

# Return of Organization Exempt From Income Tax

**2001**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

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

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization  
**RONALD MCDONALD HOUSE CHARITIES OF ALABAMA, INC.**

**D** Employer identification number  
**63-0753358**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**P.O. BOX 531137**

**E** Telephone number  
**(205) 933-0692**

City or town, state or country, and ZIP + 4  
**BIRMINGHAM, AL 35253**

**F** Accounting method:  Cash  Accrual  
 Other (specify) **▶**

**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 **▶**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN **▶**

**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 **▶** **516,842.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	134,815.		
b	Indirect public support	1b	37,019.		
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 151,819. noncash \$ 20,015.)	1d		171,834.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		29,400.	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5		66,243.	
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 <b>▶</b> )	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities	180,600.	(B) Other	43,374.
b	Less cost or other basis and sales expenses	8a		8b	
c	Gain or (loss) (attach schedule)	179,178.	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	1,422.	8c	43,374.	44,796.
9	Special events and activities (attach schedule)	STMT 1		STMT 2	
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a		19,164.	
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 3		9c	19,164.
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		6,227.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		337,664.	
13	Program services (from line 4, column (B))	13		377,848.	
14	Management and general (from line 4, column (C))	14		19,489.	
15	Fundraising (from line 4, column (D))	15		3,450.	
16	Payments to affiliates (attach schedule)	16		5,536.	
17	Total expenses (add lines 13 through 16)	17		406,323.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		-68,659.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,714,579.	
20	Other changes in net assets or fund balances (attach explanation)	20		-78,000.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,567,920.	

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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 (attach schedule) cash \$ 25,400. noncash \$	25,400.	25,400.	STATEMENT 7	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	42,146.	30,859.	9,037.	2,250.
26	Other salaries and wages	57,437.	56,687.		750.
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	8,328.	7,370.	708.	250.
30	Professional fundraising fees				
31	Accounting fees	17,711.	17,711.		
32	Legal fees				
33	Supplies	12,462.	10,713.	1,649.	100.
34	Telephone	11,465.	11,465.		
35	Postage and shipping	1,408.	654.	654.	100.
36	Occupancy	42,592.	42,592.		
37	Equipment rental and maintenance	5,658.		5,658.	
38	Printing and publications	844.	844.		
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest	290.	290.		
42	Depreciation, depletion, etc (attach schedule)	62,497.	62,497.		
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 6	112,549.	110,766.	1,783.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	400,787.	377,848.	19,489.	3,450.

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?

SEE ATTACHED STATEMENT

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	TO PROVIDE A FACILITY FOR USE BY CHILDREN AND THEIR IMMEDIATE FAMILIES NEEDING LOW-COST LODGING DURING EXTENDED MEDICAL TREATMENT IN BIRMINGHAM AREA HOSPITALS. SEE ATTACHED STATEMENT FOR MORE INFORMATION. (Grants and allocations \$ 25,400.)	377,848.
b		
c		
d		
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	377,848.

**Part IV Balance Sheets**

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
Assets	45 Cash - non-interest-bearing	27,301.	45	36,322.
	46 Savings and temporary cash investments	50,201.	46	50,943.
	47 a Accounts receivable	47a 27,032.		
	b Less allowance for doubtful accounts	47b	47c	27,032.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	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	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment basis	55a		
b Less accumulated depreciation	55b	55c		
56 Investments - other	SEE STATEMENT 8	1,687,072.	56	1,638,668.
57 a Land, buildings, and equipment basis	57a 1,726,109.			
b Less accumulated depreciation	57b 816,820.	944,457.	57c	909,289.
58 Other assets (describe ▶ )			58	
59 Total assets (add lines 45 through 58) (must equal line 74)		2,758,494.	59	2,662,254.
Liabilities	60 Accounts payable and accrued expenses	25,581.	60	30,495.
	61 Grants payable	18,334.	61	25,400.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ <u>LINE OF CREDIT</u> )		0.	65
66 Total liabilities (add lines 60 through 65)		43,915.	66	94,334.
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	1,446,392.	67	1,643,679.
	68 Temporarily restricted	736,787.	68	392,841.
	69 Permanently restricted	531,400.	69	531,400.
	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)		2,714,579.	73	2,567,920.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		2,758,494.	74	2,662,254.

