

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2001Open to Public
Inspection**A For the 2001 calendar year, or tax year beginning**

, and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization**Ronald McDonald House Charities of Pensacola, Inc.**

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

5154 Bayou Boulevard

City or town, state or country, and ZIP + 4

Pensacola**FL 32503****D Employer ID number****59-2172279****E Telephone number****850-477-2273****F Accounting method** ☐ Cash☒ Accrual ☐ Other (specify)

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 no. of affiliates** ☒ N/A**H(c) Are all affiliates included?** ☒ N/A ☐ Yes ☐ No

(If "No" attach list. See instr.)

H(d) Is this a separate return filed by an ☒ N/Aorganization covered by a group ruling? ☐ Yes ☐ No**I Enter 4-digit GEN****M Check** ☐ if the organization is not required

to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Web site**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 **433,215****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)****1 Contributions, gifts, grants, and similar amounts received****a Direct public support****1a 204,608****b Indirect public support****1b****c Government contributions (grants)****1c****d Total (add lines 1a through 1c) (cash \$ 189,807 noncash \$ 14,801)****1d 204,608****2 Program service revenue including government fees and contracts (from Part VII, line 93)****2****3 Membership dues and assessments****3****4 Interest on savings and temporary cash investments****4 7,262****5 Dividends and interest from securities****5 27,613****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

72,117**8a 3,700****b Less cost or other basis and sales expenses****93,080****8b 3,700****c Gain or (loss) (attach schedule)****-20,963****8c****d Net gain or (loss) (combine line 8c, columns (A) and (B))****See Stmt 1****See Stmt 2****8d -20,963****9 Special events and activities (attach schedule)****a Gross revenue (not including \$ contributions reported on line 1a)****9a 115,985****b Less direct expenses other than fundraising expenses****9b 40,323****c Net income or (loss) from special events (subtract line 9b from line 9a)****9c 75,662****10a Gross sales of inventory, less returns and allowances****10a****b Less cost of goods sold****10b****c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)****10c****11 Other revenue (from Part VII, line 103)****11 1,930****12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)****12 296,112****13 Program services (from line 44, column (B))****13 171,587****14 Management and general (from line 44, column (C))****14 15,913****15 Fundraising (from line 44, column (D))****15 34,393****16 Payments to affiliates (attach schedule)****16****17 Total expenses (add lines 16 and 44, column (A))****17 221,893****18 Excess or (deficit) for the year (subtract line 17 from line 12)****18 74,219****19 Net assets or fund balances at beginning of year (from line 73, column (A))****19 1,473,086****20 Other changes in net assets or fund balances (attach explanation)****See Stmt 3****20 -38,243****21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)****21 1,509,062**

For Paperwork Reduction Act Notice, see the separate instructions

Form **990** (2001)

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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. (See Specific Instructions on page 21.)

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 (attach schedule) Stmt 4 (cash \$ 15,000 non-cash \$)	22 15,000	15,000		
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc	25 47,976	19,190	4,798	23,988
26	Other salaries and wages	26 49,772	43,237	1,279	5,256
27	Pension plan contributions	27 1,249	695	106	448
28	Other employee benefits	28			
29	Payroll taxes	29 7,478	4,775	465	2,238
30	Professional fundraising fees	30			
31	Accounting fees	31 4,200		4,200	
32	Legal fees	32			
33	Supplies	33 15,791	15,555	236	
34	Telephone	34 4,222	4,222		
35	Postage and shipping	35 1,908	1,336	572	
36	Occupancy	36			
37	Equipment rental and maintenance	37 1,784	1,784		
38	Printing and publications	38 1,040	728	312	
39	Travel	39 1,929	1,047	63	819
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (att sch)	42 25,443	25,443		
43	Other expenses not covered above (itemize) a	43a			
b	See Statement 5	43b 44,101	38,575	3,882	1,644
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 221,893	171,587	15,913	34,393

Joint Costs Check ☐ if you are following SOP 98-2Are 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 (See Specific Instructions on page 24.)

What is the organization's primary exempt purpose?

