MEDICAL NEED.

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

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

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

4a (Code: ) (Expenses \$ 904,111. including grants of \$ ) (Revenue \$ 108,180. )  
HOUSE PROGRAM - THE RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS  
HOUSE PROGRAM PROVIDES TEMPORARY HOUSING FOR CRITICALLY ILL OR INJURED  
CHILDREN AND THEIR FAMILIES DURING THEIR PERIOD OF TREATMENT. THEY CAN  
ENJOY TRANSPORTATION TO AND FROM LOCAL HOSPITALS THREE TIMES PER DAY,  
HOME-COOKED MEALS, LAUNDRY FACILITIES, A BEDROOM WITH A PRIVATE  
BATHROOM, INDOOR AND OUTDOOR PLAY AREAS FOR CHILDREN, AND RECREATIONAL  
ACTIVITIES.

4b (Code: ) (Expenses \$ 136,466. including grants of \$ ) (Revenue \$ )  
FAMILY ROOM PROGRAM - THE RONALD MCDONALD FAMILY ROOM BEGAN WELCOMING  
GUESTS IN 2009 INSIDE THE WALLS OF KENTUCKY CHILDRENS HOSPITAL IN  
LEXINGTON, KY. THE FAMILY ROOM PROVIDES A COMFORTING AND QUIET AREA OF  
RESPIRE, RELAXATION, AND REFLECTION FOR FAMILIES AND LOVED ONES OF  
CHILDREN WHO ARE BEING TREATED IN THE CRITICAL CARE UNITS (NEONATAL  
INTENSIVE CARE UNIT AND PEDIATRIC INTENSIVE CARE UNIT) OF THE HOSPITAL.  
THE FAMILY ROOM IS STAFFED WITH HELPFUL, SPECIALLY TRAINED AND SCREENED  
VOLUNTEERS. GUESTS OF THE FAMILY ROOM WILL FIND COMFORTABLE SEATING  
AREAS COMPLIMENTARY SNACKS, MCDONALDS COFFEE, BOOKS AND MAGAZINES AS  
WELL AS THE USE OF PORTABLE ELECTRONIC DEVICES (DVD AND CD PLAYERS) WITH  
A LIBRARY OF FAMILY-FRIENDLY MEDIA.

4c (Code: ) (Expenses \$ 20,600. including grants of \$ ) (Revenue \$ )  
CAREMOBILE- SINCE 2005, THE RONALD MCDONALD CARE MOBILE PROGRAM (A  
PARTNERSHIP BETWEEN THE UNIVERSITY OF KENTUCKY AND RMHC OF THE  
BLUEGRASS) HAS OFFERED EASTERN KENTUCKYS CHILDREN FREE PROFESSIONAL  
DENTAL SERVICES AND EDUCATION ABOARD A STATE-OF-THE-ART MOBILE CLINIC.  
CENTERED IN HAZARD, KY (PERRY COUNTY) THE RONALD MCDONALD CARE MOBILE  
CARES FOR UNDER-SERVED CHILDREN IN THEIR OWN NEIGHBORHOODS AND SCHOOLS.  
THE RONALD MCDONALD CARE MOBILE IS DESIGNED SPECIFICALLY FOR THE  
PURPOSE OF PROVIDING QUALITY PEDIATRIC DENTAL CARE AND EDUCATION AND  
INCLUDES TWO DENTAL CHAIRS AND PROFESSIONAL STAFF AS WELL AS VOLUNTEER  
SUPPORT. SERVICES ARE PROVIDED AT 15 ELEMENTARY SCHOOLS IN PERRY AND  
KNOTT COUNTIES, 20 HEAD START CENTERS IN PERRY, KNOT, LESLIE, AND  
LETCHER COUNTIES, AND AT A VARIETY OF COMMUNITY EVENTS. EACH SCHOOL

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ 100,000.) (Revenue \$ )

4e Total program service expenses 1,061,177.

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**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

**Part IV Checklist of Required Schedules**

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

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

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**Part IV Checklist of Required Schedules** *(continued)*

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	17	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	

RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		20
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> 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 on Schedule O.	<b>1a</b>	22		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	22		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> 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>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>			<b>X</b>

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>			<b>X</b>
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
<b>16a</b> 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>16a</b>			<b>X</b>
<b>b</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?	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **► KY, TN, OH, WV, 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     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**TREASURER - 859-268-0757**  
**1300 SPORTS CENTER DRIVE, LEXINGTON, KY 40502**

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NATHAN GRAHAM EXECUTIVE DIR	40.00			X			104,899.	0.	11,000.	
(2) KATE BURTON TREASURER	2.00 1.00	X		X			0.	0.	0.	
(3) QUIN BROADBENT DIRECTOR	1.00	X					0.	0.	0.	
(4) CLAUDIA HEALY PAST PRESIDENT	2.00 1.00	X		X			0.	0.	0.	
(5) CHRISTA COLLINS DIRECTOR	1.00	X					0.	0.	0.	
(6) GREG HOSFIELD PRESIDENT ELECT	2.00 1.00	X		X			0.	0.	0.	
(7) DENISE LONG DIRECTOR	1.00	X					0.	0.	0.	
(8) SCOTT VOLLET PRESIDENT	2.00 1.00	X		X			0.	0.	0.	
(9) AMY DILORENZO DIRECTOR	1.00	X					0.	0.	0.	
(10) WILL FITE DIRECTOR	1.00	X					0.	0.	0.	
(11) LINDSEY GRAVES DIRECTOR	1.00	X					0.	0.	0.	
(12) MAX SMITH SECRETARY	2.00 1.00	X		X			0.	0.	0.	
(13) MATTHEW BACON DIRECTOR	1.00	X					0.	0.	0.	
(14) APRIL BLACK DIRECTOR	1.00	X					0.	0.	0.	
(15) DAVE FARDO DIRECTOR	1.00	X					0.	0.	0.	
(16) TODD HARRIS DIRECTOR	1.00	X					0.	0.	0.	
(17) ALLISON HELSINGER DIRECTOR	1.00	X					0.	0.	0.	

