Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 0

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning Go to www.irs.gov/Form990 for instructions and the latest information.

2023	
pen to Public Inspection	

^	r or th	e 2023 Calendar year, or tax year beginning and	enumy						
В	Check if	in.		D Employer identif	ication number				
_	— ∫ Addre	RONALD MCDONALD HOUSE CHARITIES OF							
L	chang	CENTRAL INDIANA, INC.							
Ļ	chang	Doing business as	r	35-14972					
Ļ	return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
Ļ	Final return termin		<u> </u>	(317) 269-2247					
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group r	3,865,547.				
Ļ	return								
L	Application pendi				s?Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates i					
		empt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1)	or 527	1	list. See instructions				
	Websi		1	H(c) Group exemption					
	art I	f organization: X Corporation Trust Association Other	L Year	of formation; 1981	M State of legal domicile; IN				
			POTTER	A CUDDODUT	TTP				
بو	1	Briefly describe the organization's mission or most significant activities: TO P							
Activities & Governance		HOME-AWAY-FROM-HOME FOR FAMILIES OF CHILD							
E	2	Check this box if the organization discontinued its operations or dispose		1 -	1				
Š	3			3	23				
-2	4	Number of independent voting members of the governing body (Part VI, line 1b)			30				
jes	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			150				
3	6	Total number of volunteers (estimate if necessary)			<del></del>				
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	Ь	Net unrelated business taxable income from Form 990-T, Part I, line 11	······	Prior Year	0 . Current Year				
		Contributions and grants (Doublett Bill Bins 4h)	-	1,973,538.					
9	В	Contributions and grants (Part VIII, line 1h)			2,860,315.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		281,583.					
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		225,995.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,481,116.	3,640,474.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,283,564.	1,237,830.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ě	ь	Total fundraising expenses (Part IX, column (D), line 25) 608,99		1 712 622	1 000 600				
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,713,633.	1,922,620.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,997,197.	3,160,450.				
	19	Revenue less expenses. Subtract line 18 from line 12		-516,081.	480,024.				
SOF		Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		inning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)		13,140,803.	14,520,106.				
et A	21	Total liabilities (Part X, line 26)		382,947.	229,574.				
2.7	1 22 art	Net assets or fund balances. Subtract line 21 from line 20		12,757,856.	14,290,532.				
$\overline{}$									
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer i	nas any knowledge.					
٠.		Signature of officer		Date - f					
Sig			2/0	io/	20/24				
Her	e	KARIN OGDEN, CEO Type or print name and title	Xu	41	1010				
—	—–			ate Check C	PTIN				
1 (title 1) per pireparer 3 realite									
Paid JEREMY C. KOPECK, CPA 4 Self-employed P00967303									
	191EC	Firm's name PILE CPAS		Firm's EIN 3	5-0865680				
U36	Only	Firm's address ONE INDIANA SQ., SUITE 1200		2 / 2	17\ 260 2454				
		INDIANAPOLIS, IN 46204		Phone no. ( 3	17) 269-3454				
		RS discuss this return with the preparer shown above? See instructions			X Yes No				
ᄔ	For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12	2-21-23		Form <b>990</b> (2023)				

#### RONALD MCDONALD HOUSE CHARITIES OF CENTRAL INDIANA, INC.

Form	990 (2023) CENTRAL INDIANA, INC.	35-149	7202	Page 2
	rt 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:			
•	TO PROVIDE A SUPPORTIVE HOME-AWAY-FROM-HOME FOR FAMILIES	OF CHI	LDREN	
	RECEIVING MEDICAL CARE AT RILEY CHILDREN'S HEALTH AND OT			
	HOSPITALS.			
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	X No
	If "Yes," describe these new services on Schedule O.			
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
3			103	
	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as	magnired by	avpancac	
4				
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total ex	cperises, ai	IU
	revenue, if any, for each program service reported.		19	682.)
4a	(Code: ) (Expenses \$ 1,969,016. including grants of \$ ) (Rever			002.
	RONALD MCDONALD HOUSE: SINCE 1982, OUR ORGANIZATION HAS			T D
	COMFORT AND CARE TO FAMILIES WHEN THEY NEED IT MOST - WH			
	IS SICK OR INJURED AND RECEIVING CARE IN AN INDIANAPOLIS			АЦ.
	OUR HOUSE IS JUST TWO BLOCKS AWAY FROM RILEY CHILDREN'S			
	FEATURES 45 OVERNIGHT ROOMS AND 6 CONTINUING CARE APARTM	ENTS. A	<u>. 1117</u>	
	GUESTS STAY AT OUR FACILITIES AT NO COST TO THEM.			
4b	(Code:) (Expenses \$145, 487. including grants of \$) (Rever			)
	RONALD MCDONALD FAMILY ROOMS: OUR RONALD MCDONALD FAMILY	ROOMS	LOCAT	ED
	INSIDE RILEY CHILDREN'S HEALTH PROVIDE DAY SERVICES INCL			
		TAL LIF	E." T	HE
	ORGANIZATION SERVES MORE THAN 5,000 FAMILIES ANNUALLY.			
40	(Code: ) (Expenses \$ including grants of \$ ) (Rever			
4c	(Code:) (Expenses \$ including grants of \$) (Rever	iue \$		
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
4e	Total program service expenses 2,114,503.			