See Statement 6

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts but optional for others.)

a	The operation of the Ronald McDonald House provides a home away from home for parents of children undergoing treatment of life threatening illnesses.	(Grants and allocations \$ 15,000)	171,587
b		(Grants and allocations \$)	
c		(Grants and allocations \$)	
d		(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		171,587

Part IV Balance Sheets (See Specific Instructions on page 24)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing				45	
46	Savings and temporary cash investments			250,142	46	238,837
47a	Accounts receivable	47a				
b	Less allowance for doubtful accounts	47b			47c	
48a	Pledges receivable	48a				
b	Less allowance for doubtful accounts	48b			48c	
49	Grants receivable				49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a	Other notes and loans receivable (attach schedule)	51a				
b	Less allowance for doubtful accounts	51b			51c	
52	Inventories for sale or use				52	
53	Prepaid expenses and deferred charges				53	
54	Investments-securities See Stmt 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			830,252	54	868,050
55a	Investments-land, buildings, and equipment basis	55a				
b	Less accumulated depreciation (attach schedule)	55b			55c	
56	Investments-other (attach schedule)				56	
57a	Land, buildings, and equipment basis	57a	693,214			
b	Less accumulated depreciation (attach schedule) See Stmt 8	57b	312,921	384,000	57c	380,293
58	Other assets (describe See Stmt 9)			11,177	58	24,956
59	Total assets (add lines 45 through 58) (must equal line 74)			1,475,571	59	1,512,136
60	Accounts payable and accrued expenses			2,485	60	3,074
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)				64a	
b	Mortgages and other notes payable (attach schedule)				64b	
65	Other liabilities (describe)				65	
66	Total liabilities (add lines 60 through 65)			2,485	66	3,074
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
67	Unrestricted			946,836	67	981,812
68	Temporarily restricted				68	1,000
69	Permanently restricted			526,250	69	526,250
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, column (B) must equal line 21)			1,473,086	73	1,509,062
74	Total liabilities and net assets / fund balances (add lines 66 and 73)			1,475,571	74	1,512,136

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
a Total revenue, gains, and other support per audited financial statements 317,075 b Amounts included on line a but not on line 12, Form 990 (1) Net unrealized gains on investments \$ _____ (2) Donated services and use of facilities \$ _____ (3) Recoveries of prior year grants \$ _____ (4) Other (specify) _____ \$ _____ Add amounts on lines (1) through (4) 317,075 c Line a minus line b 317,075 d Amounts included on line 12, Form 990 but not on line a (1) Investment expenses not included on line 6b, Form 990 \$ _____ (2) Other (specify) See Stmt 10 \$ -20,963 Add amounts on lines (1) and (2) -20,963 e Total revenue per line 12 Form 990 (line c plus line d) 296,112	a Total expenses and losses per audited financial statements 281,099 b Amounts included on line a but not on line 17, Form 990 (1) Donated services and use of facilities \$ _____ (2) Prior year adjustments reported on line 20, Form 990 \$ _____ (3) Losses reported on line 20, Form 990 \$ 38,243 (4) Other (specify) _____ See Stmt 11 \$ 20,963 Add amounts on lines (1) through (4) 59,206 c Line a minus line b 221,893 d Amounts included on line 17, Form 990 but not on line a (1) Investment expenses not included on line 6b, Form 990 \$ _____ (2) Other (specify) _____ \$ _____ Add amounts on lines (1) and (2) 221,893 e Total expenses per line 17, Form 990 (line c plus line d) 221,893

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DeDe Flounlacker 5154 Bayou Blvd, Pensacola, FL	Director 40	43,008	859	0
Andrea Farage 5154 Bayou Blvd, Pensacola, FL	Director 40	4,968	0	0
Paige Adams 5154 Bayou Blvd, Pensacola, FL	Manager 40	25,571	390	0
Carolyn Appleyard 4400 Bayou Blvd, Suite 34	Director 3	0	0	0
Anna Barbee P.O. Box 996, Gulf Breeze, FL	V. President 3	0	0	0
Deborah Benn 4751 N. 9th Avenue, Pensacola, FL	Director 3	0	0	0
Alan Bookman 30 S. Spring Street, Pensacola, FL	President 3	0	0	0
Ed Carson 2616 N. 12th Avenue, Pensacola, FL	Director 3	0	0	0
Trice Dukes 100 W. Garden Street, Pensacola, FL	Director 3	0	0	0
See Statement 12				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?
 If "Yes," attach schedule-see Specific Instructions on page 27