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEREK MOTSCH DIRECTOR	1.00	X					0.	0.	0.	
(19) CHARLIE ROWLAND DIRECTOR	1.00	X					0.	0.	0.	
(20) RYAN GRAHAM DIRECTOR	1.00	X					0.	0.	0.	
(21) ELIJAH ZIMMERMAN DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b> .....							104,899.	0.	11,000.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							104,899.	0.	11,000.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

Form 990 (2021)

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 266,859.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 1,435,224.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 258,832.					
	<b>h Total.</b> Add lines 1a-1f .....		1,702,083.				
<b>Program Service Revenue</b>	<b>2 a</b> <u>MEDICAID REIMBURSEMENT</u>	<b>Business Code</b> 721000	108,180.	108,180.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		108,180.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		41,062.			41,062.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	641,275.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	582,914.				
<b>c</b> Gain or (loss) .....	<b>7c</b>	58,361.					
<b>d</b> Net gain or (loss) .....		58,361.			58,361.		
<b>8 a</b> Gross income from fundraising events (not including \$ 266,859. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		314,299.				
			331,427.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-17,128.		-17,128.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			1,892,558.	108,180.	0.	82,295.	

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

Form 990 (2021)

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	100,000.	100,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	104,899.	97,556.	3,147.	4,196.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	449,486.	296,058.	85,554.	67,874.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	95,361.	67,706.	15,258.	12,397.
<b>10</b> Payroll taxes .....	45,387.	32,224.	7,262.	5,901.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	18,859.		18,859.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	110,558.			110,558.
<b>f</b> Investment management fees .....	16,419.	12,835.	3,584.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	5,030.			5,030.
<b>13</b> Office expenses .....	15,987.	1,164.	4,862.	9,961.
<b>14</b> Information technology .....	46,598.	5,069.	9,380.	32,149.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	49,989.	47,885.	1,183.	921.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	104,186.	24,326.	4,599.	75,261.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	104,115.	100,159.	2,203.	1,753.
<b>23</b> Insurance .....	14,003.	10,419.	3,584.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FAMILY SUPPORT SERVICES</b>	194,688.	194,688.		
<b>b</b> <b>MISCELLANEOUS</b>	34,657.	31,311.	3,346.	
<b>c</b> <b>MAINTENANCE AND REPAIRS</b>	12,473.	12,473.		
<b>d</b> <b>VOLUNTEER RESOURCES AND</b>	12,144.	12,144.		
<b>e</b> All other expenses .....	19,801.	15,160.		4,641.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,554,640.	1,061,177.	162,821.	330,642.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

Form 990 (2021)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	665,412.	<b>1</b>	872,536.	
	<b>2</b> Savings and temporary cash investments .....	16,581.	<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	215,539.	<b>4</b>	307,632.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,020,955.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,680,879.	1,358,423.	<b>10c</b>	1,340,076.
	<b>11</b> Investments - publicly traded securities .....	2,011,653.	<b>11</b>	2,353,465.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	4,267,608.	<b>16</b>	4,873,709.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	92,595.	<b>17</b>	213,331.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	92,595.	<b>26</b>	213,331.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	2,443,168.	<b>27</b>	2,721,165.	
	<b>28</b> Net assets with donor restrictions .....	1,731,845.	<b>28</b>	1,939,213.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	4,175,013.	<b>32</b>	4,660,378.	
	<b>33</b> Total liabilities and net assets/fund balances .....	4,267,608.	<b>33</b>	4,873,709.	

Form **990** (2021)

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

Form 990 (2021)

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1,892,558.</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>1,554,640.</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>337,918.</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4,175,013.</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>147,447.</b>
<b>6</b>	Donated services and use of facilities	
<b>7</b>	Investment expenses	
<b>8</b>	Prior period adjustments	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>0.</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>4,660,378.</b>

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, INC.** Employer identification number **61-0986164**

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1262518.	1139898.	1398554.	1610676.	1702083.	7113729.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1262518.	1139898.	1398554.	1610676.	1702083.	7113729.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						7113729.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	1262518.	1139898.	1398554.	1610676.	1702083.	7113729.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	36,286.	49,983.	41,098.	36,952.	41,062.	205,381.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						7319110.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	843,267.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	97.19 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	92.07 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

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

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

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

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

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

Schedule A (Form 990) 2021

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, INC.** Employer identification number **61-0986164**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X .....

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

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount          |
|--|-----------------|
| <b>c</b> Beginning balance .....             | <b>1c</b> ..... |
| <b>d</b> Additions during the year .....     | <b>1d</b> ..... |
| <b>e</b> Distributions during the year ..... | <b>1e</b> ..... |
| <b>f</b> Ending balance .....                | <b>1f</b> ..... |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	1,731,845.	1,552,873.	1,324,458.	1,419,935.	1,259,358.
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....	220,817.	191,164.	239,904.	-84,088.	171,459.
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....	13,449.	12,192.	11,489.	11,389.	10,882.
<b>g</b> End of year balance .....	1,939,213.	1,731,845.	1,552,873.	1,324,458.	1,419,935.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ 39.2100 %
  - c Term endowment ▶ 60.7900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations .....   |     | X  |
| (ii) Related organizations .....  |     | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		4,829.		4,829.
<b>b</b> Buildings .....		2,701,839.	1,406,393.	1,295,446.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		314,287.	274,486.	39,801.
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				1,340,076.