Form 990 (2023) CENTRAL INDI Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		3,7	
	If "Yes," complete Schedule A	1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<b>1</b>
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			<b></b>
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<b></b>
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			х
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Α.
8	, , ,			х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8_		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	-3-		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	-10		
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		_	
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	_	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ · ·		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	_,_		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

CENTRAL INDIANA, INC. Part IV Checklist of Required Schedules (continued)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	,		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		х
00	Schedule L, Part I	230		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₩.
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
05.	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		
ь	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
55	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	X	
Pa	Note: All Form 990 filers are required to complete Schedule O  rt 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
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								
4a	a 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)?								
b	If "Yes," enter the name of the foreign country			ı					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	[							
	any contributions that were not tax deductible as charitable contributions?	6a		_X_					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		<u> </u>					
	If "Yes," indicate the number of Forms 8282 filed during the year			<del></del>					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		<u> </u>					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	_							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-+						
_	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:	ĺ							
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		- 1						
11									
	Section 501(c)(12) organizations. Enter:		- 1						
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against								
Ь			- 1						
102	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	1						
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
-	Note: See the instructions for additional information the organization must report on Schedule O.	.00							
ь	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		ĺ						
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1							
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

RONALD MCDONALD HOUSE CHARITIES OF CENTRAL INDIANA, INC. 35-1497202 Form 990 (2023) Part VI | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 23 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 23 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? ..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses on Schedule O Q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Х 12b **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Х Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

	exempt states with respect to scient arrangements:
Sec	tion C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed IN
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.
19	for public inspection. Indicate how you made these available. Check all that apply.  X Own website

State the name, address, and telephone number of the person who possesses the organization's books and records **KARIN OGDEN** - (317)269-2247

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

435 LIMESTONE ST, INDIANAPOLIS, IN 46202

everynt status with respect to such arrangements?

CENTRAL INDIANA, INC.

35-1497202

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#### Form 990 (2023) 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

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

Check this box if neither the organization ne	or any related	orga	ıniza	tion	con	nper	nsat	ed any current officer, d	irector, or trustee.	
(A)	(B)				<b>C)</b>			(D)	(E)	(F)
Name and title	Average	(do	Position do not check more than one				ono	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an					compensation	compensation	amount of
	week	$\vdash$	officer and a director/trustee					_ from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for related	or d	ea Ee		İ	sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		ee Ge	nadu		1099-NEC)	1099-NEC)	organization and related
	below	dual t	Institutional trustee	_	[ 일 년	st col		10001120/		organizations
	line)	Individual	Institu	Officer	Key employee	Highest compensated employee	Former			3
(1) KARIN OGDEN	40.00									
CEO				X				124,594.	0.	13,644.
(2) JIM GLASENER	3.00									
PRESIDENT		X	<u> </u>	X		$oxed{oxed}$	$oxed{oxed}$	0.	0.	0.
(3) ANUSHREE BAG	3.00									
VICE PRESIDENT		X		X		L	$oxed{oxed}$	0.	0.	0.
(4) TROY HOGAN	3.00				ĺ		ĺ	_	_	_
TREASURER		Х	<u> </u>	Х		ļ.,	ļ	0.	0.	0.
(5) LAURIE HENRY-BRADLEY	3.00									_
SECRETARY		Х	ļ	Х		<u> </u>	L	0.	0.	0.
(6) RANDY SHIELDS	1.00									
PAST PRESIDENT		X	<u> </u>	_		<u> </u>		0.	0.	0.
(7) MICHAEL BOATRIGHT	1.00									
DIRECTOR		Х				_		0.	0.	0.
(8) ANDY BALL	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JAMI KASPRZYK	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ALAN HOLT	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MICHAEL HILLSMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) HOLLY THOMAS	1.00							_	_	
DIRECTOR		Х	_			_		0.	0.	0.
(13) THERESA DUNN	1.00									
DIRECTOR		Х	_			_	_	0.	0.	0.
(14) DAVE KLEIMAN	1.00									•
DIRECTOR	1 00	X	_	_		_		0.	0.	0.
(15) JASON MAY	1.00									•
DIRECTOR	1 00	Х	_					0.	0.	0.
(16) JILL ROSE	1.00									_
DIRECTOR	1 00	Х	<u> </u>	_	_	-	_	0.	0.	0.
(17) ELAINE COX, M.D.	1.00									_
DIRECTOR	<u></u>	Х	<u> </u>			L		0.	0.	0.