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.



**RONALD MCDONALD HOUSE CHARITIES OF  
ALABAMA, INC.**

Form 990 (2001)

63-0753358

Page 5

<b>Part VI Other Information</b>		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
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	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 <span style="float: right;">▶</span> _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float: right;">81a</span> <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?		X
82 a	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) <span style="float: right;">82b</span> <u>9,537.</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? <span style="float: right;">N/A</span>		
84 a	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? <span style="float: right;">N/A</span>		
85	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members? <span style="float: right;">N/A</span>		
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 <span style="float: right;">N/A</span>		
c	Dues, assessments, and similar amounts from members <span style="float: right;">85c</span> <u>N/A</u>		
d	Section 162(e) lobbying and political expenditures <span style="float: right;">85d</span> <u>N/A</u>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float: right;">85e</span> <u>N/A</u>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float: right;">85f</span> <u>N/A</u>		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? <span style="float: right;">N/A</span>		
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? <span style="float: right;">N/A</span>		
86	<b>501(c)(7) organizations</b> Enter a Initiation fees and capital contributions included on line 12 <span style="float: right;">86a</span> <u>N/A</u>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float: right;">86b</span> <u>N/A</u>		
87	<b>501(c)(12) organizations</b> Enter a Gross income from members or shareholders <span style="float: right;">87a</span> <u>N/A</u>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float: right;">87b</span> <u>N/A</u>		
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
89 a	<b>501(c)(3) organizations</b> 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	<b>501(c)(3) and 501(c)(4) organizations</b> 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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶</span> <u>0.</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">▶</span> <u>0.</u>		
90 a	List the states with which a copy of this return is filed <span style="float: right;">▶</span> <u>ALABAMA</u>		
b	Number of employees employed in the pay period that includes March 12, 2001 <span style="float: right;">90b</span> <u>11</u>		
91	The books are in care of <span style="float: right;">▶</span> <u>SIMS GARRISON</u> Telephone no <span style="float: right;">▶</span> <u>(205) 802-7203</u>		
	Located at <span style="float: right;">▶</span> <u>2830 CAHABA ROAD, BIRMINGHAM, ALABAMA</u> ZIP + 4 <span style="float: right;">▶</span> <u>35223</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <span style="float: right;">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶</span> <u>92</u> <span style="float: right;">N/A</span>		

**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 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 RENTALS					29,400.
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					
96	Dividends and interest from securities			14	66,243.	
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	44,796.	
101	Net income or (loss) from special events			01	19,164.	
102	Gross profit or (loss) from sales of inventory					
103	Other revenue					
a	SOFT DRINK MACHINE					3,189.
b	WASHER & DRYER					3,038.
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0.		130,203.	35,627.
105	Total (add line 104, columns (B), (D), and (E))					165,830.

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)
▼	SEE STATEMENT 10

**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).

completing schedules and statements, and to the best of my knowledge and belief it is true, information of which preparer has any knowledge.

01/14/02  A Sims Garrison - Treasurer  
 Type or print name and title

**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

**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 CHARITIES OF ALABAMA, INC.** Employer identification number **63 0753358**

**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 benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the 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 ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<p><b>1</b> 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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>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</p>	1	X
<p><b>2</b> 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 )</p> <p><b>a</b> Sale exchange, or leasing of property?</p>	2a	X
<p><b>b</b> Lending of money or other extension of credit?</p>	2b	X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c	X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e	X
<p><b>3</b> Does the organization make grants for scholarships, fellowships, student loans etc ? (See Note below )</p>	3	X
<p><b>4</b> Do you have a section 403(b) annuity plan for your employees?</p>	4	X
<p><b>Note</b> 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</p>		

**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 ▶ \_\_\_\_\_
- 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 )

RONALD MCDONALD HOUSE CHARITIES OF

Schedule A (Form 990 or 990-EZ) 2001 ALABAMA, INC.