▶ ☐ Yes ☒ No

Part VI Other Information (See Specific Instructions on page 27)		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	76	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	77	X
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement	79	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?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instr	81a	
b	Did the organization file Form 1120-POL for this year?	81b	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?	82a	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	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
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	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. 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	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> None		
b	Number of employees employed in the pay period that includes March 12, 2001. (See instructions.)	90b	
91	The books are in care of <input type="checkbox"/> Bill Massey Located at <input type="checkbox"/> 900 N. 12th Avenue, Pensacola, FL		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 <input type="checkbox"/>		

 Telephone no ☐ 850-435-8300
 ZIP + 4 ☐ 32501

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)**Note** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec. 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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	7,262	
96 Dividends and interest from securities			14	27,613	
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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-20,963	
101 Net income or (loss) from special events			1	75,662	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b Miscellaneous Income			1	1,930	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		91,504	0
105 Total (add line 104, columns (B), (D), and (E))					91,504

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 Specific Instructions on page 32.)

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)
●	
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(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 Specific Instructions on page 33.)

(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.

Date

SASUEA

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**

(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)

OMB No 1545-0047

2001Department of the Treasury
Internal Revenue Service▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**Ronald McDonald House Charities of
Pensacola, Inc.**

Employer identification number

59-2172279**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the 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 ben plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instr 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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the 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 PS _____ (Must equal amount 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	1	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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of exp if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	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		

See Stmt 13

See Stmt 14

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the 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 **PS**
- 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)
- 11a ☒ 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)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ 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 page 5 of the 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 page 6 of the 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.)	115,632	141,316	132,131	101,279	490,358
16 Membership fees received					
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	104,766	101,733	86,400	62,960	355,859
18 Gross inc from int. dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	38,940	36,538	34,446	48,930	158,854
19 Net income from unrelated business activities not included in line 18					
20 Tax revn. levied for the organization's ben. & either paid to it or expended on its behalf					
21 The value of serv. or fac. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or fac. generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets. Stmt 15	1,285	2,544	370		4,199
23 Total of lines 15 through 22	260,623	282,131	253,347	213,169	1,009,270
24 Line 23 minus line 17	155,857	180,398	166,947	150,209	653,411
25 Enter 1% of line 23	2,606	2,821	2,533	2,132	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 13,068
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 6,932
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 653,411
d Add: Amounts from column (e) for lines 18 158,854 19 22 4,199 26b 6,932					26d 169,985
e Public support (line 26c minus line 26d total)					26e 483,426
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 73.9850%

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.

N/A

(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.

N/A

(2000) (1999) (1998) (1997)

c Add: Amounts from column (e) for lines 15 17 20 21	15	16	20	21	27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					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 page 7 of the 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?	29		
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?	30		
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.)	31		
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
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?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
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?	34a		
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.	34b		
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.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the 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 on page 11 of the instructions)

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 nontaxable 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 page 12 of the instr)

N/A

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)

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

Yes	No	Amount

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) **Cash**

(ii) Other assets

b Other transactions

(i) **Sales or exchanges of assets with a noncharitable exempt organization**

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d. If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

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 Charities of
Pensacola, Inc.**

Employer identification number

59-2172279

Organization type (check one)

Filers of**Section**

Form 990 or 990-EZ

☒ 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 foundationCheck 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)

▶ S _____

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 they must check the box in the head check the box in the heading of Z, 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)**Schedule B (Form 990, 990-EZ, or 990-PF) (2001)**

Name of organization

Ronald McDonald House Charities of

Employer identification number

59-2172279**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>2</u>		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>3</u>		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>4</u>		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>5</u>		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>6</u>		\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

Ronald McDonald House Charities of**59-2172279****Part I** Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u> </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u> </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u> </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u> </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u> </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u> </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Special Events Schedule