(A) Section A. Officers, Directors, Trus	(B)	101	<del></del>	((		91100		(D)	(E)			(F)	
Name and title	Average Position							Reportable	Reportable		Es	timated	
Name and the	hours per			heck r				compensation compensati					
	week	offi	cer ar	nd a di	irecto	or/trus	tee)	from	from related			other	
	(list any	ector						the	organizations			pensation	
	hours for related	or dir	0. 20			ated		organization	(W-2/1099-MISC	7/		om the	
	organizations	aatsn.	trust		್ಟ್ಟ್	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anization d related	
	below	dual tr	tional		ploy	st con		1 ' 1				anizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3	_	
(18) DAMON HOUSTON	1.00				_								
DIRECTOR		X						0.		0.		0.	
(19) MICHAEL JOYCE	1.00												
DIRECTOR		X	<u> </u>			_	$\perp$	0.		0.		0.	
(20) ARUN MURALI	1.00									_		•	
DIRECTOR	1 00	X	-	<u> </u>	<u> </u>	├-	<del> </del>	0.		0.		0.	
(21) LISA NEICE	1.00									_		0	
DIRECTOR	1 00	X	$\vdash$	<del> </del>	-	<del> </del>		0.		0.		0.	
(22) ERIC MILLER DIRECTOR	1.00	x					1	0.		0.		0.	
(23) MOHOMMED MOALIKYAR	1.00	^	$\vdash$	-	$\vdash$	┿	╁	1		•		<u> </u>	
DIRECTOR	1.00	X						0.		0.		0.	
(24) LAUREN BOX	1.00		$\vdash$	$\vdash$	1	+	T			-	-		
DIRECTOR		x			1			0.		0.		0.	
					Ι								
				<u> </u>		<u> </u>		121 - 21					
1b Subtotal								124,594.		0.	1	3,644.	
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.	
d Total (add lines 1b and 1c)								124,594.		0.	1	3,644.	
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100,	000 of reportable			1	
compensation from the organization								· · · · · · · · · · · · · · · · · · ·				Yes No	
O Dillian and aller list as former	-1:1 1 1			1			. h:-		lavas an			163 140	
3 Did the organization list any <b>former</b> officer,											3	Х	
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	•		-					•			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes, " con											5	X	
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	depe	ende	nt co	ontr	acto	rs th	hat received more than \$	3100,000 of compe	ensa	tion fro	om	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	/ith (	or w	ithir	the organization's tax y	ear.				
(A)				_				(B)	i.a.a		))		
Name and business	address	N	ON:	<u>F:</u>				Description of s	services		ompe	nsation ———	
				<u> </u>			_						
2 Total number of independent contractors (i	_	ot liı	mite	d to	tho	se lis	sted	above) who received me	ore than				
\$100,000 of compensation from the organi	zation				- 1	<u> </u>							

Form 990 (2023) CENTRAL
Part VIII Statement of Revenue

			Check if Schedule O c	ontai	ns a response	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
5 6	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts.										
5 8			Fundraising events			10,863.	i			
E,E						10,005.	1			
ig ig			Related organizations				1			
ns,	e Government grants (contributions)  1e					ł				
er iti		Ť	All other contributions, gifts, g			040 450				
듗뙆			similar amounts not included			849,452.				
E A		_	Noncash contributions included in li	nes 1a	-1f <b>1g</b> \$	363,411.	0.000.015			
<u>0</u> 4		h	Total. Add lines 1a-1f				2,860,315.			
						Business Code				
9	2	а								
e K		b								
Program Service Revenue		С								
ey a		d								
6		е						_		
<u> </u>			All other program service re							
$\rightarrow$		g	Total. Add lines 2a-2f							
	3		Investment income (includi	-						
			other similar amounts)			378,738.			378,738.	
	4		Income from investment of							
	5		Royalties							
				Ļ	(i) Real	(ii) Personal				
	6	а	Gross rents	6a		ļ				
		b	Less: rental expenses	6b				}		
		C	Rental income or (loss)	6c						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	_	(i) Securities	(ii) Other				
			assets other than inventory	7a	17,461.					
		b	Less: cost or other basis				i	Ì		
e				7b	1,664.	2,649.				
ther Revenue		C	Gain or (loss)	7c	15,797.	-2,649.				
Re		d	Net gain or (loss)				13,148.			13,148.
Je	8	а	Gross income from fundraising							1
ō			including \$10	<u>, 86</u>	3 • of					
			contributions reported on I	ne 1						1
			Part IV, line 18			459,646.				ı
		b	Less: direct expenses		8b	220,760.				
		С	Net income or (loss) from for	undra	aising events		238,886.			238,886.
	9	а	Gross income from gaming	activ	vities. See					
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		С	Net income or (loss) from g	amin	g activities	<u>.</u>				_
	10	а	Gross sales of inventory, le	ss re	turns					
			and allowances		10a					
		b	Less: cost of goods sold		10b	0.				
		С	Net income or (loss) from s	ales	of inventory		30.	30.		
μ,			<del></del>			Business Code				
ŏ a	11		LLC DISTRIBUT			900099	99,705.			99,705.
ane		b	MISCELLANEOUS	RE	VENUE	713990	49,652.	49,652.		
e se		С								
Miscellaneous Revenue		d	All other revenue							
		e	Total. Add lines 11a-11d				149,357.			
	12		Total revenue. See instruction	is			3,640,474.	49,682.	0.	730,477.
332009	12-	21-	23							Form <b>990</b> (2023)

CENTRAL INDIANA, INC.

