

Return of Organization Exempt from Income Tax

2001

Open to Public Inspection

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury Internal Revenue Service

A For the 2001 calendar year, or tax year beginning 2001, and ending

| | | |
|--|--|--|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization RONALD McDONALD HOUSE CHAR OF GRTR CINTI Number street (or P.O. box if mail is not delivered to street addr) Room/suite 350 ERKENBRECKER AVE. City, Town or Country State ZIP code + 4 CINCINNATI OH 45229 | D Employer identification number 31-0965333 |
| | | E Telephone number (513) 636-7642 |

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to Section 527 organizations

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

H (b) If yes, enter number of affiliates Yes No

H (c) Are all affiliates included? (If no, attach a list. See instructions.) Yes No

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit group GEN

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site **rmhcincinnati.org**

J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **4,736,426**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

| | | | | |
|---|------------------|------------------|-----------------|-------------------|
| 1 Contributions, gifts, grants, and similar amounts received | | | | |
| a Direct public support | 1a | 1,278,756 | | |
| b Indirect public support | 1b | | | |
| c Government contributions (grants) | 1c | | | |
| d Total (add lines 1a through 1c) (cash \$ 1,278,756 noncash \$ 0.) | 1d | | | 1,278,756. |
| 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | | 42,242. |
| 3 Membership dues and assessments | 3 | | | |
| 4 Interest on savings and temporary cash investments | 4 | | | |
| 5 Dividends and interest from securities | 5 | | | 75,308. |
| 6a Gross rents | 6a | | | |
| b Less rental expenses | 6b | | | |
| c Net rental income or (loss) (subtract line 6b from line 6a) | 6c | | | |
| 7 Other investment income (describe) | 7 | | | |
| 8a Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | |
| | 2,550,589 | 8a | 650,000 | |
| b Less cost of other basis and sales expenses | 2,492,968 | 8b | 833,484 | |
| c Gain or (loss) (attach schedule) | 57,621 | 8c | -183,484 | |
| d Net gain or (loss) (combine line 8c, columns (A) and (B)) | | 8d | | -125,863 |
| 9 Special events and activities (attach schedule) | | | | |
| a Gross revenue (not including \$ 0. of contributions reported on line 1a) | 9a | 134,233 | | |
| b Less direct expenses other than fundraising expenses | 9b | 32,565. | | |
| c Net income or (loss) from special events (subtract line 9b from line 9a) | | See L-9 Stmt | 9c | 101,668 |
| 10a Gross sales of inventory, less returns and allowances | 10a | 5,298 | | |
| b Less cost of goods sold | 10b | 4,203 | | |
| c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | | See L-10 Stmt | 10c | 1,095. |
| 11 Other revenue (from Part VII, line 103) | 11 | | | |
| 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | | | 1,373,206 |
| 13 Program services (from line 44, column (B)) | 13 | | | 457,279 |
| 14 Management and general (from line 44, column (C)) | 14 | | | 82,788 |
| 15 Fundraising (from line 44, column (D)) | 15 | | | 107,101 |
| 16 Payments to affiliates (attach schedule) | 16 | | | 22,499 |
| 17 Total expenses (add lines 16 and 44, column (A)) | 17 | | | 669,667 |
| 18 Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | | | 703,539 |
| 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | | 7,820,754 |
| 20 Other changes in net assets or fund balances (attach explanation) | 20 | | | |
| 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | | | 8,524,293. |

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|---|------------|----------------------|----------------------------|-----------------|
| 22 | Grants and allocations (att sch) (cash \$ <u>50,652</u> non-cash \$ _____) | 22 50,652 | 50,652 | | |
| 23 | Specific assistance to individuals (att sch) | 23 | | | |
| 24 | Benefits paid to or for members (att sch) | 24 | | | |
| 25 | Compensation of officers, directors, etc | 25 60,396 | 15,099 | 15,099 | 30,198. |
| 26 | Other salaries and wages | 26 134,110 | 95,210 | 27,233 | 11,667. |
| 27 | Pension plan contributions | 27 3,000 | 2,250 | 250 | 500 |
| 28 | Other employee benefits | 28 8,207 | 6,602 | 535 | 1,070 |
| 29 | Payroll taxes | 29 15,013 | 8,515 | 3,267 | 3,231. |
| 30 | Professional fundraising fees | 30 | | | |
| 31 | Accounting fees | 31 12,088 | 0 | 12,088 | 0. |
| 32 | Legal fees | 32 | | | |
| 33 | Supplies | 33 19,130 | 19,130 | 0. | 0 |
| 34 | Telephone | 34 9,074 | 9,074 | 0. | 0 |
| 35 | Postage and shipping | 35 7,618 | 7,618 | 0. | 0. |
| 36 | Occupancy | 36 31,811 | 31,811 | 0 | 0 |
| 37 | Equipment rental and maintenance | 37 | | | |
| 38 | Printing and publications | 38 26,180 | 0 | 0 | 26,180 |
| 39 | Travel | 39 | | | |
| 40 | Conferences, conventions, and meetings | 40 6,467 | 0 | 6,467. | 0 |
| 41 | Interest | 41 | | | |
| 42 | Depreciation, depletion, etc (attach schedule) | 42 111,204 | 111,204 | 0. | 0 |
| 43 | Other expenses not covered above (itemize): | | | | |
| a | Amortization | 43a 52,751 | 52,751 | 0 | 0. |
| b | Benner's Fund | 43b 156. | 156 | 0 | 0 |
| c | Board Functions | 43c 2,033 | 2,033 | 0 | 0 |
| d | Capital Campaign Expense | 43d 23,797 | 0 | 0 | 23,797 |
| e | See Other Expenses Stmt | 43e 73,481 | 45,174. | 17,849. | 10,458. |
| 44 | Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 | 44 647,168 | 457,279 | 82,788. | 107,101 |

Joint Costs. Check if you are following SOP 98 2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

| What is the organization's primary exempt purpose? <u>TEMPORARY HOUSING, MAKING GRANTS</u> | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others) |
|--|---|
| a <u>To provide and maintain housing in a supportive environment for families of hospitalized children at Children's Medical Center and other local hospitals. See Exhibit II attached</u> (Grants and allocations \$ 0) | 406,627. |
| b <u>Make grants to organizations which benefit children in the areas of health care and medical research, civic and social services and education and the arts. See Exhibit III</u> (Grants and allocations \$ 50,652) | 50,652. |
| c _____ (Grants and allocations \$ _____) | |
| d _____ (Grants and allocations \$ _____) | |
| e Other program services (Grants and allocations \$ _____) | |
| f Total of Program Service Expenses (should equal line 44, column (B), program services) | 457,279 |

Part IV Balance Sheets (See instructions)