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

RMHC AND THE TRUST FUND ARE NOT-FOR-PROFIT ORGANIZATIONS THAT ARE EXEMPT FROM BOTH FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. RMHC AND THE TRUST FUND HAVE ALSO BEEN CLASSIFIED AS ENTITIES THAT ARE NOT PRIVATE FOUNDATIONS WITHIN THE MEANING OF SECTION 509(A) AND QUALIFY FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B).

THE FASB ASC PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR HOW AN ENTITY SHOULD RECOGNIZE, MEASURE, PRESENT, AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE ENTITY HAS TAKEN OR



**Part XIII** Supplemental Information (continued)

EXPECTS TO TAKE ON A TAX RETURN. THE FASB ASC REQUIRES THAT THE FINANCIAL STATEMENTS REFLECT EXPECTED FUTURE TAX CONSEQUENCES OF SUCH POSITIONS PRESUMING THE TAXING AUTHORITIES' FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS, BUT WITHOUT CONSIDERING TIME VALUES. THE FEDERAL INCOME TAX RETURNS OF THE ORGANIZATIONS FOR THE YEARS ENDED DECEMBER 31, 2018, 2019, 2020, AND 2021 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. HOWEVER, THE ORGANIZATIONS ARE NOT CURRENTLY UNDER AUDIT NOR HAVE THE ORGANIZATIONS BEEN CONTACTED BY ANY TAX JURISDICTIONS.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, INC.** Employer identification number **61-0986164**

**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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TRUE SENSE - P.O. BOX 64114, PITTSBURGH, PA 15264	DIRECT MAIL	X		170,841.	110,558.	60,283.
<b>Total</b>				170,841.	110,558.	60,283.

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.

AZ, DE, IA, ID, IL, IN, KY, LA, MI, MT, NE, OH, SD, TN, TX, VA, VT, WV, WY

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MCDAZZLE (event type)	KEENELAND (event type)	22 (total number)	
Revenue	<b>1</b> Gross receipts .....	490,910.	4,000.	86,248.	581,158.
	<b>2</b> Less: Contributions .....	201,611.	1,950.	63,298.	266,859.
	<b>3</b> Gross income (line 1 minus line 2) .....	289,299.	2,050.	22,950.	314,299.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	66,086.		12,115.	78,201.
	<b>7</b> Food and beverages .....	56,466.	5,400.	5,119.	66,985.
	<b>8</b> Entertainment .....	2,500.			2,500.
	<b>9</b> Other direct expenses .....	95,070.	1,082.	87,589.	183,741.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				331,427.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-17,128.	

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

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

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

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

RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: TRUE SENSE

(I) ADDRESS OF FUNDRAISER: P.O. BOX 64114, PITTSBURGH, PA 15264

RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.

**Part IV** Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

**Employer identification number  
61-0986164**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
RONALD MCDONALD HOUSE TRUST FUND PO BOX 22414 LEXINGTON, KY 40522	61-6216083	501C3	100,000.	0.	FMV		FUTHERANCE OF RMHC OF THE BLUEGRASS MISSION

- 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.

Schedule I (Form 990) 2021

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, INC.** Employer identification number **61-0986164**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	365	55,962.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( HOUSE SUPPLIE )	X	275	111,722.	FMV
26 Other ▶ ( AUCTION ITEMS )	X	75	91,148.	FMV
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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



RONALD MCDONALD HOUSE CHARITIES

Schedule M (Form 990) 2021

OF THE BLUEGRASS, INC.

61-0986164

Page 2

**Part II**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, INC.	Employer identification number	61-0986164
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 CHILDREN AND STRENGTHENS FAMILIES BY KEEPING THEM TOGETHER IN TIMES OF  
 MEDICAL NEED.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
 YEAR, THE RONALD MCDONALD CARE MOBILE PROVIDES PREVENTATIVE DENTAL  
 SERVICES TO OVER 2,000 CHILDREN RECEIVE PREVENTATIVE DENTAL SERVICES  
 EACH SCHOOL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
 THE ORGANIZATION MADE A GRANT OF \$100,000 TO THE RONALD MCDONALD HOUSE  
 TRUST FUND TO PRESERVE AND INVEST FOR THE FUTURE BENEFIT OF THE RONALD  
 MCDONALD HOUSE OF THE BLUEGRASS.  
 EXPENSES \$ 0. INCLUDING GRANTS OF \$ 100,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:  
 THE EXECUTIVE DIRECTOR ALONG WITH THE TREASURER REVIEW THE FORM 990 WITH  
 THE CPA FIRM PREPARING THE RETURN BEFORE IT IS FILED. AFTER FILING, THE  
 FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:  
 EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD  
 DELEGATED POWERS SHALL COMPLETE A CONFLICT OF INTEREST SURVEY. THE BOARD  
 GOVERNANCE CHAIR COMPILES THE RESULTS OF THE SURVEYS AND MAKES A  
 PRESENTATION DURING A REGULARLY SCHEDULED BOARD MEETING ADVISING THE BOARD  
 OF ANY POTENTIAL CONFLICTS OF INTEREST.