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 **(D)** Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 149,191. 89,514. 22,379. trustees, and key employees ..... 37,298. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 881,672. 600,154. 139,447. 142,071. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 129,922. 80,454. 24,408. 25,060. 9 Other employee benefits 13,512. Payroll taxes 77,045. 50,388. 13,145. 10 Fees for services (nonemployees): a Management 21,864. 21,864. Legal 80,983. 49,399. 17,817. 13,767. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... 35,016. 35,016. Other. (If line 11g amount exceeds 10% of line 25, 1,682. 1,682. column (A), amount, list line 11g expenses on Sch O.) 131,210. 2,617. 51,258. 77,335. Advertising and promotion 12 40,859. 39,422. 652. 785. Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 22,115. 11,197. 8,725. 2,193. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates ..... 21 255,175. 155,656. 56,139. 43,380. 22 Depreciation, depletion, and amortization ..... 37,170. 34,378. 2,482. 310. 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A). amount, list line 24e expenses on Schedule O.) a MAINTENANCE & CONTRACT 425,627. 360,576. 29,692. 35,359. IN-KIND EXPENSES 359,868. 359,868. 188,490. 662. 187,578. POSTAGE AND SHIPPING 250. 107,696. d LAUNDRY AND HOUSEKEEPIN 107,696. 151,070. 33,086. 30,709. 214,865. e All other expenses 3,160,450. 2,114,503. 436,957. 608,990. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 855,269. 707,612. 1 Cash - non-interest-bearing 989,737. 1,253,093. Savings and temporary cash investments 2 2 161,880. 350,478. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 41,011. 27,115. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10,113,900. basis. Complete Part VI of Schedule D \_\_\_\_\_\_\_ 10a b Less: accumulated depreciation 10b 8,772,444. 1,470,039. 1,341,456. 10c 9,036,030. 9,831,755. 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 734,494. 860,940. 15 15 Other assets. See Part IV, line 11 13,140,803. 14,520,106. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 307,669. 195,029. 17 17 18 18 Grants payable 13,650. 50,000. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties ..... 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25,278. 25 20,895. of Schedule D ..... 229,574. 382,947. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 11,557,904. 12,927,368. 27 Net assets without donor restrictions 27 1,199,952. 28 1,363,164. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 12,757,856. 32 14,290,532.

Form 990 (2023)

14,520,106.

13,140,803.

33

32

Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,64</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,16		
3	Revenue less expenses. Subtract line 2 from line 1	3			0,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	<u>, 75</u>	7,8	56.
5	Net unrealized gains (losses) on investments	5	1			<u> 17.</u>
6	Donated services and use of facilities	6		1	0,0	35.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1				
	column (B))	10	14	, 29	0,5	32.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	dule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization RONALD MCDONALD HOUSE CHARITIES OF CENTRAL INDIANA, INC. 35-1497202 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, 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). (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

CENTRAL INDIANA, INC.

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Schedule A (Form 990) 2023 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.)

Sec	tion A. Public Support					<u></u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2056202.	2113801.	2898280.	1973538.	2860315.	11902136.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		=				
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2056202.	2113801.	2898280.	1973538.	2860315.	11902136.
	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)						297,799.
6	Public support. Subtract line 5 from line 4.						11604337.
	tion B. Total Support	·			·		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2056202.	2113801.	2898280.	1973538.		11902136.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	309,244.	332,528.	526,891.	296,752.	378,738.	1844153.
9	Net income from unrelated business			-	-		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						13746289.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	386,450.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor	here				,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (li					14	84.42 %
	Public support percentage from 2022					15	85.31 <u>%</u>
16a	33 1/3% support test - 2023. If the o						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			•		•	
	meets the facts-and-circumstances te	ŭ	•	,			
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n ald not check a t	oox on line 13, 16a	i, 16b, 1/a, or 17b	, cneck this box ar		/Farm 000) 0003

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) 2019 (b) 2020 (c) 2021(d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 ....... 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support (e) 2023 Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (f) Total 9 Amounts from line 6 ..... 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 % Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. 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 - 2022. 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

Ves No

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

		103	140
	1		
	2		
	3a		
	3b		
	3c		
	4-		
	<u>4</u> a		
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	RONALD MCDONALD HOUSE CHARITIES OF		_	
	edule A (Form 990) 2023 CENTRAL INDIANA, INC. 35-1	<u>49720</u>	2 Pa	age <b>5</b>
Pai	rt IV Supporting Organizations (continued)		_	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		ļ	
	11c below, the governing body of a supported organization?	11a	ļ	
	A family member of a person described on line 11a above?	11b		ļ
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			,
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			1
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			ł
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see i	nstruction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		l -
b				
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b	<del>                                     </del>	
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	=0		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	and coops of cash of the supported organizations: If the of two provide details in the term	Ja		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990)	2023 CENTRAI	INDIANA	, INC.		35-1497202	Page				
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations										
d Charlehava	if the everyingtion estinfied th	a Interval Dart To	ot oo o awal	fuing trust on Nov. 20, 1070 /	Doub VII) Con inches	-41				

1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu		•	Part VI). See instructions.
Sect	on 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		<u> </u>
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1 1		
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		<u></u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	·	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

CENTRAL INDIANA, INC.