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|----------------|--------------------|
| ASSETS | 45 Cash – non-interest-bearing | 250. | 45 | 450 |
| | 46 Savings and temporary cash investments | 100,612 | 46 | 1,042,450 |
| | 47a Accounts receivable | 47a 26,827 | | |
| | b Less allowance for doubtful accounts | 47b | 47c | 26,827 |
| | 48a Pledges receivable | 48a 1,951,194 | | |
| | b Less allowance for doubtful accounts | 48b 163,159. | 2,083,737 | 48c 1,788,035 |
| | 49 Grants receivable | | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51a Other notes & loans receivable (attach sch) | 51a 0 | | |
| | b Less allowance for doubtful accounts | 51b | 0 | 51c 0 |
| | 52 Inventories for sale or use | | 12,000 | 52 0 |
| | 53 Prepaid expenses and deferred charges | | 2,744 | 53 2,746 |
| | 54 Investments – securities (attach schedule) L-54 Stmt <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV | | 8,056,371 | 54 3,209,303 |
| | 55a Investments – land, buildings, & equipment basis | 55a | | |
| | b Less accumulated depreciation (attach schedule) | 55b | | 55c |
| | 56 Investments – other (attach schedule) | | | 56 |
| | 57a Land, buildings, and equipment basis | 57a 9,042,499. | | |
| | b Less accumulated depreciation (attach schedule) Exhibit VI | 57b 106,751. | 4,802,435 | 57c 8,935,748 |
| | 58 Other assets (describe ▶ See Line 58 Stmt) | | 171,455 | 58 102,168 |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | | 15,229,604 | 59 15,107,727. | |
| LIABILITIES | 60 Accounts payable and accrued expenses | | 278,850 | 60 463,436 |
| | 61 Grants payable | | | 61 |
| | 62 Deferred revenue | | | 62 |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | | 63 |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 6,480,000 | 64a 6,120,000 |
| | b Mortgages and other notes payable (attach schedule) | | 650,000 | 64b 0 |
| | 65 Other liabilities (describe ▶) | | | 65 |
| | 66 Total liabilities (add lines 60 through 65) | | 7,408,850 | 66 6,583,436 |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | |
| | 67 Unrestricted | | 6,830,965 | 67 8,009,426 |
| | 68 Temporarily restricted STMT 6 AND 7 | | 493,539 | 68 18,615 |
| | 69 Permanently restricted STMT 6 AND 7 | | 496,250. | 69 496,250 |
| | Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74 | | | |
| | 70 Capital stock, trust principal, or current funds | | | 70 |
| | 71 Paid in or capital surplus, or land, building, and equipment fund | | | 71 |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | | 72 |
| | 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21) | | 7,820,754. | 73 8,524,291 |
| | 74 Total liabilities and net assets/fund balances (add lines 66 and 73) | | 15,229,604 | 74 15,107,727 |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part VI Other Information (See specific instructions)

| | | Yes | No |
|--|--|-----|--------|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | | X |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 78b | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | N/A | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement | | X |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? | | X |
| b If 'Yes,' enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | | |
| 81a | Enter direct or indirect political expenditures See line 81 instructions | 81a | 0 |
| 81b | b Did the organization file Form 1120-POL for this year? | | X |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | X | |
| b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) | | 82b | 91,474 |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| 83b | b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | X | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 84b | N/A |
| 85 | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | 85a | N/A |
| b Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | 85b | N/A |
| c Dues, assessments, and similar amounts from members | | 85c | N/A |
| d Section 162(e) lobbying and political expenditures | | 85d | N/A |
| e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices | | 85e | N/A |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) | | 85f | N/A |
| 85g | g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f? | | N/A |
| h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | 85h | N/A |
| 86 | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| b Gross receipts, included on line 12, for public use of club facilities | | 86b | N/A |
| 87 | 501(c)(12) organizations Enter a Gross income from members or shareholders | 87a | N/A |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | 87b | N/A |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | | X |
| 89a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ N/A, Section 4912 ▶ N/A, Section 4955 ▶ N/A | | |
| b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction | | 89b | N/A |
| c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 | | | N/A |
| d Enter Amount of tax on line 89c, above, reimbursed by the organization | | | N/A |
| 90a | List the states with which a copy of this return is filed ▶ Ohio | | |
| 90b | b Number of employees employed in the pay period that includes March 12, 2001 (see instructions) | 90b | 13 |
| 91 | The books are in care of ▶ <u>Mimi Richmond</u> Telephone number ▶ <u>(513) 636-5591</u> Located at ▶ <u>350 Erkenbrecker Ave Cincinnati</u> OH ZIP + 4 ▶ <u>45229</u> | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year | | N/A |

Part VII Analysis of Income-Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a Room Revenues | | | | | 39,915 |
| b Vending Income | | | | | 2,327 |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings & temporary cash invmnts | | | | | |
| 96 Dividends & interest from securities | | | 14 | 75,308 | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt financed property | | | | | |
| b not debt financed property | | | | | |
| 98 Net rental income or (loss) from pers prop | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | -125,863 | |
| 101 Net income or (loss) from special events | | | 01 | 101,668 | |
| 102 Gross profit or (loss) from sales of inventory | | | 01 | 1,095 | |
| 103 Other revenue a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 52,208 | 42,242 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 94,450 |

Note. Line 105 plus line 1d, Part I should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|----------|--|
| 93a | See attached memo Exhibit V |
| 93b | See attached memo Exhibit V |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets | N/A |
|--|---|-----------------------------|---------------------|---------------------------|-----|
| | % | | | | |
| | % | | | | |
| | % | | | | |
| | % | | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

TREGEUR
Date 11/14/02
EATUER

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions.)

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information - (see separate instructions)

▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the Organization

RONALD McDONALD HOUSE CHAR OF GRTR CINTI

Employer Identification Number

31-0965333

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None')

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| Jennifer Goodin 4223 Turrill St, Cinti 45223 | executive 40 | 60,396 | 1,000 | 0 |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| Total number of other employees paid over \$50,000 ▶ | None | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of others receiving over \$50,000 for professional services ▶ | None | |

Part III Statements About Activities (See instructions)

| | Yes | No |
|---|-----|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities \blacktriangleright \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities | | X |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) | | |
| a Sale, exchange, or leasing of property? | | X |
| b Lending of money or other extension of credit? | | X |
| c Furnishing of goods, services, or facilities? | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | | X |
| e Transfer of any part of its income or assets? | | X |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) | | X |
| 4 Do you have a section 403(b) annuity plan for your employees? | X | |
| Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments | | |

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state \blacktriangleright _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(v) (Also complete the **Support Schedule** in Part IV A)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in) | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
|--|-------------|-------------|-------------|-------------|--------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) | 1,385,392 | 838,849 | 251,300 | 200,495 | 2,676,036 |
| 16 Membership fees received | 0 | 0 | 0 | 0 | 0 |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | 38,208 | 53,206 | 45,482 | 37,984 | 174,880 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 96,616 | 73,302 | 53,548 | 43,821 | 267,287 |
| 19 Net income from unrelated business activities not included in line 18 | 0 | 0 | 0 | 0 | 0 |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | 0 | 0 | 0 | 0 | 0 |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | 0 | 0 | 0 | 0 | 0 |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. | 0 | 0 | 0 | 0 | 0 |
| 23 Total of lines 15 through 22 | 1,520,216 | 965,357 | 350,330 | 282,300 | 3,118,203 |
| 24 Line 23 minus line 17 | 1,482,008 | 912,151 | 304,848 | 244,316 | 2,943,323 |
| 25 Enter 1% of line 23 | 15,202 | 9,654 | 3,503 | 2,823 | |

| | | | | |
|---|---|---------|------------|-----------|
| 26 Organizations described on lines 10 or 11: | a Enter 2% of amount in column (e), line 24 | | 26a | 58,866 |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. | | | 26b | 566,152 |
| c Total support for Section 509(a)(1) test. Enter line 24, column (e). | | | 26c | 2,943,323 |
| d Add Amounts from column (e) for lines | 18 | 267,287 | 19 | 0 |
| | 22 | 0 | 26b | 566,152 |
| e Public support (line 26c minus line 26d total) | | | 26e | 2,109,884 |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | 26f | 71.68% |

| | | | | |
|--|---|--------|------------|--------|
| 27 Organizations described on line 12: | a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year. | | | |
| | (2000) | (1999) | (1998) | (1997) |
| b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. | (2000) | (1999) | (1998) | (1997) |
| c Add Amounts from column (e) for lines | 15 | | 16 | |
| | 17 | 20 | 21 | |
| d Add Line 27a total | and line 27b total | | 27c | |
| e Public support (line 27c total minus line 27d total) | | | 27d | |
| f Total support for section 509(a)(2) test. Enter amount from line 23, column (e). | | | 27e | |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | 27f | |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | 27g | % |
| | | | 27h | % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