Form **990**

2001

For calendar year 2001, or tax year beginning _____, and ending _____

Name

**Ronald McDonald House Charities of
Pensacola, Inc.**

Employer Identification Number

59-2172279

	(A)	(B)	(C)	Others	Total
Gross receipts	22,060	76,479	17,446	0	115,985
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gross revenue	22,060	76,479	17,446	0	115,985
Less direct expenses	<u>9,193</u>	<u>30,173</u>	<u>957</u>	<u>0</u>	<u>40,323</u>
Net income (loss)	<u>12,867</u>	<u>46,306</u>	<u>16,489</u>	<u>0</u>	<u>75,662</u>

Descriptions

A) Firecracker 5K Run

B) Kaps for Kids

C) Scooper Bowl

Others

Federal Statements

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Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc			How Rec'd		Whom Sold	
	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
Sale of securities			Purchase			
	Various	Various	\$ 72,117	\$ 93,080	\$	\$ -20,963
Total			\$ 72,117	\$ 93,080	\$ 0	\$ -20,963

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc			How Rec'd		Whom Sold	
	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
Sale of automobile			Donation			
	12/27/00	1/06/01	\$ 3,700	\$ 3,700	\$	\$
Total			\$ 3,700	\$ 3,700	\$ 0	\$ 0

Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Unrealized loss on investment securities	\$ -38,243
Total	\$ -38,243

Federal Statements**Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations, and Contributions**

<u>Description</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
Pensacola Junior College Grant	\$ 15,000	\$
Total	\$ 15,000	\$ 0

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
Expenses	\$	\$	\$	\$
Bank Charge	143		143	
Cystic Fibrosis Activities	1,589	1,589		
Employee Health Insurance	5,120	3,426	374	1,320
House Maintenance	9,803	9,803		
Miscellaneous	2,051	1,660	391	
Other Insurance	11,898	8,924	2,974	
Promotions & Entertainment	2,673	2,349		324
Utilities	10,824	10,824		
Total	\$ 44,101	\$ 38,575	\$ 3,882	\$ 1,644

Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose

To provide a home away from home for parents of children
undergoing treatment for life threatening illnesses.

Federal Statements

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Statement 7 - Form 990, Part IV, Line 54 - Investments in Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US and State Government			
Government Bonds	83,222	111,454	Market
Corporate Stock			
Common Stocks	496,708	429,932	Market
Preferred Stocks	203,283	277,950	Market
Corporate Bonds			
Corporate Bonds	47,039	48,714	Market
	<u>830,252</u>	<u>868,050</u>	

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Building & Improvements	\$ 559,246	\$ 220,364	\$ 607,328	\$ 238,171
Equipment	36,537	28,606	38,882	32,020
Furniture & Fixtures	47,004	39,817	47,004	42,730
Roof Replacement in Progress	30,000			
Total	<u>\$ 672,787</u>	<u>\$ 288,787</u>	<u>\$ 693,214</u>	<u>\$ 312,921</u>

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Due from Affiliate	\$	\$ 21,382
Accrued Interest	3,161	
Prepaid Insurance	2,316	574
Donated Auto Available For Sale	3,700	
Cash Restricted for Capital Campaign		1,000
Deposits	2,000	2,000
Total	<u>\$ 11,177</u>	<u>\$ 24,956</u>

Federal Statements

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Statement 10 - Form 990, Part IV-A - Other Revenue Included on Return

Description	Amount
Realized loss on investment securities	\$ -20,963
Total	<u>\$ -20,963</u>

Statement 11 - Form 990, Part IV-B - Other Expenses Included in Financial Statements

Description	Amount
Realized loss on investment securities	\$ 20,963
Total	<u>\$ 20,963</u>

Statement 12 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Address				
	Title	Average Hours	Compensation	Benefits	Expenses
Karen Emmanuel	Director	3	5151 N. 9th Avenue, Pensacola, FL		
Cathy England	Director	3	6700 N. Davis Hwy, Pensacola, FL		
John Griffing	Director	3	220 S. Palafox St, Pensacola, FL		
Larry Hollis	Director	3	7330 N. Davis Hwy, Pensacola, FL		
Bonnie Jones	Secretary	3	P.O. Box 12601, Pensacola, FL		
George Koper	V. President	3	7 E. Desoto St, Pensacola, FL		
Bill Massey	Treasurer	3	900 N 12th Avenue, Pensacola, FL		
Joe Miller	Director	3	100 W. Garden St, Pensacola, FL		
Jerry Mock	Director	3	6310 N. Palafox St, Pensacola, FL		
Joel Mooneyham	Director	3	P.O. Box 18770, Pensacola, FL		
Michelle Newchurch	Director	3	5225 Carmel-Heights, Pensacola, FL		
Mike Roberts	Director	3	P.O. Box 2266, Pace, FL		
Brett Shaw	Director	3	One Energy Place, Pensacola, FL		
David Turner	Director	3	6330 N. Davis Hwy, Pensacola, FL		
Pam Westerlund	Director	3	3029 Marquette Avenue, Pensacola, FL		
Harry Wilder	Director	3	P.O. Box 579, Gulf Breeze, FL		