63-0753358 Page 3

**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.)	174,181.	159,895.	246,020.	212,359.	792,455.
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	37,667.	28,381.	27,940.	37,614.	131,602.
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	65,829.	4,997.	6,117.	7,550.	84,493.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	277,677.	193,273.	280,077.	257,523.	1,008,550.
24 Line 23 minus line 17	240,010.	164,892.	252,137.	219,909.	876,948.
25 Enter 1% of line 23	2,777.	1,933.	2,801.	2,575.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 17,539.
	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 137,123.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c 876,948.
	d Add Amounts from column (e) for lines 18 84,493. 22	19 26b 137,123.			26d 221,616.
	e Public support (line 26c minus line 26d total)				26e 655,332.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 74.7287%
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	16 20			27c N/A
	d Add Line 27a total and line 27b total				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

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

NONE

**RONALD MCDONALD HOUSE CHARITIES OF**

Schedule A (Form 990 or 990-EZ) 2001 **ALABAMA, INC.**

63-0753358 Page 4

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		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 )		
<hr/>			
<hr/>			
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 )		
<hr/>			
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 )		
<hr/>			
<hr/>			
34 a	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		

Schedule A (Form 990 or 990-EZ) 2001

RONALD MCDONALD HOUSE CHARITIES OF

Schedule A (Form 990 or 990-EZ) 2001 ALABAMA, INC.

63-0753358 Page 5

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

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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
		N/A	
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 -	41	
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
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				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**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 instructions )

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
		0.



**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  
ALABAMA, INC.

Employer identification number

63-0753358

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 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 they 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)

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

Name of organization  
**RONALD MCDONALD HOUSE CHARITIES OF ALABAMA, INC.**

Employer identification number  
**63-0753358**

**Part I. Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,772.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 9,878.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 7,698.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 7,634.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 6,188.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6		\$ 5,675.	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  
**RONALD MCDONALD HOUSE CHARITIES OF ALABAMA, INC.**

Employer identification number

**63-0753358**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8		\$ 20,015.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization <b>RONALD MCDONALD HOUSE CHARITIES OF ALABAMA, INC.</b>	Employer identification number <b>63-0753358</b>
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**Part II Noncash Property** (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	VARIOUS ITEMS OF OFFICE FURNITURE, COMPUTER EQUIPMENT AND APPLIANCES.	\$ 20,015.	12/28/01
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
AMSOUTH BOND FUND - 15,800.525 SH	VARIOUS	10/30/01	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	180,600.	179,178.	0.	1,422.
TOTAL TO FM 990, PART I, LN 8	180,600.	179,178.	0.	1,422.

FORM 990                      GAIN (LOSS) FROM SALE OF OTHER ASSETS                      STATEMENT      2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
CAPITAL GAIN DIVIDENDS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	43,374.	0.	0.	0.	43,374.
TO FM 990, PART I, LN 8	43,374.	0.	0.	0.	43,374.

FORM 990                      SPECIAL EVENTS AND ACTIVITIES                      STATEMENT      3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUNDRAISER INCOME	19,164.		19,164.		19,164.
TO FM 990, PART I, LINE 9	19,164.		19,164.		19,164.