| | | N/A | |
|------------|---|-----|----|
| | | Yes | No |
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- ----- | | |
| 32 | Does the organization maintain the following | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- | | |
| 33 | Does the organization discriminate by race in any way with respect to | | |
| a | Students' rights or privileges? | | |
| b | Admissions policies? | | |
| c | Employment of faculty or administrative staff? | | |
| d | Scholarships or other financial assistance? | | |
| e | Educational policies? | | |
| f | Use of facilities? | | |
| g | Athletic programs? | | |
| h | Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

| | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|----|--|-----------------------------------|---|
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | Lobbying nontaxable amount Enter the amount from the following table – | | |
| | If the amount on line 40 is – | | |
| | Not over \$500,000 | | |
| | Over \$500,000 but not over \$1,000,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | | |
| | Over \$17,000,000 | | |
| | The lobbying nontaxable amount is – | | |
| | 20% of the amount on line 40 | | |
| | \$100,000 plus 15% of the excess over \$500,000 | | |
| | \$175,000 plus 10% of the excess over \$1,000,000 | | |
| | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| | \$1,000,000 | | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38 Enter 0- if line 41 is more than line 38 | 44 | |
| | Caution. If there is an amount on either line 43 or line 44 you must file Form 4720 | | |

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4 -Year Averaging Period | | | | |
|---|---|-------------|-------------|-------------|--------------|
| | (a) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (e) Total |
| 45 | Lobbying nontaxable amount | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | |
| 47 | Total lobbying expenditures | | | | |
| 48 | Grassroots non taxable amount | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | |
| 50 | Grassroots lobbying expenditures | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

| Yes | No | Amount |
|-----|----|--------|
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of Organization

RONALD McDONALD HOUSE CHAR OF GRTR CINTI

Employer Identification Number

31-0965333

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section

- 501(c)(3) (enter number) organization
 4947(a)(1) nonexempt charitable trust not treated as a private foundation
 527 political organization

Form 990 PF

- 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note: Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules –

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution: Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

RONALD McDONALD HOUSE CHAR OF GRTR CINTI

31-0965333

Part I Contributors (see instructions)

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------|-----------------------------------|--|
| 1 | | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 2 | | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 3 | | \$ 6,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 4 | | \$ 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 5 | | \$ 28,332. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 6 | | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |

Name of Organization

Employer Identification Number

RONALD McDONALD HOUSE CHAR OF GRTR CINTI

31-0965333

Part I Contributors (see instructions)

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------|-----------------------------------|---|
| 7 | | \$ 7,860 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| 8 | | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| 9 | | \$ 33,333 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| 10 | | \$ 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| 11 | | \$ 16,667 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| 12 | | \$ 6,250 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |

Name of Organization

Employer Identification Number

RONALD McDONALD HOUSE CHAR OF GRTR CINTI

31-0965333

Part I Contributors (see instructions)

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------|-----------------------------------|--|
| <u>13</u> | | \$ <u>5,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| <u>14</u> | | \$ <u>404,160</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| <u>15</u> | | \$ <u>10,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| <u>16</u> | | \$ <u>10,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| <u>17</u> | | \$ <u>6,250</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| <u>18</u> | | \$ <u>5,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |

Name of Organization

Employer Identification Number

RONALD McDONALD HOUSE CHAR OF GRTR CINTI

31-0965333

Part I Contributors (see instructions)

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------|--------------------------------|---|
| <u>19</u> | | \$ <u>5,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| <u>20</u> | | \$ <u>10,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| <u>21</u> | | \$ <u>25,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| <u>22</u> | | \$ <u>30,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| <u>23</u> | | \$ <u>9,200</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| <u>24</u> | | \$ <u>5,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |

Name of Organization

Employer Identification Number

RONALD McDONALD HOUSE CHAR OF GRTR CINTI

31-0965333

Part I Contributors (see instructions)

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------|-----------------------------------|---|
| 25 | | \$ 30,062 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 26 | | \$ 80,000 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 27 | | \$ 18,447 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 28 | | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 29 | | \$ 81,992 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 30 | | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |

Name of Organization

Employer Identification Number

RONALD McDONALD HOUSE CHAR OF GRTR CINTI

31-0965333

Part I Contributors (see instructions)

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------|-----------------------------------|---|
| 31 | | \$ 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 32 | | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 33 | | \$ 37,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 34 | | \$ 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |

Name of Organization

Employer Identification Number

RONALD McDONALD HOUSE CHAR OF GRTR CINTI

31-0965333

Part II Noncash Property

| (a) No from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|--------------------------|--|--|----------------------|
| 26 | sidewalks | \$ 80,000. | 11/01/01 |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Supporting Statement of.

Form 990 p 1/Line 1a

| Description | Amount |
|---|------------------|
| | 97,231 |
| Contributions-General | 159,759 |
| Children's Hospital Donat | 12,500 |
| Miscellaneous Income | 5 |
| Individual and Corporate - Capital Campaign | 1,009,261. |
| Total | <u>1,278,756</u> |

Supporting Statement of.

Special Events and Sales of Inventory/Line 9, Direct Expenses-3

| Description | Amount |
|--------------------------|----------------|
| Fundraising Expense | 28,576 |
| Fundraising/Canister Exp | 2,888 |
| Less Merchandise | -4,203 |
| Total | <u>27,261.</u> |

Supporting Statement of.

Special Events and Sales of Inventory/Ln 10, Cost of Goods Sold-1

| Description | Amount |
|---------------------|--------------|
| Fundraising-Apparel | 0. |
| Apparel | 4,203 |
| Total | <u>4,203</u> |

Supporting Statement of.

Form 990 p 2/Line 31 column (C)

| Description | Amount |
|-----------------------|---------------|
| Professional Services | 18,688 |
| Less donated services | -6,600 |
| Total | <u>12,088</u> |

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

| List of Three Largest Events and Type and Number of Others | Gross Receipts | Less Contributions | Gross Revenue | Less Direct Expenses | Net Income (Loss) |
|--|----------------|--------------------|----------------|----------------------|-------------------|
| Pop-Tab Income | 9,510 | 0 | 9,510 | 746 | 8,764 |
| Share-A-Night | 56,857 | 0 | 56,857 | 4,558 | 52,299 |
| Supp Stmt 3 | 67,866 | 0 | 67,866 | 27,261 | 40,605 |
| Total | 134,233 | 0 | 134,233 | 32,565 | 101,668 |

Form 990, Page 1, Part I, Line 10

Gross Sales of Inventory Statement

| Description | Gross Sales Less Returns and Allowances | Less: Cost of Goods Sold | Gross Profit (Loss) |
|----------------|---|--------------------------|---------------------|
| clothing, etc. | 5,298 | 4,203 | 1,095 |
| Total | 5,298 | 4,203 | 1,095 |

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

| Other expenses not covered above (itemize) | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|---------------|-------------------------|-------------------------------|--------------------|
| Carter Fund | 120 | 120 | 0 | 0 |
| Executive Director Budget | 4,451 | 4,451 | 0 | 0 |
| Grant Making Expenses | 0 | 0 | 0 | 0 |
| Insurance | 5,062 | 5,062 | 0 | 0 |
| Investment Advisor Fee | 17,849 | 0 | 17,849 | 0 |
| Laundry | 1,025 | 1,025 | 0 | 0 |
| Miscellaneous | 8,592 | 8,592 | 0 | 0 |
| Office Supplies | 11,217 | 11,217 | 0 | 0 |
| Volunteer Services | 9,906 | 9,906 | 0 | 0 |
| Resident Manager's Budget | 2,163 | 2,163 | 0 | 0 |
| Share A Night/Mailing Exp | 10,458 | 0 | 0 | 10,458 |
| Staff Development | 2,638 | 2,638 | 0 | 0 |
| Total | 73,481 | 45,174 | 17,849 | 10,458 |