Federal Statements

Statement 13 - Schedule A, Part III, Question 2c - Furnishing of Goods

Corporation owned by a Board Member providing services for roof replacement and for small building repairs.

Statement 14 - Schedule A, Part III, Question 2d - Payment of Compensation

See Part V, Form 990

Federal Statements**Statement 15 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>
Miscellaneous Income	\$ <u>1,285</u>	\$ <u>2,544</u>	\$ <u>370</u>	\$ <u>0</u>
Total	\$ <u><u>1,285</u></u>	\$ <u><u>2,544</u></u>	\$ <u><u>370</u></u>	\$ <u><u>0</u></u>

M Fixed Asset Depr Sch 2001

Ronald, McDonald House
Fixed Asset Depreciation Schedule
31-Dec

Class	Asset Number	Description	Date Acquired	Life	Cost	Dec-00 Accumulated Deprec	2001 Deprec	Dec-01 Accumulated Deprec	Dec-01 Book Value
Building	1	Building	10/15/1984	40	462,039	187,222	11,551	198,773	263,266
Building	2	Bldg Improvements 85	6/30/1985	40	9,272	3,596	232	3,827	5,445
Building	3	Bldg Improvements 86	6/30/1986	40	3,580	1,304	90	1,394	2,187
Building	15	Carpet	6/30/1997	7	649	332	93	425	224
Building	21	Bathroom Floor Rm 6	12/31/1997	40	2,600	200	65	265	2,335
Building	22	Carpet & Paint	11/15/1991	7	15,700	15,700	-	15,700	-
Building	23	Fire Protection System	5/19/1992	40	33,890	7,342	847	8,189	25,701
Building	43	Stairs by Mgrs Office	2/25/1995	10	1,400	828	140	968	432
Building	68	96 Renovations	1/1/1997	40	27,500	2,751	688	3,439	24,062
Building	83	Carpet for Rooms	10/1/1999	3	2,616	1,090	872	1,962	654
Building	85	New Roof for House	1/31/2001	15	42,882	-	2,859	2,859	40,023
Building	87	Drainage improvements	6/30/2001	7	5,200	-	371	371	4,829
					<u>607,328</u>	<u>220,364</u>	<u>17,807</u>	<u>238,171</u>	<u>369,157</u>
Equip	7	Pnnter/Fax/Scanner	8/11/1997	3	627	627	-	627	-
Equip	11	Sump Pump	3/17/1997	7	5,246	2,872	749	3,621	1,625
Equip	17	Van	6/15/1991	5	1,633	1,633	-	1,633	-
Equip	34	Heat Pump	9/29/1995	5	4,000	4,000	-	4,000	-
Equip	37	Macintosh Computer	10/31/1995	3	4,316	4,316	-	4,316	-
Equip	39	Dishwasher	5/8/1995	5	429	429	-	429	0
Equip	40	Dishwasher	6/30/1995	5	429	429	-	429	0
Equip	44	Hot Water Heater	5/17/1995	5	187	187	-	187	(0)
Equip	65	Computer & Pnnter	9/12/1996	3	400	400	-	400	(0)
Equip	66	Washing Mach & Dryer	5/15/1996	5	600	560	40	600	-
Equip	69	Phone System	12/30/1996	5	843	689	154	843	(0)
Equip	75	PA System	8/20/1998	5	1,185	573	237	810	375
Equip	77	Computer System	7/27/1998	3	7,227	5,334	1,893	7,227	-
Equip	79	Breast Pump	2/18/1998	5	800	467	160	627	173
Equip	80	Computer	3/20/1998	3	300	236	64	300	-
Equip	82	Computer	10/7/1998	3	2,090	1,468	622	2,090	(0)
Equip	84	Heater/AC Room 7	12/31/1999	5	2,300	460	460	920	1,380
Equip	86	Laptop computer	5/31/2001	3	1,768	-	344	344	1,424
Equip	87	Freezer	10/1/2001	5	890	-	44	44	845
Equip	88	A/C Unit Room 6	11/1/2001	5	996	-	33	33	963
					<u>36,266</u>	<u>24,681</u>	<u>4,723</u>	<u>29,404</u>	<u>4,976</u>
2000 Disposals - All Replaced in January 2002									
Equip	26	A/C & Heat Terminal	5/1/1994	5	654	654	-	654	-
Equip	27	A/C & Heat Terminal	5/1/1994	5	654	654	-	654	-
Equip	28	A/C & Heat Terminal	5/1/1994	5	654	654	-	654	-
Equip	29	A/C & Heat Terminal	5/1/1994	5	654	654	-	654	-
Equip	30	A/C & Heat Terminal	5/1/1994	5	654	654	-	654	-
Equip	31	A/C & Heat Terminal	5/1/1994	5	655	655	-	655	-
					<u>1,309</u>	<u>1,309</u>	<u>-</u>	<u>1,309</u>	
							<u>4,723</u>		