35-1497202 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3				
4	Amounts paid to acquire exempt-use assets		4				
5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	e organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2023 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
а	From 2018						
b	From 2019						
	From 2020						
d	From 2021						
_ е	From 2022						
f_	Total of lines 3a through 3e		<u> </u>				
g	Applied to underdistributions of prior years						
<u>h</u> _	Applied to 2023 distributable amount						
<u>i</u>	Carryover from 2018 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
_	Applied to 2023 distributable amount			<del> </del>			
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.		<u> </u>				
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
-	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j and 4c.						
8	Breakdown of line 7:	<del></del>	<u> </u>	<del> </del>			
	Excess from 2019						
	Excess from 2020						
	Excess from 2021			<u> </u>			
	Excess from 2022						
	Excess from 2023						

Schedule A (Form 990) 2023

RONALD MCDONALD HOUSE CHARITIES OF CENTRAL INDIANA INC

				E CHARITIES OF	3E 1407303
Schedule A	(Form 990) 2023		NDIANA, INC		35-1497202 Page 8
Part VI	Part IV, Section A, lines 1, line 1: Part IV, Section D, I	, 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part I\	a, 6, 9a, 9b, 9c, 11a, 1 V, Section E, lines 1c, 2	ed by Part II, line 10; Part II, line 17 1b, and 11c; Part IV, Section B, lir 2a, 2b, 3a, and 3b; Part V, line 1; P Also complete this part for any ad	es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,
	(See mondener)				
	·	_			
	-	<u>.</u>			
	-				
				<del></del>	<del></del>
	·				

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

Department of the Treasury

Internal Revenue Service

#### **Supplemental Financial Statements**

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

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

**Open to Public** 

OMB No. 1545-0047

Inspection

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF CENTRAL INDIANA, INC.

Employer identification number 35-1497202

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b			_,
c	Number of conservation easements on a certified historic stru		
d			
ű	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
0	year	odoca, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
J	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
·	otali alia volalitooi riodio dovotoa to monitoring, moposting,	name of the second	,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
•	Amount of expenses mounted in morning, inspecting, many	aming of thoughous, and officering controlling	merre danning me year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
Ū			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.	ioto to tho organization o intanolal oration.	
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Of	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
~	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		To all to the parties of the second
	(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 tre		
~	the following amounts required to be reported under FASB A		g, provido
_	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>

	dule D (Form 990) 2023 CENTRAL	INDIANA, I	INC.			35-14	<u> 197202</u>	Page 2
Pai	t III   Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or Oth	er Simila	ır Asset	S (continu	ied)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	significant	use of its		
	collection items (check all that apply).		•	Ü				
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	e	<del></del>					
c	Preservation for future generations	•		****				
4	Provide a description of the organization's co	allections and evolain	how they further th	ne organization's e	remnt nurne	nse in Par	t XIII	
5	During the year, did the organization solicit o					750 III I UI	. 7(11).	
•	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	t IV Escrow and Custodial Arrang					) Dort IV		140
	reported an amount on Form 990, Pai		te ii tile organization	Tallsweled 165 (	JIII OIIII 330	, raitiv,	iii ie 3, 0i	
	<del></del>		lian / for contribution	o or other penate r	et included			
14	Is the organization an agent, trustee, custodi						¬ v	
	on Form 990, Part X?					ـــا	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:			т —		
					<u> </u>	$\vdash$	Amount	
С	Beginning balance					<del>                                     </del>		
d	Additions during the year					<del> </del>	<del></del>	
е	Distributions during the year					<del> </del>		
f	Ending balance							
	Did the organization include an amount on Fo				•	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds Complete if							
		(a) Current year	(b) Prior year	(c) Two years bac		years back		ears back
1a	Beginning of year balance	1,194,552.	1,516,882.	1,385,707	1,	235,618.	. 1,0	75,845.
b	Contributions						ļ	
С	Net investment earnings, gains, and losses	208,746.	-255,074.	172,852	? <b>.</b>	187,381.	. 2	211,768.
d	Grants or scholarships					_	ļ	
е	Other expenditures for facilities							
	and programs	40,134.	67,256.	41,677	' <b>.</b>	37,292.		51,995.
f	Administrative expenses							
g	End of year balance	1,363,164.	1,194,552.	1,516,882	1,	385,707.	1,2	35,618.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a	)) held as:				_
а	Board designated or quasi-endowment	•	%	•				
	Permanent endowment 36.4043	%	_					
С	Term endowment 63.5957	<del>~~~~</del> %						
	The percentages on lines 2a, 2b, and 2c shot	uld equal 100%.						
За	Are there endowment funds not in the posse	·	tion that are held ar	nd administered for	the			
	organization by:	J					7	es No
	·						3a(i)	Х
	00 D L L L L L L C							X
h	If "Yes" on line 3a(ii), are the related organiza							<del>-  </del>
4	Describe in Part XIII the intended uses of the			***************************************			. [00]	
Par			Willette Tarias.					
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990. Part	X. line 10.			
	Description of property	(a) Cost or of			) Accumulat	rod T	(d) Book	volue
	Description of property	basis (investm	1 ' '	,	depreciation		(a) Book	value
			Dasis	(onioi)	Gebiecialioi	<del>'                                    </del>		
	Land		0.55	2 060 7	624 0	14	1 027	1 5 /
	Buildings		0,00	2,068. 7	<u>,624,9</u>	14.	1,037	,134.
	Leasehold improvements			2 672	660 0	0.1	100	EOO
	Equipment	[		2,673.	660,0			<u>,582.</u>
	Other			9,159.	487,4	39.		720.
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part)	K. line 10c. column	(B))			1,341	<u>,456.</u>