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

| Line 54 - Investments - Securities: | Beginning of Year | End of Year |
|--|-------------------|-------------|
| Fifth Third Prime Money Market Fund | 10,969 | 91,744 |
| Putnam Asset Allocation | 24,887 | 25,382 |
| U S. Treasuries and Agency Obligations | 736,091 | 589,199 |
| Corporate Debt Securities - Public | 417,339 | 492,566 |

Form 990, Page 3, Part IV, Line 54
Investments - Securities Statement

Continued

| Line 54 – Investments - Securities: | Beginning of Year | End of Year |
|--|-------------------|------------------|
| Domestic Common Stock - Public | 1,522,544. | 1,639,045 |
| New House Construction (Bond Proceeds) | | |
| Fifth Third U S Treasury Fund | 3,287,275. | 371,367. |
| U S Agency Obligations | 1,002,286 | 0 |
| Corporate Debt Securities - Public | 1,054,980 | 0 |
| Total | <u>8,056,371</u> | <u>3,209,303</u> |

Form 990, Page 3, Part IV, Lines 57a & 57b
Land, Buildings and Equipment Statement

| | (a) Cost/Other Basis | (b) Accumulated Depreciation | (c) Book Value |
|---------------------------|----------------------------|------------------------------------|-------------------|
| Accum Depr - Building | 7,306,932 | 39,392. | 7,267,540 |
| Accum Depr - Furn/Fixture | 519,462 | 52,599 | 466,863 |
| Accum Depr - Automobiles | 16,729 | 14,760 | 1,969 |
| Land | 1,199,376 | 0. | 1,199,376 |
| Total | <u>9,042,499.</u> | <u>106,751</u> | <u>8,935,748</u> |

Form 990, Page 3, Part IV, Line 58
Other Assets Statement

| Line 58 - Other Assets: | Beginning of Year | End of Year |
|---------------------------|-------------------|----------------|
| Accrued Interest/Dividend | 51,555 | 21,909. |
| Deposit-BWC | 138 | 138 |
| Letter of Credit Fee | 20,785 | 19,629 |
| Deposits - New House | 34,000 | 0 |
| Unamortized Bond Expenses | 64,977 | 60,492 |
| Total | <u>171,455</u> | <u>102,168</u> |

Supporting Statement of

Form 990 p 2/Line 33 column (B)

| Description | Amount |
|-----------------------|---------------|
| House Supplies | 16,953 |
| Food & Beverages | 13,406 |
| Less donated products | -11,229 |
| Total | <u>19,130</u> |

Supporting Statement of:

Form 990 p 2/Line 34 column (B)

| Description | Amount |
|-----------------------|--------------|
| Telephone | 18,374. |
| Less donated services | -9,300 |
| Total | <u>9,074</u> |

Supporting Statement of

Form 990 p 2/Line 36 column (B)

| Description | Amount |
|------------------------------------|----------------|
| Property Upkeep & Repair | 41,580. |
| Utilities | 11,225. |
| Water & Sewage | 4,007 |
| Warner Cable | 585 |
| Major Household Purchases | 980 |
| Cinergy Operating Fund | 30,000 |
| Less donated products and services | -56,566. |
| Total | <u>31,811.</u> |

Supporting Statement of

Form 990 p 2/Line 43 Column (B)-8

| Description | Amount |
|-----------------------|--------------|
| Insurance | 9,262. |
| Less donated services | -4,200. |
| Total | <u>5,062</u> |

Supporting Statement of

Form 990 p 2/Line 43 Column (B)-11

| Description | Amount |
|-----------------------|--------------|
| Casual Labor | 604. |
| Auto Expense | 6,169 |
| Storage Expense | 2,490 |
| Bank Service Charges | 1,329. |
| Miscellaneous | 524 |
| Less donated services | -2,520 |
| Rounding | -4 |
| Total | <u>8,592</u> |

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-12

| Description | Amount |
|--------------------|----------------|
| Office Supplies | 12,277. |
| Less donated goods | -1,060. |
| Total | <u>11,217.</u> |

Supporting Statement of.

Form 990 p 3/Line 60, column (A)

| Description | Amount |
|---------------------------|-----------------|
| Accounts Payable | 249,642 |
| Accounts Payable-Oakbrook | 4,328 |
| Accrued Workers' Comp | 81. |
| Accrued Interest | 24,798 |
| Rounding | 1 |
| Total | <u>278,850.</u> |

Supporting Statement of:

Form 990 p 3/Line 64a, column (A)

| Description | Amount |
|-------------|------------------|
| Bond Debt | 6,480,000 |
| Total | <u>6,480,000</u> |

Supporting Statement of:

Form 990 p 3/Line 64b, column (A)

| Description | Amount |
|-------------------|----------------|
| Advance from CHMC | 650,000 |
| Total | <u>650,000</u> |

Supporting Statement of

Form 990 p 3/Line 68, column (A)

| Description | Amount |
|---|----------------|
| L-68 STATEMENT PART IV PAGE 3 TEMPORARILY RESTRICTED | |
| Kroc gift-realized appreciation available for operating expenses | 458,523 |
| Playground equipment | 4,900 |
| Computers | 1,177 |
| Utilities | 25,000 |
| Transportation assistance | 547. |
| Emergency financial assistance | 3,392 |
| Total | <u>493,539</u> |

Supporting Statement of:

Form 990 p 3/Line 69, column (A)

| Description | Amount |
|--|----------------|
| Restricted Fund Balance | 496,250. |
| Permanently Restricted Fund Balance | |
| Kroc gift-original principal of gift (only income from investments are available for operating expenses) | |
| Total | <u>496,250</u> |

Supporting Statement of:

Form 990 p 3/Line 68, column (B)

| Description | Amount |
|---|--------|
| L-68 STATEMENT PART IV PAGE 3 TEMPORARILY RESTRICTED | |
| Computers | 1,177 |
| Utilities | 13,775 |

Continued

Supporting Statement of

Form 990 p 3/Line 68, column (B)

| Description | Amount |
|--------------------------------|----------------|
| Transportation assistance | 427. |
| Emergency financial assistance | 3,236. |
| Total | <u>18,615.</u> |

Supporting Statement of:

Form 990 p 3/Line 69, column (B)

| Description | Amount |
|--|----------------|
| Restricted Fund Balance | 496,250. |
| Permanently Restricted Fund Balance | |
| Kroc gift-original principal of gift (only income from investments are available for operating expenses) | |
| Total | <u>496,250</u> |

Supporting Statement of.

Form 990 p 6/Line 96(D)

| Description | Amount |
|--|---------------|
| Interest/Dividend Income - Unrestricted | |
| Interest/Dividend Income - Temp Restricted | 13,972 |
| Interest/Dividend Income | 61,336 |
| Total | <u>75,308</u> |

Supporting Statement of

Form 990 p 6/Line 100(D)

| Description | Amount |
|--------------------------|------------------|
| Securities | 57,621 |
| Fixed Assets | -183,484 |
| Gain/Loss-Disposal-Asset | 0 |
| Total | <u>-125,863.</u> |

Supporting Statement of.