**Ronald McDonald House
Fixed Asset Depreciation Schedule
31-Dec**

Class	Asset Number	Description	Date Acquired	Life	Cost	Dec-00	2001	Dec-01	Dec-01
						Accumulated Deprec	Deprec	Accumulated Deprec	Book Value
Fum	4	Fum & Fixtures	10/15/1984	10	19,714	19,714	-	19,714	-
Fum	5	Furniture 1985	6/30/1985	10	417	417	-	417	-
Fum	6	File Cabinet	6/30/1986	10	263	263	-	263	-
Fum	10	Sofa	7/17/1990	10	589	589	-	589	0
Fum	13	Desk	7/1/1990	10	917	917	-	917	0
Fum	18	Daybed	5/28/1991	5	400	400	-	400	-
Fum	19	Furniture	12/15/1991	5	2,610	2,610	-	2,610	-
Fum	24	Ceiling Fans	6/26/1992	5	357	357	-	357	-
Fum	25	Furniture	6/30/1997	10	549	197	55	252	297
Fum	32	Desk	6/30/1997	10	300	108	30	138	162
Fum	33	VCR	6/30/1995	5	225	225	-	225	-
Fum	38	Cabinet	12/29/1995	5	173	173	-	173	0
Fum	41	Fire Alarm System	9/29/1995	7	3,798	2,895	543	3,438	360
Fum	42	Stellite Dish System	12/6/1995	5	1,300	1,300	-	1,300	-
Fum	45	Credenza	12/29/1995	5	230	230	-	230	-
Fum	46	Executive Chair	12/29/1995	5	259	259	-	259	0
Fum	47	Arm Chair Task	12/29/1995	5	111	111	-	111	(0)
Fum	48	Arm Chair Task	12/29/1995	5	111	111	-	111	(0)
Fum	62	Office Furniture	6/30/1995	5	2,500	2,500	-	2,500	-
Fum	63	Cabinets	4/1/1995	5	304	304	-	304	0
Fum	64	Washing Machine	1/1/1995	5	450	450	-	450	-
Fum	71	Framed Prints	12/11/1998	5	1,500	625	300	925	575
Fum	72	Xerox Copier	11/23/1998	5	500	217	100	317	183
Fum	73	Posters	7/16/1998	5	300	150	60	210	90
Fum	74	Framed Cells	3/17/1998	5	4,500	2,550	900	3,450	1,050
Fum	76	Televisions	1/1/1998	5	427	256	85	341	86
Fum	81	Heat Pump	10/15/1998	5	4,200	1,890	840	2,730	1,470
					<u>47,004</u>	<u>39,817</u>	<u>2,913</u>	<u>42,730</u>	<u>4,274</u>
Disposals					-	-	-	-	-
					-	-	-	-	-
					-	-	-	-	-
					-	-	-	-	-
					-	-	2,913	-	-
Totals					690,598	284,862	25,443	310,305	378,407