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization <b>RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, INC.</b>	Employer identification number <b>61-0986164</b>
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FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTORS COMPENSATION PACKAGE. EACH BOARD MEMBER IS ASKED TO COMPLETE AN EVALUATION OF THE EXECUTIVE DIRECTOR. THE RESULTS ARE COMPILED AND PRESENTED TO THE EXECUTIVE COMMITTEE FOR THE PURPOSE OF DETERMINING THE EXECUTIVE DIRECTORS COMPENSATION. ALL STAFF SALARIES ARE REVIEWED AND APPROVED BY THE FISCAL SERVICES COMMITTEE. UPON APPROVAL THE FULL BOARD REVIEWS AND APPROVES THE SALARIES AS PART OF THE BUDGETING PROCESS.

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

RMHC MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND OTHER RELATED DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, INC.** Employer identification number **61-0986164**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
RONALD MCDONALD HOUSE TRUST FUND - 61-6216083, P.O. BOX 22414, LEXINGTON, KY 40522	TRUST HOLD	KENTUCKY	501(C)(3)	LINE 12C, III-FI	N/A		X

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

Schedule R (Form 990) 2021

RONALD MCDONALD HOUSE CHARITIES

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RONALD MCDONALD HOUSE TRUST FUND	B	100,000.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

RONALD MCDONALD HOUSE CHARITIES

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

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

Table with 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.



2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	HEAT PUMP ROOM 220	02/25/20	SL	10.00		16	1,693.				1,693.	141.		169.	310.
2	RENOVATION	12/13/99	SL	45.00		16	12,592.				12,592.	5,900.		280.	6,180.
3	HEAT PUMP & AIR HAND	01/24/00	SL	45.00		16	3,990.				3,990.	1,864.		89.	1,953.
4	HEAT PUMP ROOM 219	10/01/20	SL	10.00		16	1,693.				1,693.	42.		169.	211.
5	ARCHITECTURAL FEES	09/01/01	SL	45.00		16	17,345.				17,345.	7,450.		385.	7,835.
6	RENOVATIONS	11/05/01	SL	45.00		16	2,540.				2,540.	1,080.		56.	1,136.
7	WINDOWS	11/19/01	SL	45.00		16	6,140.				6,140.	2,614.		136.	2,750.
8	RENOVATIONS	12/03/01	SL	45.00		16	2,021.				2,021.	858.		45.	903.
9	RENOVATIONS	12/03/01	SL	45.00		16	42,278.				42,278.	17,931.		940.	18,871.
10	RENOVATIONS	12/03/01	SL	45.00		16	6,228.				6,228.	2,640.		138.	2,778.
11	RENOVATIONS - A/C	12/03/01	SL	45.00		16	10,882.				10,882.	4,615.		242.	4,857.
12	RENOVATIONS	12/24/01	SL	45.00		16	45,419.				45,419.	19,260.		1,009.	20,269.
13	RENOVATIONS	01/14/02	SL	45.00		16	24,982.				24,982.	10,548.		555.	11,103.
14	RENOVATIONS	02/11/02	SL	45.00		16	74,046.				74,046.	31,125.		1,645.	32,770.
15	RENOVATIONS	03/15/02	SL	45.00		16	52,523.				52,523.	21,981.		1,167.	23,148.
16	ARCHITECTURAL FEES	03/25/02	SL	45.00		16	4,064.				4,064.	1,699.		90.	1,789.
17	NEW DOOR	12/16/02	SL	45.00		16	1,452.				1,452.	582.		32.	614.
18	RENOVATION - PIPE	04/02/03	SL	45.00		16	1,958.				1,958.	774.		44.	818.