Sch A, 990 p 3/Line 15-b

| Description | Amount |
|---|-----------------|
| 1999 Form 990, Part 1, Line 1d | 3,174,149. |
| Less pledges receivable, before discounts | -2,335,300. |
| Total | <u>838,849.</u> |

RONALD McDONALD HOUS ID No 31-0965333
 22 Form 4797, Sales of Business Property
 Sale or Exchange of Property Used in a Trade or Business
 Part I
 For Assets Disposed from 1/01/2001 to 12/31/2001

Page 1
 Preparer smb
 Time 11 46 43AM Date 10/18/2001

| Asset Class | Asset Number | Asset Description | Date Acquired | Date Disposed | Proceeds Less Exp | Depr Allowed | Fed Cost | Loss | Gain |
|-------------|--------------|----------------------|---------------|---------------|-------------------|--------------|-----------|----------|---------|
| BUIL | 1 | BUILDING | 12/01/1982 | 11/01/2001 | 650,000 | 747,127 | 1,184,867 | 0 | 212,260 |
| BUIL | 2 | CONSTRU COMPLETION | 01/01/1983 | 11/01/2001 | 0 | 9,837 | 15,192 | -5,355 | 0 |
| BUIL | 3 | AIR CONDITION UNIT | 06/01/1986 | 11/01/2001 | 0 | 5,964 | 10,112 | -4,148 | 0 |
| BUIL | 4 | SPRINKLER SYSTEM | 11/01/1990 | 11/01/2001 | 0 | 11,395 | 24,791 | -13,396 | 0 |
| BUIL | 5 | SPRINKLER SYSTER | 04/01/1991 | 11/01/2001 | 0 | 6,353 | 24,319 | -17,966 | 0 |
| BUIL | 6 | REMODEL KITCHEN/BATH | 12/10/1990 | 11/01/2001 | 0 | 5,667 | 21,583 | -15,916 | 0 |
| BUIL | 7 | CONDENSING UNIT INST | 04/01/1992 | 11/01/2001 | 0 | 1,476 | 4,855 | -3,379 | 0 |
| BUIL | 8 | CONCRETE PAD | 06/01/1992 | 11/01/2001 | 0 | 104 | 341 | -237 | 0 |
| BUIL | 9 | REMODELING | 11/01/1993 | 11/01/2001 | 0 | 55,472 | 270,421 | -214,949 | 0 |
| BUIL | 31 | BUILDING IMPR | 11/01/1994 | 11/01/2001 | 0 | 1,323 | 7,356 | -6,033 | 0 |
| BUIL | 32 | BUILD IMPR CARPETING | 11/01/1994 | 11/01/2001 | 0 | 1,765 | 9,809 | -8,044 | 0 |
| BUIL | 33 | BUILD IMPR INTERIOR | 11/01/1994 | 11/01/2001 | 0 | 1,197 | 6,687 | -5,490 | 0 |
| BUIL | 38 | MESSER CONSTR/RENOVT | 11/15/1994 | 11/01/2001 | 0 | 2,506 | 13,977 | -11,471 | 0 |
| BUIL | 39 | JA CROSON/RENOVATION | 11/15/1994 | 11/01/2001 | 0 | 1,813 | 10,100 | -8,287 | 0 |
| BUIL | 40 | EB MILLER CO/REVOVAT | 11/15/1994 | 11/01/2001 | 0 | 3,241 | 18,049 | -14,808 | 0 |
| BUIL | 41 | BRUNEMANN FLOORING | 11/15/1994 | 11/01/2001 | 0 | 343 | 1,894 | -1,551 | 0 |
| BUIL | 42 | WITTRUCK WOODWORK | 11/15/1994 | 11/01/2001 | 0 | 259 | 1,429 | -1,170 | 0 |
| BUIL | 43 | GEILER RENOVATION | 11/15/1994 | 11/01/2001 | 0 | 4,158 | 23,150 | -18,992 | 0 |
| BUIL | 44 | MESSER CONSTR | 11/15/1994 | 11/01/2001 | 0 | 2,611 | 14,528 | -11,917 | 0 |
| BUIL | 45 | WALLCOVERING | 11/15/1994 | 11/01/2001 | 0 | 280 | 1,569 | -1,289 | 0 |
| BUIL | 46 | MESSER CONSTR | 11/15/1994 | 11/01/2001 | 0 | 350 | 1,932 | -1,582 | 0 |
| JIL | 54 | SMOKING RM FLOOR | 07/28/1995 | 11/01/2001 | 0 | 240 | 1,485 | -1,245 | 0 |
| JIL | 59 | KEY ENTRY-GARAGE | 09/11/1995 | 11/01/2001 | 0 | 1,042 | 6,585 | -5,543 | 0 |
| JIL | 62 | KEY ENTRY-HOUSE | 11/13/1995 | 11/01/2001 | 0 | 1,932 | 12,549 | -10,617 | 0 |
| JIL | 67 | LIBRARY WALL UNIT | 10/24/1996 | 11/01/2001 | 0 | 1,190 | 9,124 | -7,934 | 0 |
| JIL | 68 | CARPET | 12/01/1996 | 11/01/2001 | 0 | 1,229 | 1,551 | -322 | 0 |
| JRN | 10 | FENCE | 09/01/1983 | 11/01/2001 | 0 | 695 | 695 | 0 | 0 |
| JRN | 11 | LAWN SPRINKLER SYST | 10/01/1984 | 11/01/2001 | 0 | 1,100 | 1,100 | 0 | 0 |
| JRN | 16 | RANGE + DISHWASHER | 06/30/1991 | 11/01/2001 | 0 | 2,892 | 2,892 | 0 | 0 |
| JRN | 17 | EXHAUST FAN | 06/30/1992 | 11/01/2001 | 0 | 1,524 | 1,524 | 0 | 0 |
| JRN | 18 | GLOBE FURNITURE | 06/30/1992 | 11/01/2001 | 0 | 450 | 450 | 0 | 0 |
| JRN | 19 | COLOR TELEVISION | 06/30/1992 | 11/01/2001 | 0 | 350 | 350 | 0 | 0 |
| JRN | 20 | BOOKCASE | 06/30/1992 | 11/01/2001 | 0 | 175 | 175 | 0 | 0 |
| JRN | 22 | HEAT PUMP | 06/30/1992 | 11/01/2001 | 0 | 2,600 | 2,600 | 0 | 0 |
| JRN | 23 | PAINTING | 06/30/1992 | 11/01/2001 | 0 | 2,880 | 2,880 | 0 | 0 |
| JRN | 24 | REDECORATING | 06/30/1992 | 11/01/2001 | 0 | 1,582 | 1,582 | 0 | 0 |
| JRN | 25 | EXHAUST FANS | 06/30/1992 | 11/01/2001 | 0 | 1,524 | 1,524 | 0 | 0 |
| JRN | 26 | CINTI BELL TELEPHONE | 07/14/1993 | 11/01/2001 | 0 | 11,779 | 11,779 | 0 | 0 |
| JRN | 34 | SERTA MATTRESSES | 12/01/1994 | 11/01/2001 | 0 | 2,862 | 2,862 | 0 | 0 |
| JRN | 35 | FURN-ALEX PATT GROUP | 12/01/1994 | 11/01/2001 | 0 | 21,221 | 21,221 | 0 | 0 |