Schedule D (Form 990) 2023

CENTED AT	TNDTANA	INC
L. CHALLECALL	TIMILIANA.	1111

Schedule D (Form 990) 2023 CENTRAL I	NDIANA, INC.		35-1497202 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Y			
(a) Description of security or category (including name of secur	<del></del>	(c) Method of valuation: Cost	or end-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			_
(3) Other			
(A)	<del></del>		
(B)		<del></del>	
(C)			
(D) (E)			
(F)		-	
(G)			
(H)			<u> </u>
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)	)		
Part VIII Investments - Program Related	i.		
Complete if the organization answered "Y	es" on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B) Part IX   Other Assets	)		
Complete if the organization answered "Y	Ves" on Form 990 Part IV lin	e 11d See Form 990 Part X line 15	
	(a) Description	714. 666 1 61111 656, 1 417 7, 1116 16.	(b) Book value
(1) INVESTMENTS IN LIMITED		NTES	839,736.
(2) OPERATING LEASE RIGHT-O		IET	21,204.
(3)			-
(4)	· ·=		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15	5, col. (B))		<u></u> 860,940.
Part X Other Liabilities			
Complete if the organization answered "	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, li	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	T 73 07		
(2) RIGHT-OF-USE OPERATING	LEASE		20,895.
(3) LIABILITY			20,893.
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990. Part X. line 2	5 col (B))		20,895.
Column by must equal to one say, tall A. line 2.	4. 440 (4)	······································	

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 CENTRAL INDIANA, INC. 35-1497202 Page 4 Schedule D (Form 990) 2023 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. 4,658,110. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1,042,617. a Net unrealized gains (losses) on investments 2a 10,035. **b** Donated services and use of facilities 2h c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 1,052,652. Add lines 2a through 2d 3,605,458. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 35,016. 4b 35,016. c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 3,640,474. 5 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. 3,125,434. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c 2d d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 35,016. c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 3,160,450. 5 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: THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON ITS RELATED ACTIVITIES UNDER INTERNAL REVENUE SERVICE CODE SECTION 501(C)(3). ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INCOME TAXES HAS BEEN MADE. THE ORGANIZATION FILES THE REQUIRED FEDERAL AND STATE INFORMATION RETURNS. WHENEVER TAX RETURNS ARE FILED, THE FILING ORGANIZATION MUST EVALUATE THE MERITS OF ITS TAX POSITIONS AND DETERMINE IF THEY WILL BE ULTIMATELY THOSE TAX POSITIONS FOR THE ORGANIZATION INCLUDE MAINTAINING

THEIR TAX-EXEMPT STATUS AND THE TAXABILITY OF ANY UNRELATED BUSINESS

THE ORGANIZATION BELIEVES THESE POSITIONS ARE SUSTAINABLE.