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	RENOVATIONS	06/16/03	SL	45.00		16	36,771.				36,771.	14,368.		817.	15,185.
20	CABINETS	08/11/03	SL	45.00		16	5,124.				5,124.	1,983.		114.	2,097.
21	WINDOWS	08/11/03	SL	45.00		16	7,040.				7,040.	2,723.		156.	2,879.
22	KITCHEN PLANS	11/17/03	SL	45.00		16	1,000.				1,000.	381.		22.	403.
23	WINDOWS	02/09/04	SL	45.00		16	2,770.				2,770.	1,043.		62.	1,105.
24	SUMP PUMP	12/30/02	SL	7.00		16	2,000.				2,000.	2,000.		0.	2,000.
25	SECURITY SYSTEM CARD READER	03/17/03	SL	7.00		16	1,054.				1,054.	1,054.		0.	1,054.
26	HEAT PUMP ROOM 213	11/24/20	SL	10.00		16	1,693.				1,693.	14.		169.	183.
27	PLAYROOM WINDOWS	11/20/05	SL	45.00		16	4,357.				4,357.	1,469.		97.	1,566.
28	ROOF REPAIRS	07/17/06	SL	45.00		16	8,700.				8,700.	2,802.		193.	2,995.
29	UPDATE LAUNDRY ROOM	11/30/06	SL	45.00		16	21,678.				21,678.	6,826.		482.	7,308.
30	WOODSMITH CREATIONS - LIVING ROOM PHASE II	01/22/08	SL	10.00		16	6,406.				6,406.	6,406.		0.	6,406.
31	WOODSMITH CREATIONS - INSULATION	01/22/08	SL	10.00		16	2,100.				2,100.	2,100.		0.	2,100.
32	2007 TOYOTA SIENNA	01/24/08	SL	10.00		16	21,331.				21,331.	21,331.		0.	21,331.
33	WOODSMITH CREATIONS - LIVING ROOM PHASE II	02/05/08	SL	10.00		16	3,662.				3,662.	3,662.		0.	3,662.
34	UPSTAIRS STORAGE TRANE A/C UNIT	07/25/05	SL	7.00		16	3,759.				3,759.	3,759.		0.	3,759.
35	LENOVA THINK PAD T480 & DOCK	01/28/20	SL	3.00		16	1,576.				1,576.	482.		525.	1,007.
36	KITCHEN REMODEL	04/04/17	SL	7.00		16	1,390.				1,390.	745.		199.	944.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	CEILING WALL LIGHTS	05/17/94	SL	7.00		16	4,399.				4,399.	4,399.		0.	4,399.
38	POOL TABLE	05/17/94	SL	7.00		16	1,574.				1,574.	1,574.		0.	1,574.
39	EXTERIOR LIGHT PROJECT	04/11/17	SL	7.00		16	62,664.				62,664.	33,570.		8,952.	42,522.
40	PIANO	03/19/99	SL	7.00		16	3,795.				3,795.	3,795.		0.	3,795.
41	REPLACED HEAT PUMP AND AC	11/29/18	SL	39.00	MM	16	5,513.				5,513.	294.		141.	435.
42	LENOVA THINK PAD T480	01/28/20	SL	3.00		16	1,279.				1,279.	391.		426.	817.
43	LENOVA THINK PAD T490S	03/11/20	SL	3.00		16	1,900.				1,900.	528.		633.	1,161.
44	FURNITURE	12/24/01	SL	7.00		16	13,516.				13,516.	13,516.		0.	13,516.
45	EXTERIOR LIGHT UPGADE	02/16/18	SL	7.00		16	994.				994.	402.		142.	544.
46	EXTERIOR LIGHT UPGRAE	10/24/18	SL	7.00		16	1,159.				1,159.	359.		166.	525.
47	SHELVING	01/29/03	SL	7.00		16	1,014.				1,014.	1,014.		0.	1,014.
48	WALL DOUBLE OVEN	02/07/05	SL	7.00		16	1,004.				1,004.	1,004.		0.	1,004.
49	BLACK MINI FRIDGE	02/10/05	SL	7.00		16	3,200.				3,200.	3,200.		0.	3,200.
50	KITCHEN HOOD	02/16/05	SL	7.00		16	7,119.				7,119.	7,119.		0.	7,119.
51	DINING ROOM FURNITURE	03/28/05	SL	7.00		16	6,883.				6,883.	6,883.		0.	6,883.
52	LANDSCAPING	07/08/85	L				1,861.				1,861.			0.	
53	DRAINAGE DITCH	06/30/88	L				1,628.				1,628.			0.	
54	LANDSCAPING	08/12/93	L				1,340.				1,340.			0.	