2001 FOAM 940
 PART I LINE 8 COL (B)
 EXHIBIT I P. 1 of 2

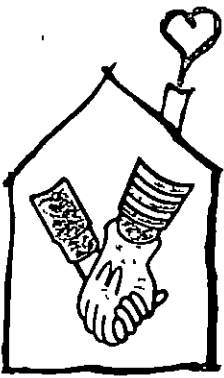
| Asset Class | Asset Number | Description | Date Acquired | Date Disposed | Proceeds Less Exp | Depr Allowed | Fed Cost | Loss | Gain | |
|-------------|--------------|----------------------|---------------|---------------|-------------------|--------------|-----------|----------|---------|--|
| URN | 36 | FURN-ALEX PATT GROUP | 12/01/1994 | 11/01/2001 | 0 | 9,010 | 9,010 | 0 | 0 | |
| URN | 47 | TRUNDLE BEDS | 01/15/1995 | 11/01/2001 | 0 | 1,693 | 1,859 | -166 | 0 | |
| URN | 48 | TRUNDLE BEDS | 01/25/1995 | 11/01/2001 | 0 | 2,596 | 2,850 | -254 | 0 | |
| URN | 51 | WALL LAMP SCONCES | 03/16/1995 | 11/01/2001 | 0 | 4,587 | 5,036 | -449 | 0 | |
| URN | 52 | COUNTER TOP MGRS APT | 06/05/1995 | 11/01/2001 | 0 | 1,526 | 1,675 | -149 | 0 | |
| URN | 55 | SCONCES/DESK/BENCH | 07/10/1995 | 11/01/2001 | 0 | 1,599 | 1,755 | -156 | 0 | |
| URN | 56 | EMERGENCY LIGHTS | 07/28/1995 | 11/01/2001 | 0 | 1,244 | 1,365 | -121 | 0 | |
| URN | 57 | PHONE BACK-UP SYSTEM | 07/28/1995 | 11/01/2001 | 0 | 1,421 | 1,560 | -139 | 0 | |
| URN | 58 | PATIO CANOPY | 08/07/1995 | 11/01/2001 | 0 | 3,255 | 3,573 | -318 | 0 | |
| URN | 66 | WALL FOUNTAIN | 08/20/1996 | 11/01/2001 | 0 | 1,051 | 1,280 | -229 | 0 | |
| URN | 70 | SLEEP SOFA | 12/01/1996 | 11/01/2001 | 0 | 1,479 | 1,800 | -321 | 0 | |
| URN | 72 | BUILT IN DRESSERS | 04/07/1997 | 11/01/2001 | 0 | 2,302 | 3,143 | -841 | 0 | |
| URN | 80 | COPIER-IKON P6281 | 03/18/1999 | 11/01/2001 | 0 | 1,540 | 2,500 | -960 | 0 | |
| RAND TOTALS | | | | | 650,000 | 953,811 | 1,787,295 | -395,744 | 212,260 | |
| AIN, LINE 6 | | | | | | | | | | |

net loss of
183,484

SOLO TO CHMC - CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER

te Company limitations ARE enforced

2001 Form 990
 PART I LINE 8 COL (B)
 EXHIBIT I p 2 of 2



Ronald McDonald House Charities of Greater Cincinnati House Highlights -- 2001

| | |
|-----------------------------|--|
| Total families served | 557 |
| Average room occupancy rate | 92 % |
| Average length of stay | 12 days |
| Geographic area served | 105 Ohio cities, 29 other states, 10 foreign countries |

Most Frequent Medical Problems Served

- | | |
|---|---|
| 1) Trachea Procedures/Airway Reconstruction | 4) Hematology/Oncology/Bone Marrow Transplant |
| 2) Cardiology & Cardiothoracic Surgery | 5) Gastroenterology & Nutrition |
| 3) Liver Transplant & Evaluation | 6) Neurosurgery |

Economics

| | |
|---|---------|
| Actual nightly cost of providing a room | \$69 00 |
| Amount families are asked to contribute per night | \$15 00 |
| Average amount families paid per night (2001) | \$ 5 27 |
| Percent revenue from fundraising | 92 % |

Fast Facts

Cincinnati's Ronald McDonald House opened in 1982 as Children's Family Home and has served over 12,000 families. Today we are one of 218 Ronald McDonald Houses around the world.

Ronald McDonald House is available to all families of children hospitalized at Cincinnati Children's Hospital Medical Center. Our House has 48 bedrooms as well as common areas for guests including several living rooms, indoor and outdoor play areas, a large kitchen and dining room, laundry facilities, meditation rooms, a gym, an arts and crafts room and a children's theater.

Our House is staffed 24 hours a day by five full-time staff, nine part-time staff and over 250 dedicated volunteers, who support our families through in-house volunteering, catering meals for our families and special projects. This group of caring individuals logs more than 20,000 volunteer hours each year.

Through the generosity of McDonald's and its customers, Ronald McDonald House Charities also gives grants to other non-profits serving children. In 2001, we made 18 grants totaling \$110,702

INCLUDING EQUAL MATCH BY NATIONAL!

Your help is vital to our "home away from home" for families with critically ill children. To make a donation, to volunteer or for more information, please call (513) 636-7642. Thank you!

CINCINNATI PUBLISHES A QUARTERLY NEWSLETTER CALLED "FAMILY NEWS" ABOUT EVENTS AND PEOPLE FROM THE HOUSE.

*2001 Form 990
PART III LINE A P. 2
EXHIBIT II*

RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI, INC

FORM 990, page 2, Part III, b

SCHEDULE OF GRANTS MADE IN 2001

| NAME | LOCATION | AMOUNT | PURPOSE |
|--|--------------------|-------------|---|
| Children's Charly, Inc | Cincinnati, Ohio | \$1,200 00 | car seat safety awareness program |
| Cincinnati Ballet | Cincinnati, Ohio | 1,646 00 | In-Step program |
| Lakota Alternative School | West Chester, Ohio | 1,675 00 | Wokini Academy |
| Madcap Productions Puppet Theater | Cincinnati, Ohio | 2,500 00 | Our Favorite Fairy Tales |
| Lyrica, Inc | Cincinnati, Ohio | 721 00 | Holly's Harps fee support for needy schools |
| Junior Achievement of Greater Butler County | Hamilton, Ohio | 600 00 | elementary school program |
| Crohn's and Colitis Foundation of America | Cincinnati, Ohio | 1,700 00 | camp for children with IBD |
| Childrens Hospital Medical Center | Cincinnati, Ohio | 704 74 | African-American youth injury prevention initiative |
| Friends of Community Action Agency Foundation | Cincinnati, Ohio | 1,670 00 | Head Start learning center |
| Childrens Hospital Medical Center | Cincinnati, Ohio | 1,638 00 | Rockdale School-based health center |
| Ensemble Theater of Cincinnati | Cincinnati, Ohio | 1,333 00 | Fairy Godmother program |
| Clippard YMCA Skyline Community Center | Cincinnati, Ohio | 2,000 00 | summer day camp |
| Fernside | Cincinnati, Ohio | 1,000 00 | sibling loss peer support group |
| Mental Health Association of the Cincinnati Area, Inc | Cincinnati, Ohio | 1,667 00 | 5 words to LIVE by |
| Marva Collins Preparatory School | Cincinnati, Ohio | 1,334 00 | renovating indoor/outdoor playhouse |
| Cincinnati Arts Association | Cincinnati, Ohio | 334 00 | adventure in the arts |
| Hearing, Speech & Deaf Center of Greater Cincinnati | Cincinnati, Ohio | 500 00 | school-based hearing screenings |
| Withrow Alumni, Inc | Cincinnati, Ohio | 5,147 00 | Withrow High School band |
| Ronald McDonald House Charities of Greater Cincinnati, Inc | Cincinnati, Ohio | 23,282 00 | capital campaign for new house |
| Total | | \$50,651 74 | |