# RONALD MCDONALD HOUSE CHARITIES OF CENTRAL INDIANA, INC. 35-1497202 Page 5 Schedule D (Form 990) 2023 Part XIII | Supplemental Information (continued) ALTHOUGH THE ORGANIZATION HAS NOT INCURRED ANY INTEREST AND PENALTIES ASSOCIATED WITH THESE POSITIONS, IT IS THEIR POLICY TO EXPENSE THEM IN THE STATEMENT OF ACTIVITIES. PART XI, LINE 4B - OTHER ADJUSTMENTS: INVESTMENT EXPENSES 35,016. PART XII, LINE 4B - OTHER ADJUSTMENTS: 35,016. INVESTMENT EXPENSES

#### SCHEDULE G (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

2023

Open to Public Inspection

Name of the organization

Department of the Treasury

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

RONALD MCDONALD HOUSE CHARITIES OF

Employer identification number

	INDIANA, INC.					35-1497	202
Part I Fundraising Activities. required to complete this part	Complete if the organization	n answered	d "Ye	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	ed funds through any of the  e  f  g  or oral agreement with any incomection widuals or entities (fundraisers)	Solicitation Solicitation Special fundividual (in modification)	n of i n of i ndra clud	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	0	(iii) fundra ave cu or cont ontribu	Did aiser istody trol of itions?	(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
		Y	es	No			
					-		
		+					
			$\dashv$				
			_				
				,			
otal							
3 List all states in which the organizatio or licensing.	n is registered or licensed to	solicit con	ntribu	ıtions	or has been notified	it is exempt from req	gistration
							<u> </u>
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		le G (Form 990) 2023		INDIANA						1497202	
Pa	ırt l										
		of fundraising event contri	butions and gr	,		<del>,</del>				s greater than \$	5,000.
				(a) Event #	1	(b)	Event #2	(c) Ot	her events	(d) Total ev	ents/
				COLE OLIM:	TNC	TAST:	E		4	(add col. (a) t	hrough
		•		GOLF OUT:		<del>†                                      </del>	ent type)	(tota		col. (c)	)
a				(event type	<u>')</u>	(6,	rent type)	(tota	- lumber)		_
Revenue	4	Gross receipts		204,	718.	,	226,048.		39,743.	470	509.
8	'	Gloss receipts	•••••	2017	7 - 0 -	<u> </u>	20,010.		33,743.	170,	303.
	2	Less: Contributions		3,	978.	Ì	6,130.		755.	10,	863.
		***************************************					•	1			
	3	Gross income (line 1 minus line	e 2)	200,	7 <b>40.</b>	:	219,918.		38,988.	459	646.
	4	Cash prizes						ļ			
10	5	Noncash prizes		<del></del>		-		<del> </del>	_	ļ	
Jses		Pant/facility costs		2	000.				3,200.		200.
x De	0	Rent/facility costs		2,	<del>500.</del>			-	3,200.	<u>, , , , , , , , , , , , , , , , , , , </u>	200.
Direct Expenses	7	Food and beverages		23.	478.		73,112.		8,386.	104	976.
)ire	<i>'</i>	Tood and beverages				1	,,	1			3,00
	8	Entertainment									
	9	Other direct expenses			187.		52,695.		6,702.	110,	584.
	10	Direct expense summary. Add								220,	760.
_		Net income summary. Subtract								238,	886.
Pa	ırt l		-	answered "Yes" o	n Form	990, Pa	rt IV, line 19, or	reported r	nore than		
	1	\$15,000 on Form 990-EZ,	line 6a.	Т		(L) D.				1 (-D T-1-1	(l -l
ne				(a) Bingo	İ		ill tabs/instant ogressive bingo	(c) Ot	her gaming	(d) Total gami col. (a) through	
Revenue								+			
æ	1	Gross revenue			i	1					
S	2	Cash prizes									
Expenses											
xpe	3	Noncash prizes									
- 15								}			
Direc	4	Rent/facility costs						<u> </u>	-		
٦	_	Other allow A services									
_	_5	Other direct expenses					- 0/	N.			
	6	Volunteer labor		Yes	%	No	s %	Yes No	· %		
		Volunteer labor		INO .		[	<u>'</u>	140			
	7	Direct expense summary. Add	lines 2 through	n 5 in column (d)							
				( )							
	8	Net gaming income summary.	Subtract line 7	from line 1, colur	nn (d)						
		er the state(s) in which the orga		• •							
		he organization licensed to con-								Yes	No
b	11 "1	No," explain:									
	_						_				
10a	We	re any of the organization's gan	ning licenses re	evoked, suspende	d. or te	rminated	during the tax	vear?		Yes	No
								,	***************************************	103	
	_										
	_										
						_					

## RONALD MCDONALD HOUSE CHARITIES OF Schedule G (Form 990) 2023 CENTRAL INDIANA, INC. 35-1497202 Does the organization conduct gaming activities with nonmembers? 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? No 13 Indicate the percentage of gaming activity conducted in: a The organization's facility % b An outside facility 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 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? 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 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.

	, Form 990)	RONALD CENTRAL	MCDONALD INDIANA	HOUSE	CHARITIES O	F	35-1497202	Page 4
Part IV	(Form 990) Supplemental Infor	mation (conti	inued)				20 217.202	r uge 4
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## SCHEDULE M (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

2023

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 for instructions and the latest information.

Name of the organization RONALD MCDONALD

RONALD MCDONALD HOUSE CHARITIES OF CENTRAL INDIANA, INC.