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	LANDSCAPING - EXPANSION	05/17/94	SL	15.00		16	8,289.				8,289.	8,289.		0.	8,289.
56	SHRUBS, MULCH ETC	10/25/99	SL	15.00		16	1,600.				1,600.	1,600.		0.	1,600.
57	PHONE SYSTEM	09/15/91	SL	7.00		16	2,622.				2,622.	2,622.		0.	2,622.
58	PHONES	12/31/03	SL	7.00		16	3,600.				3,600.	3,600.		0.	3,600.
59	PATIO CHAIRS & TABLES	06/13/89	SL	12.00		16	1,000.				1,000.	1,000.		0.	1,000.
60	BRONZE STATUE - JOE LE	08/29/01	SL	7.00		16	5,000.				5,000.	5,000.		0.	5,000.
61	WOODSMITH CREATIONS - LIVING ROOM PHASE II	02/20/08	SL	10.00		16	4,627.				4,627.	4,627.		0.	4,627.
62	FURNITURE	12/18/06	SL	7.00		16	3,714.				3,714.	3,714.		0.	3,714.
63	ENTERTAINMENT CENTER	01/09/07	SL	7.00		16	2,435.				2,435.	2,435.		0.	2,435.
64	10 TWIN MATTRESSES TEPUR	04/16/18	SL	10.00		16	13,795.				13,795.	3,679.		1,380.	5,059.
65	PHASE II LIVING ROOM	12/11/07	SL	7.00		16	4,128.				4,128.	4,128.		0.	4,128.
66	LIVING ROOM PHASE II COSTS	03/11/08	SL	10.00		16	917.				917.	917.		0.	917.
67	WOODSMITH CREATIONS - LIVING ROOM PHASE II CO	04/03/08	SL	10.00		16	7,305.				7,305.	7,305.		0.	7,305.
68	HVAC & HEAT PUMP KITCHEN	08/25/10	SL	10.00		16	7,344.				7,344.	7,344.		0.	7,344.
69	BUSINESS & VOLUNTEER CENTER IMP	08/25/10	SL	15.00		16	28,061.				28,061.	19,488.		1,871.	21,359.
70	INT & EXT PAINTING	12/15/10	SL	15.00		16	7,500.				7,500.	5,042.		500.	5,542.
71	EXIT SIGNS AND SMOKE DETECTORS	11/17/10	SL	15.00		16	3,105.				3,105.	2,105.		207.	2,312.
72	RONALD BENCH	09/24/10	SL	10.00		16	3,882.				3,882.	3,882.		0.	3,882.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	4 MAYTAG DRYERS	07/01/11	SL	10.00		16	2,200.				2,200.	2,090.		110.	2,200.
74	LA-Z-BOY FURNITURE	07/01/11	SL	10.00		16	2,460.				2,460.	2,337.		123.	2,460.
75	RECEPTION AREA RENOVATIONS	10/31/12	SL	30.00		16	39,590.				39,590.	11,549.		1,320.	12,869.
76	BUILDING	12/31/84	SL	45.00		16	630,594.				630,594.	505,642.		14,013.	519,655.
77	RECEPTION AREA CHAIRS	10/31/12	SL	7.00		16	802.				802.	802.		0.	802.
78	WATER HEATER	04/26/12	SL	10.00		16	4,953.				4,953.	4,332.		495.	4,827.
79	GUEST ROOM DESIGN PLANS	05/01/14	SL	45.00		16	26,272.				26,272.	4,111.		584.	4,695.
80	GUEST ROOM DESIGN PLANS	05/01/14	SL	45.00		16	1,932.				1,932.	287.		43.	330.
81	RECEPTION AREA COMPUTERS	10/31/12	SL	3.00		16	1,505.				1,505.	1,505.		0.	1,505.
82	DESIGN BY POHL ROSA POHL	05/01/14	SL	45.00		16	468.				468.	69.		10.	79.
83	POHL ROSA POHL PLANS FOR ENTRY	05/01/14	SL	45.00		16	108.				108.	16.		2.	18.
84	HEAT PUMP - MORRIS H/C	06/21/13	SL	10.00		16	3,661.				3,661.	2,745.		366.	3,111.
85	DESIGN BY POHL ROSA POHL	05/01/14	SL	45.00		16	312.				312.	47.		7.	54.
86	AIR CONDITIONER	06/21/13	SL	10.00		16	1,451.				1,451.	1,088.		145.	1,233.
87	AIR CONDITIONER	07/10/13	SL	10.00		16	1,521.				1,521.	1,140.		152.	1,292.
88	POHL ROSA POHL - ENTRY WAY DOCS	05/01/14	SL	45.00		16	686.				686.	101.		15.	116.
89	POHL ROSA POHL - ENTRY WAY DESIGN	05/01/14	SL	45.00		16	434.				434.	65.		10.	75.
90	WATER HEATER	12/20/13	SL	10.00		16	5,023.				5,023.	3,515.		502.	4,017.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	HVAC UNIT	01/01/13	SL	10.00		16	2,750.				2,750.	2,200.		275.	2,475.
92	ROOM REN. FURNISHINGS	05/01/14	SL	7.00		16	101,787.				101,787.	96,940.		4,847.	101,787.
93	ROOM REN. BARNWOOD FRAMES	05/01/14	SL	7.00		16	5,250.				5,250.	5,000.		250.	5,250.
94	WASHER - BRAND SOURCE	07/01/13	SL	5.00		16	1,190.				1,190.	1,190.		0.	1,190.
95	2 SINGLE PHASE ZOELLER 841 GRINDER PUMPS	06/21/14	SL	5.00		16	13,444.				13,444.	13,444.		0.	13,444.
96	RENOVATION - SPRINKLER SYSTEM	05/01/14	SL	24.00		16	9,821.				9,821.	2,728.		409.	3,137.
97	BEDROOM CEILINGS FINISHING AND MISC MATERIALS	05/01/14	SL	24.00		16	8,563.				8,563.	2,379.		357.	2,736.
98	RESTROOM WALLS FINISHING AND MISC MATERIALS	05/01/14	SL	24.00		16	5,492.				5,492.	1,526.		229.	1,755.
99	RESTROOM CEILINGS FINISHING AND MISC MATERIAL	05/01/14	SL	24.00		16	1,665.				1,665.	462.		69.	531.
100	BEDROOM FLOORS FINISHING AND MISC MATERIALS	05/01/14	SL	24.00		16	8,563.				8,563.	2,379.		357.	2,736.
101	RESTROOM FLOORS FINISHING AND MISC MATERIALS	05/01/14	SL	24.00		16	1,665.				1,665.	462.		69.	531.
102	PAINT DRYWALL	05/01/14	SL	24.00		16	14,219.				14,219.	3,949.		592.	4,541.
103	PAINT DEDUCT DUE TO OWNER FURNISH MATERIALS	05/01/14	SL	24.00		16								0.	
104	CDI FLOORS	05/01/14	SL	24.00		16	33,619.				33,619.	9,339.		1,401.	10,740.
105	DEMO/LNSULATE/REHANG OPTION 3	05/01/14	SL	24.00		16	60,470.				60,470.	16,798.		2,520.	19,318.
106	FOAM INSULATION	05/01/14	SL	24.00		16	16,300.				16,300.	4,528.		679.	5,207.
107	PLUMBING	05/01/14	SL	24.00		16	56,196.				56,196.	15,611.		2,342.	17,953.
108	HVAC ALLOWANCE	05/01/14	SL	24.00		16	10,000.				10,000.	2,779.		417.	3,196.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
109	EXHAUST FAN REPLACEMENT BASE	05/01/14	SL	24.00		16	12,741.				12,741.	3,540.		531.	4,071.
110	REPLACE ALL HVAC ALTERNATE PRICING	05/01/14	SL	24.00		16	33,483.				33,483.	9,301.		1,395.	10,696.
111	19PC. PLAM VANITY WITH SOLID SURFACE TOP AND	05/01/14	SL	24.00		16	19,010.				19,010.	5,280.		792.	6,072.
112	STANDARD ROOM SOLID SURFACE TUB SURROUNDS	05/01/14	SL	24.00		16	17,480.				17,480.	4,855.		728.	5,583.
113	ELECTRICAL	05/01/14	SL	24.00		16	15,000.				15,000.	4,167.		625.	4,792.
114	DUMPSTERS	05/01/14	SL	24.00		16	2,250.				2,250.	626.		94.	720.
115	CLEANUP/ACCESSORIES/GENERAL CONDITIONS	05/01/14	SL	24.00		16	12,000.				12,000.	3,333.		500.	3,833.
116	MARKUP	05/01/14	SL	24.00		16	57,996.				57,996.	16,111.		2,417.	18,528.
117	ADDITIONAL SHUT OFF VALVE IN PHASE 1	05/01/14	SL	24.00		16	978.				978.	272.		41.	313.
118	REPAIR BROKEN PIPE BY STREET	05/01/14	SL	24.00		16	145.				145.	40.		6.	46.
119	PAINT ADDITIONAL WALLS IN CORRIDOR	05/01/14	SL	24.00		16	1,087.				1,087.	301.		45.	346.
120	PAINT OTHER DOORS/FRAMES	05/01/14	SL	24.00		16	431.				431.	120.		18.	138.
121	2ND FLOOR CORRIDOR CEILING, PRIMING	05/01/14	SL	24.00		16	230.				230.	64.		10.	74.
122	PAINT 1ST FLOOR SUPPORT COLUMNS	05/01/14	SL	24.00		16	46.				46.	13.		2.	15.
123	PAINT 2ND FLOOR WOOD HANDRAILS AT BALCONY	05/01/14	SL	24.00		16	288.				288.	80.		12.	92.
124	BELKIN WIRELESS BOOSTER FOR LOUNGE	05/01/14	SL	24.00		16	322.				322.	89.		13.	102.
125	REPLACE BAD EXIT SIGNS/EMERGENCY FIXTURES	05/01/14	SL	24.00		16	328.				328.	92.		14.	106.
126	ADD ACCESS PANELS FOR SPRINKLER WORK	05/01/14	SL	24.00		16	621.				621.	173.		26.	199.