2001 Form 990
 Part III line b
 EXHIBIT III

Additional InformationForm 990, page 4, Part VSchedule of Directors:

| | |
|----------------------------|--|
| Bauer, Charles | 811 Carriage Hill Lane, Hamilton, OH 45013 |
| Byrd, Gloria | 7245 Club House Ct , West Chester, OH 45069 |
| Corbett, Dorothy | 312 Walnut St , Cincinnati, OH 45202 |
| Droesch, David | 5300 Hamilton Ave, #1610, Cincinnati, OH 45224 |
| Haffner, Paul | 47 Arcadia Place, Cincinnati, OH 45208 |
| Hamlin, Scott | 3333 Burnet Ave CHMC-SEC6, Cincinnati, OH 45229 |
| Heitzman, Judd | 7405 Demar Road, Cincinnati, OH 45243 |
| Ison, Pam | 11327 Springfield Pike, Cincinnati, OH 45246 |
| Klosterman, Chip | 4760 Paddock Rd , Cincinnati, OH 45229 |
| Koncius, Algis, chairman | 4340 Willow Hills Ln , Cincinnati, OH 45243 |
| McEnery, Paul, M D , secy | 3333 Burnet Ave, TCHRF 5385, Cincinnati, OH 45229 |
| McQuade, Kinnard | 2401 Ingleside, Cincinnati, OH 45206 |
| Nadel, Norbert A | 1000 Main St., Room 560, Cincinnati, OH 45202 |
| Noday, Gloria | 858 Country Club Dr , Cincinnati, OH 45245 |
| Ott, Ronald | 221 E 4th St, Ste 103-710, Cinti, OH 45202 |
| Owens, O'Dell, Dr | 9050 Centre Point Dr , Suite 400, West Chester, OH 45069 |
| Sewell, Michael, treasurer | 250 E Fifth Street, Cincinnati, OH 45202 |
| Sharp, Kim | 7300 Turfway Road, Suite 150, Florence, KY 41042 |
| Smitherman, Barbara | 1002 Redway Ave , Cincinnati, OH 45229 |
| Thompson, Gary | 4665 Interstate Drive, Cincinnati, OH 45246 |
| Vance, Sara | 8430 Willow Run Court, Cincinnati, OH 45243 |
| Weinstein, Barry | 11050 Woodlands Way, Cincinnati, OH 45241 |
| Welge, Hal | 3362 Fiddlers Green, Cincinnati, OH 45248 |
| Wymore, Donna | 644 Linn St , Suite 802, Cincinnati, OH 45203 |

2001 FORM 990
PART V PAGE 4
EXHIBIT IV

Additional Information

Form 990, page 6, Part VIII

Lines 93a and 93b - The organization operates a home-away-from-home for families of children who come to the medical facilities in Cincinnati, Ohio for diagnosis and treatment. The Ronald McDonald House offers safe and inexpensive residential accommodations next door to Children's Medical Center and is also near the Shriners Hospitals for Children, The Christ Hospital and University Hospital. These hospitals care for patients from around the world and any family whose home is over 50 miles from the House is welcome to stay. These fees represent the de minimis room rate donated by the families. The families are not excluded due to inability to pay. The excess program expenses over program revenue is funded by contributions and fund raising activities. In November, 2001, a new facility opened which doubled the number of rooms available to 48 bedrooms as well as providing common living areas for the families. The average occupancy rate for 2001 was 92% and the new, expanded House should greatly reduce the waiting list experienced in prior years.

2001 FORM 990
PART III LINE a AND PART VIII P 6 LINE 93a + b
EXHIBIT V

RONALD MCDONAL
Depreciation Expense [Depreciation]
Federal Tax
For the Period January 1, 2001 to December 31, 2001

| Asset ID | Placed In Service | Depr Meth/Conv | Life Yr Mo | Book Cost | Depreciation & AFYD This Period | YEAR TO DATE | | | | |
|------------------------------|----------------------|----------------|------------|----------------|---------------------------------|----------------------|-----------------------------|------------------|-------------------------|-------------------|
| | | | | | | Beginning Accum Depr | Current Depreciation & AFYD | Net Sec 179/179A | Net Additions Deletions | Ending Accum Depr |
| <i>Ass. AUTO</i> | | | | | | | | | | |
| RONA000001 | 1997 DODGE CARAVAN | | | | | | | | | |
| | 01/31/1997 | MC200AHY | 5 0 | 16,729 | 1,775 | 12,985 | 1,775 | 0 | 0 | 14,760 |
| <i>ubtotal AUTO (1)</i> | | | | 16,729 | 1,775 | 12,985 | 1,775 | 0 | 0 | 14,760 |
| <i>Ass. BUIL</i> | | | | | | | | | | |
| RONA000002 | BUILDING | | | | | | | | | |
| | 10/29/2001 | MS100MM | 39 0 | 6,889,285 | 36,802 | 0 | 36,802 | 0 | 0 | 36,802 |
| RONA000003 | LANDSCAPING | | | | | | | | | |
| | 10/29/2001 | MC150AMQ | 15 0 | 27,354 | 342 | 0 | 342 | 0 | 0 | 342 |
| RONA000004 | FENCE-DECORATV&CHAIN | | | | | | | | | |
| | 10/29/2001 | MC150AMQ | 15 0 | 17,570 | 220 | 0 | 220 | 0 | 0 | 220 |
| <i>ubtotal BUIL (3)</i> | | | | 6,934,209 | 37,363 | 0 | 37,363 | 0 | 0 | 37,363 |
| <i>AVAILABLE ACCT PAY 39</i> | | | | <i>372,723</i> | <i>2,029</i> | | <i>2,029</i> | | | <i>2,029</i> |
| <i>10-29-01</i> | | | | | | | | | | <i>39,392</i> |
| <i>Ass. FURN</i> | | | | | | | | | | |
| RONA000005 | REFRIGERATOR | | | | | | | | | |
| | 06/15/1994 | MS100AHY | 5 0 | 1,699 | 0 | 1,699 | 0 | 0 | 0 | 1,699 |
| RONA000006 | WASHER & DRYER | | | | | | | | | |
| | 07/15/1994 | MS100AHY | 5 0 | 3,415 | 0 | 3,415 | 0 | 0 | 0 | 3,415 |
| RONA000007 | INSTALL WASHER&DRYER | | | | | | | | | |
| | 07/15/1994 | MS100AHY | 5 0 | 1,175 | 0 | 1,175 | 0 | 0 | 0 | 1,175 |
| RONA000008 | CHERRY COFFE TABLE | | | | | | | | | |
| | 02/07/1995 | MC200AHY | 7 0 | 1,069 | 95 | 926 | 95 | 0 | 0 | 1,021 |
| RONA000009 | DESK - LEGACY | | | | | | | | | |
| | 03/09/1995 | MC200AHY | 7 0 | 1,017 | 91 | 881 | 91 | 0 | 0 | 972 |
| RONA000010 | PATIO FURNTURE | | | | | | | | | |
| | 09/11/1995 | MC200AHY | 7 0 | 3,138 | 280 | 2,718 | 280 | 0 | 0 | 2,998 |
| RONA000011 | R MCDONALD ON BENCH | | | | | | | | | |
| | 05/06/1996 | MC200AHY | 7 0 | 1,725 | 154 | 1,340 | 154 | 0 | 0 | 1,494 |
| RONA000012 | WALL ARTWORK | | | | | | | | | |
| | 05/31/1996 | MC200AHY | 7 0 | 3,213 | 287 | 2,496 | 287 | 0 | 0 | 2,783 |
| RONA000013 | WALL ARTWORK | | | | | | | | | |
| | 07/01/1996 | MC200AHY | 7 0 | 1,536 | 137 | 1,194 | 137 | 0 | 0 | 1,331 |
| RONA000014 | LOUNGE CHAIRS | | | | | | | | | |
| | 12/01/1996 | MC200AHY | 7 0 | 2,652 | 238 | 2,068 | 238 | 0 | 0 | 2,306 |
| RONA000015 | PLAYGROUND EQUIPMENT | | | | | | | | | |
| | 03/06/1998 | MC200AHY | 7 0 | 11,107 | 1,388 | 6,250 | 1,388 | 0 | 0 | 7,638 |
| RONA000016 | COMPUS81710634 | | | | | | | | | |
| | 05/08/1998 | MC200AHY | 5 0 | 2,018 | 232 | 1,437 | 232 | 0 | 0 | 1,669 |
| RONA000017 | COMPUS81723849 | | | | | | | | | |
| | 05/08/1998 | MC200AHY | 5 0 | 2,018 | 232 | 1,437 | 232 | 0 | 0 | 1,669 |
| RONA000018 | COMPUS81723823 | | | | | | | | | |
| | 05/08/1998 | MC200AHY | 5 0 | 2,018 | 232 | 1,437 | 232 | 0 | 0 | 1,669 |
| RONA000019 | COMPUS81724343 | | | | | | | | | |
| | 05/08/1998 | MC200AHY | 5 0 | 2,018 | 232 | 1,437 | 232 | 0 | 0 | 1,669 |
| RONA000020 | LASERJET USMB124024 | | | | | | | | | |
| | 05/08/1998 | MC200AHY | 5 0 | 1,239 | 143 | 882 | 143 | 0 | 0 | 1,025 |
| RONA000021 | LASERJET USMB124027 | | | | | | | | | |
| | 05/08/1998 | MC200AHY | 5 0 | 1,239 | 143 | 882 | 143 | 0 | 0 | 1,025 |
| RONA000022 | ARTWORK | | | | | | | | | |
| | 10/29/2001 | MC200AMQ | 7 0 | 57,755 (120) | 2,063 | 0 | 2,063 | 0 | 0 | 2,063 |
| RONA000023 | 100 BEDSPREADS | | | | | | | | | |
| | 10/29/2001 | MC200AMQ | 7 0 | 8,302 (120) | 297 | 0 | 297 | 0 | 0 | 297 |
| RONA000024 | PLAYGROUND EQUIPMENT | | | | | | | | | |
| | 10/29/2001 | MC200AMQ | 7 0 | 5,000 | 179 | 0 | 179 | 0 | 0 | 179 |
| RONA000025 | PHONE SYSTEM | | | | | | | | | |