Employer identification number 35-1497202

Га	ti Types of Froperty	(n)	/b\	(0)		(d)			
		(a) Check if	(b) Number of	(c) Noncash contributi		Method of de		ing	
		applicable	contributions or	amounts reported of Form 990, Part VIII, lir		noncash contribu	ition an	nounts	à
	A L Marin of an		nterns contributed	romi 990, Part VIII, III	le ig				
1	Art - Works of art				-				
2	Art - Historical treasures				-				
3	Art - Fractional interests								
4	Books and publications	X		111,2	Q 1	EM17			
5	Clothing and household goods			111,2	01.	r m v			
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		1						
	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	37	F0	241 2	60	EMT7			
19	Food inventory	X	59	241,2	08.	rmv			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens		-						
24	Archeological artifacts	- 17	17	10.0	<i>c</i> 2	E1167.7			
25	Other ( SPECIAL EVENTS )	X	17	10,8	04.	rmv_			
26	Other ()								
27	Other ()		-						
28	Other ( )		1		-				
29	Number of Forms 8283 received by the organiz		•						
	for which the organization completed Form 828	33, Part V, L	Oonee Acknowledg	ement 29	,			V	Nie
				L. L. Don't L. Porce 4.4		L 00 45 -4 4	$\overline{}$	Yes	No
30a	During the year, did the organization receive by								
	must hold for at least 3 years from the date of t						30a	$\vdash$	X
	Charles Parkers and The Charles								
	<b>b</b> If "Yes," describe the arrangement in Part II.								
31									
32a							.		v
_	contributions?						32a		X
	If "Yes," describe in Part II.			e bill i dis	!	14			
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	/ for which column (a) i	s chec	eked,			
	describe in Part II.								

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023	CENTRAL	INDIANA,	INC.			35-1497202	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information. I, column (b), the	Provide the info e number of cont ion.	rmation requ	uired by Part I, Ii e number of iten	ines 30b, 32b, and 3 ns received, or a co	33, and whether the organizambination of both. Also com	ation plete
	- Indipart for any as							
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#### 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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

Go to www.irs.gov/Form990 for the latest information.
RONALD MCDONALD HOUSE CHARITIES OF
CENTRAL INDIANA, INC.

Employer identification number 35-1497202

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AT RILEY CHILDREN'S HEALTH AND OTHER AREA HOSPITALS. FORM 990, PART VI, SECTION B, LINE 11B: AN INITIAL DRAFT IS REVIEWED BY THE TREASURER AND FINANCE COMMITTEE. A FINAL DRAFT IS DISTRIBUTED TO THE FULL BOARD FOR REVIEW AND COMMENT PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES ALL EMPLOYEES AND BOARD MEMBERS TO SIGN AN ANNUAL DECLARATION OF ANY CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION FORMS AN EXECUTIVE COMMITTEE THAT IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF THE CEO. UNDER THE DIRECTION OF THE COMMITTEE, THE ORGANIZATION HIRES AN INDEPENDENT HUMAN RESOURCE CONSULTING FIRM TO PERFORM COMPENSATION STUDIES ON A PERIODIC BASIS, WHICH INCLUDES A REVIEW OF ALL POSITIONS AND COMPENSATION RANGES. IN ADDITION TO SALARY SURVEYS, THE COMPENSATION STUDY ALSO INCLUDES A REVIEW OF CEO SALARIES IN COMPARABLE POSITIONS THROUGHOUT MIDWEST RONALD MCDONALD HOUSES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. COPIES OF THE IRS FORM 990 OF THE ORGANIZATION SHALL BE MADE AVAILABLE,

UPON REQUEST. FURTHERMORE, THE ORGANIZATION ALSO MAKES IRS FORM 990

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF Employer identification number 35-1497202  AVAILABLE ON ITS OWN WEBSITE.	Schedule O (Form 990) 2023 Page 2								
AVAILABLE ON ITS OWN WEBSITE.		n RONALD	MCDONALD L INDIANA	HOUSE, INC.	CHARITIES	S OF	Employer 35-	identification number 1497202	
	AVAILABLE ON	ITS OWN	WEBSITE.						
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## Form **8868** (Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or RONALD MCDONALD HOUSE CHARITIES OF Print CENTRAL INDIANA, INC. 35-1497202 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 435 LIMESTONE STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. INDIANAPOLIS, IN 46202-2819 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 **Application Is For** Return **Application Is For** Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 10 Form 4720 (individual) 03 Form 5227 Form 990-PF 04 Form 6069 11 12 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 13 Form 990-T (trust other than above) 06 Form 5330 (individual) Form 5330 (other than individual) 14 Form 990-T (corporation) 07 Form 1041-A 08 • After you enter your Return Code, complete either Part II or Part III, Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of KARIN OGDEN 435 LIMESTONE ST - INDIANAPOLIS, IN 46202 Telephone No. (317)269-2247 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box \_\_\_\_\_ and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 20, 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or \_\_ , 20 \_\_\_\_\_ , and ending \_\_ tax year beginning Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

using EFTPS (Electronic Federal Tax Payment System). See instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by