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
127	ADD QUARTER ROUND TO STAIRWELLS	05/01/14	SL	24.00		16	1,259.				1,259.	349.		52.	401.
128	REPLACE WINDOW STOPS IN OFFICE	05/01/14	SL	24.00		16	518.				518.	144.		22.	166.
129	INSTALL WIRE MOLD IN REAR ENTRANCE	05/01/14	SL	24.00		16	282.				282.	79.		12.	91.
130	ADD COMMON AREA LVT AND BASE	05/01/14	SL	24.00		16	9,906.				9,906.	2,752.		413.	3,165.
131	C & C FIRE SPRINKLER SYSTEMS & INSPECTIONS, IN	05/01/14	SL	24.00		16	8,504.				8,504.	2,361.		354.	2,715.
132	BEDROOM WALL FINISHING	05/01/14	SL	24.00		16	16,586.				16,586.	4,607.		691.	5,298.
133	RETAINER/DEPOSIT FOR ENTRY REMODEL	06/03/15	SL	24.00		16	10,000.				10,000.	2,327.		417.	2,744.
134	AMAZON - FRONT ENTRANCE REMODEL	06/03/15	SL	24.00		16	43.				43.	10.		2.	12.
135	IMAGE 360 - FRONT ENTRANCE SIGNS	06/03/15	SL	24.00		16	155.				155.	36.		6.	42.
136	REPAIR AND REPLACE BAND BOARD	06/03/15	SL	24.00		16	3,925.				3,925.	913.		164.	1,077.
137	REMOVE AND REPLACE CONCRETE WALKS	06/03/15	SL	24.00		16	7,650.				7,650.	1,780.		319.	2,099.
138	SUPERIOR PAINT & DECOR - FRONT RENOVATIONS	06/03/15	SL	24.00		16	120.				120.	28.		5.	33.
139	FRONT ENTRY RENOVATIONS	06/03/15	SL	24.00		16	4,090.				4,090.	951.		170.	1,121.
140	SUPERIOR PAINT & DECOR - FRONT RENOVATIONS	06/03/15	SL	24.00		16	36.				36.	9.		2.	11.
141	ADMIN ASST OFFICE REMODEL	11/19/15	SL	24.00		16	1,725.				1,725.	366.		72.	438.
142	IKEA VOL CENTER	10/01/15	SL	7.00		16	205.				205.	153.		29.	182.
143	IKEA ADMIN ASST OFFICE	10/01/15	SL	7.00		16	781.				781.	586.		112.	698.
144	IKEA VOL AND GUEST SERVICES OFFICE	10/01/15	SL	7.00		16	685.				685.	513.		98.	611.

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
145	AMAZON - ADMIN OFFICE RELOCATION	11/19/15	SL	24.00		16	48.				48.	10.		2.	12.
146	AMAZON - ADMIN OFFICE MOVE	11/19/15	SL	24.00		16	165.				165.	36.		7.	43.
147	2015 DODGE GRAND CARAVAN SXT	08/06/15	SL	5.00		16	19,572.				19,572.	19,572.		0.	19,572.
148	AMAZON - ARCADE GAME	09/01/15	SL	5.00		16	3,015.				3,015.	3,015.		0.	3,015.
149	MARKETING OFFICE RENOVATION	05/16/16	SL	24.00		16	19,942.				19,942.	3,808.		831.	4,639.
150	FURNITURE	10/15/16	SL	7.00		16	4,736.				4,736.	2,876.		677.	3,553.
151	REFRIGERATOR	02/14/17	SL	10.00		16	3,889.				3,889.	1,523.		389.	1,912.
152	REPLACED CHIMNEY CROWN	05/10/18	SL	39.00	MM	16	2,475.				2,475.	169.		63.	232.
153	ARCHAMBEAULT PRINTS	05/01/14	SL	7.00		16	3,990.				3,990.	3,800.		190.	3,990.
154	ADD ONE SUITE TO TOTAL RENOVATION (TOTAL OF 2	05/01/14	SL	24.00		16	15,692.				15,692.	4,359.		654.	5,013.
155	ADA SOLID SURFACE SHOWER SURROUNDS	05/01/14	SL	24.00		16	6,000.				6,000.	1,667.		250.	1,917.
156	PAINT HALLWAY FRAMES OUTSIDE ROOMS	05/01/14	SL	24.00		16	242.				242.	67.		10.	77.
157	ADD CORNER PROTECTORS	05/01/14	SL	24.00		16	587.				587.	162.		24.	186.
158	ENTRY REMODEL	06/03/15	SL	24.00		16	26,892.				26,892.	6,257.		1,121.	7,378.
159	DELL PRECISION 3420 WORKSTATION	11/09/15	SL	3.00		16	1,617.				1,617.	1,617.		0.	1,617.
160	PARTIAL ROOF REPLACEMENT	06/08/18	SL	39.00	MM	16	11,263.				11,263.	746.		289.	1,035.
161	NETWORK UPGRADE	03/08/18	SL	5.00		16	3,987.				3,987.	2,259.		797.	3,056.
162	5 LENOVO THINKPADS DOCKS, ETC	03/27/18	SL	3.00		16	5,508.				5,508.	5,049.		459.	5,508.