2001 Form 990

| Asset ID | Placed in Service | Depr Meth/Conv | Life Yr Mo | Book Cost | Depreciation & AFYD This Period | Beginning Accum Depr | YEAR TO DATE | | | | |
|--------------------------|----------------------|----------------|------------|---------------|---------------------------------|----------------------|-----------------------------|------------------|-------------------------|-------------------|--|
| | | | | | | | Current Depreciation & AFYD | Net Sec 179/179A | Net Additions Deletions | Ending Accum Depr | |
| <i>lass FURN</i> | | | | | | | | | | | |
| RONA000026 | 10/29/2001 | MC200AMQ | 70 | 55,750 (126) | 1,991 | 0 | 1,991 | 0 | 0 | 1,991 | |
| | BEDROOM/LINEN SUPPLY | | | | | | | | | | |
| RONA000027 | 10/29/2001 | MC200AMQ | 70 | 134,827 (126) | 4,815 | 0 | 4,815 | 0 | 0 | 4,815 | |
| | DINING & LIVING ROOM | | | | | | | | | | |
| RONA000028 | 10/29/2001 | MC200AMQ | 70 | 92,253 (126) | 3,295 | 0 | 3,295 | 0 | 0 | 3,295 | |
| | OFFICE/BOARD RM FURN | | | | | | | | | | |
| RONA000029 | 10/29/2001 | MC200AMQ | 70 | 38,368 (126) | 1,370 | 0 | 1,370 | 0 | 0 | 1,370 | |
| | KITCHEN&LAUNDRY EQUI | | | | | | | | | | |
| RONA000030 | 10/29/2001 | MC200AMQ | 70 | 40,255 (126) | 1,438 | 0 | 1,438 | 0 | 0 | 1,438 | |
| | MISC FURN & SUPPLIES | | | | | | | | | | |
| | 10/29/2001 | MC200AMQ | 70 | 44,646 | 1,595 | 0 | 1,595 | 0 | 0 | 1,595 | |
| <i>ubtotal FURN (26)</i> | | | | 519,462 | 20,925 | 31,674 | 20,925 | 0 | 0 | 52,599 | |
| <i>lass LAND</i> | | | | | | | | | | | |
| RONA000031 | 10/29/2001 | SL100FM | 00 | 1,199,376 | | 0 | 0 | 0 | 0 | 0 | |
| | LAND-ERKEN & BURNET | | | | | | | | | | |
| <i>ubtotal LAND (1)</i> | | | | 1,199,376 | | 0 | 0 | 0 | 0 | 0 | |
| <i>rand Total</i> | | | | 8,669,776 | | 44,659 | | 0 | 0 | | |

BUILDING COSTS IN ACCTS PAYABLE
 DEPRECIATION ON OLD HOUSE AND EQUIPMENT SOLD IN 2001
 Note: There may be differences due to rounding
 60,064
 2,029
 49,111
 104,723
 2,029
 106,752
 Rounding 1
9,042,499
111,204
106,751
 PART IV LINE 57a P. 3
 PART II LINE 42 P. 2
 PART IV LINES 76 P. 3

2001 FORM 990
 PART II LINE 42 & PART IV LINE 57
 EXHIBIT VI P. 2 of 2

Schedule of Gains and Losses from
Sale of Assets Other than Inventory

2001

▶ Attach to return

| | |
|--|--|
| Name RONALD McDONALD HOUSE CHAR OF GRTR CINTI | Employer Identification Number 31-0965333 |
|--|--|

Part I, Line 8, Column (A) Securities

Public Securities

| Description | Gross Sales Price | Basis | |
|----------------------------|-------------------|------------------|------------|
| | | Cost | |
| Publicly Traded Securities | 2,550,589. | 2,492,968 | |
| | | Selling Expenses | |
| | | Basis | 2,492,968. |

Nonpublic Securities

| Description | Date Acquired and Method | Date Sold and to Whom | Gross Sales Price | Cost, other basis or FMV when donated (State which on top) |
|-------------------------|--------------------------|-----------------------|-------------------|--|
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |
| Total Securities | | | 2,550,589 | 2,492,968 |

Gain or (Loss) from Sale of Securities 57,621

Part I, Line 8, Column (B) Other Assets

| Description | Date Acquired and Method | Date Sold and to Whom | Gross Sales Price | Cost, other basis or FMV when donated | |
|-------------------------------------|--------------------------|-----------------------|-------------------|---------------------------------------|-------|
| | | | | Cost | |
| building and equipment Exhibit I | various purchase | 11/01/01 CHMC | 650,000 | 1,787,295. -953,811 833,484 | |
| ----- | ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- | ----- |

Total Other Assets 650,000 833,484

Gain or (Loss) from Sale of Other Assets -183,484.

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

| | |
|--|--|
| Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy. | |
| Type or Print File by the extended due date for filing the return. See instructions. | Name of Exempt Organization RONALD McDONALD HOUSE CHAR OF GRTR CINTI |
| | Number, Street, and Room or Suite Number. If a P.O. Box, See Instructions. 350 ERKENBRECKER AVE. |
| | City, Town or Post Office, State, and ZIP Code. For a Foreign Address, See Instructions. CINCINNATI OH 45229 |
| | Employer Identification Number 31-0965333 For IRS Use Only |

Check type of return to be filed (file a separate application for each return)

Form 990
 Form 990-EZ
 Form 990-T (Section 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• 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 organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Nov 15, 2002

5 For calendar year 2001, or other tax year beginning _____, 20____ and ending _____, 20____

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension Additional time is needed to obtain accurate information sufficient to prepare a complete return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 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 and any amount paid previously with Form 8868 \$ _____

c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Lisa K Van Houten Title CPA Date 08/05/02

Notice to Applicant – To be Completed by the IRS

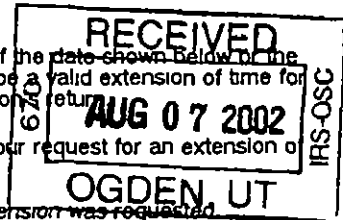
We have approved this application. Please attach this form to the organization's return.

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

Other _____



Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

| | | |
|---------------|---|---|
| Type or Print | Name BRYAN W. STEPHENS | EXTENSION APPROVED AUG 14 2002 OH 45246 |
| | Number and Street (include suite, room, or apartment number) or a P.O. Box Number 11464 LIPPELMAN ROAD, SUITE 100 | |
| | City or Town, Province or State, and Country (including postal or ZIP code) CINCINNATI OH 45246 | |