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
163	THINKPAD	06/28/18	SL	3.00		16	1,530.				1,530.	1,275.		255.	1,530.
164	APPLE MARKETING COMPUTER	10/01/18	SL	3.00		16	2,980.				2,980.	2,235.		745.	2,980.
165	OFFICE FURNITURE MARKETING	10/01/18	SL	7.00		16	1,199.				1,199.	385.		171.	556.
166	15 QUEEN MATTRESSES TEMPUR	04/16/18	SL	10.00		16	36,324.				36,324.	9,686.		3,632.	13,318.
167	KITCHEN RENOVATION	06/01/19	SL	20.00		16	209,881.				209,881.	16,616.		10,494.	27,110.
168	HEAT PUMP ROOMS 205, 211, 214, 217, 221)	06/30/19	SL	10.00		16	8,410.				8,410.	1,262.		841.	2,103.
169	2 LAPTOPS	11/27/19	SL	3.00		16	2,558.				2,558.	924.		853.	1,777.
170	CANON EOD 6D MARK II CAMERA	02/04/19	SL	3.00		16	1,299.				1,299.	830.		433.	1,263.
171	IMPROVEMENTS	12/31/89	SL	45.00		16	12,158.				12,158.	8,398.		270.	8,668.
172	WATER DRAIN SYSTEM	12/31/89	SL	45.00		16	11,500.				11,500.	7,945.		256.	8,201.
173	ROOF	05/11/92	SL	45.00		16	6,208.				6,208.	3,955.		138.	4,093.
174	BUILDING EXPANSION	05/17/94	SL	45.00		16	493,517.				493,517.	292,454.		10,967.	303,421.
175	BUILDING EXPANSION 2	08/08/94	SL	45.00		16	17,600.				17,600.	10,331.		391.	10,722.
176	WINDOWS	02/04/01	SL	45.00		16	6,908.				6,908.	3,059.		154.	3,213.
177	RENOVATIONS	12/03/01	SL	45.00		16	2,034.				2,034.	862.		45.	907.
178	RENOVATIONS	06/03/02	SL	45.00		16	2,830.				2,830.	1,170.		63.	1,233.
	* TOTAL 990 PAGE 10 DEPR						2,936,451.				2,936,451.	1,577,032.		102,835.	1,679,867.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, INC. EIN or SSN 61-0986164

Name and title of officer or person subject to tax NATHAN GRAHAM EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize BREEDING HENDERSON & HORD, PLLC to enter my PIN 98465. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61604645641 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 11/09/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2021

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, INC.</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 22414</b>  City or town, state or province, country, and ZIP or foreign postal code <b>LEXINGTON, KY 40522</b>  <b>C</b> Book value of all assets at end of year ..... ▶ <b>4,873,709.</b>	<p><b>D</b> Employer identification number <b>61-0986164</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
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**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **TREASURER** Telephone number ▶ **859-268-0757**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2021)

<b>Part III Tax and Payments</b>	
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	1a
b Other credits (see instructions) .....	1b
c General business credit. Attach Form 3800 (see instructions) .....	1c
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	1d
e <b>Total credits.</b> Add lines 1a through 1d .....	1e
2 Subtract line 1e from Part II, line 7 .....	2
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	3
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	4
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....	5
6a Payments: A 2020 overpayment credited to 2021 .....	6a
b 2021 estimated tax payments. Check if section 643(g) election applies .....	6b
c Tax deposited with Form 8868 .....	6c
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	6d
e Backup withholding (see instructions) .....	6e
f Credit for small employer health insurance premiums (attach Form 8941) .....	6f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	6g
<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....	Total
7 <b>Total payments.</b> Add lines 6a through 6g .....	7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	8
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	9
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	10
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> .....	11

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....	Yes	No	
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....			
4 Enter available pre-2018 NOL carryovers here .....			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.					
		Date	<b>EXECUTIVE DIRECTOR</b>	<b>EXECUTIVE DIRECTOR</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DERRICK ROGERS		DERRICK ROGERS	11/09/22		P01316040
	Firm's name <b>BREEDING HENDERSON &amp; HORD, PLLC</b>			Firm's EIN <b>80-0874573</b>		
	Firm's address <b>1050 MONARCH ST, STE 110 LEXINGTON, KY 40513</b>			Phone no. <b>(859) 278-0112</b>		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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