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 4

AFFILIATE'S NAME	AFFILIATE'S ADDRESS
RONALD MCDONALD HOUSE CHARITIES - NATIONAL	ONE KROC DRIVE, OAKBROOK, IL 60523
PURPOSE OF PAYMENT	AMOUNT
REMITTANCE TO AFFILIATE BASED ON 25% OF CANISTER DONATIONS	5,536.
TOTAL TO FORM 990, PART I, LINE 16	5,536.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
NET UNREALIZED LOSS ON INVESTMENTS	-78,000.
TOTAL TO FORM 990, PART I, LINE 20	-78,000.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONFERENCE EXPENSE	2,412.	1,206.	1,206.	
DUES & SUBSCRIPTIONS	175.	175.		
INSURANCE	28,571.	28,571.		
MAINTENANCE, GROUNDS	1,732.	1,732.		
MAINTENANCE, BUILDING	18,317.	18,317.		
MISCELLANEOUS EXPENSES	2,440.	2,440.		
PAYROLL SERVICE	1,568.	1,568.		
PEST CONTROL	75.	75.		
SECURITY EXPENSE	34,953.	34,953.		
WASHER & DRYER SERVICE	517.	517.		

INVESTMENT EXPENSES	12,018.	12,018.	
COMPUTER & SOFTWARE			
MAINTENANCE	345.	345.	
TRAINING & DEVELOPMENT	5,676.	5,676.	
BANK SERVICE CHARGES	3,173.	3,173.	
DIRECTOR'S EXPENSE	577.		577.
<b>TOTAL TO FM 990, LN 43</b>	<b>112,549.</b>	<b>110,766.</b>	<b>1,783.</b>

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
B.B./ACADEMIC INSTRUCTION FOR CHILDREN	AMERICAN BASEBALL FOUNDATION	BIRMINGHAM, AL 35205	NONE	1,500.
PRESCHOOL PROG FOR DISABLED CHILDREN	ARC OF WALKER COUNTY	JASPER, AL 35504	NONE	1,000.
VISION/HEALTH CARE-UNINSURED CHILDREN	CAHABA VALLEY HEALTH CARE	BIRMINGHAM, AL 35222	NONE	1,667.
PARTIAL TUITION FOR TWO STUDENTS	CORNERSTONE SCHOOLS	BIRMINGHAM, AL 35212	NONE	1,667.
REACHING FOR THE STARS PROGRAM	CLAY CO. DEPT. OF HUMAN RESOURCES	ASHLAND, AL 36251	NONE	1,000.
VIOLENCE PREV PROG FOR AT-RISK TEENS	GRACE HOUSE	FAIRFIELD, AL 35063	NONE	2,333.
RETREAT FOR FAMILIES ADOPTING	HARDEN HOUSE	JACKSON, MS 39202	NONE	1,000.
CLOTHING FOR IMPOVERISHED CHILDREN	JACKSONVILLE CHRISTIAN OUTREACH CTR	JACKSONVILLE, AL 36265	NONE	1,667.
THERAPY FOR CHILDREN & PARENTS	OASIS	BIRMINGHAM, AL 35205	NONE	1,667.

TRAINING/COUNS KIDS OF HOMELESS WOMEN	PATH	BIRMINGHAM, AL 35203	NONE	833.
COMMUNITY PLAYGROUND	PELL CITY	PELL CITY, AL 35128	NONE	3,333.
TEACHERS READING REMEDICATION	READING RECOVERY - SHELBY COUNTY	VINCENT, AL 35178	NONE	1,733.
SUMMER CAMP TUITION FOR 14 KIDS	SICKLE CELL ASSOC. OF NORTHERN AL	BIRMINGHAM, AL 35218	NONE	2,333.
PROVIDE FREE ART CLASSES TO CHILDREN	STUDIO BY THE TRACKS	IRONDALE, AL 35210	NONE	2,000.
PROVIDE FOR CHILDREN IN DHR CUSTODY	WELDY HOME	WINFIELD, AL 35594	NONE	1,667.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>25,400.</u>

FORM 990	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	VALUATION METHOD	AMOUNT
ENDOWMENT FUND - UNRESTRICTED	MARKET VALUE	714,427.
ENDOWMENT FUND - TEMPORARILY RESTRICTED	MARKET VALUE	392,841.
ENDOWMENT FUND - PERMANENTLY RESTRICTED	MARKET VALUE	531,400.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		<u>1,638,668.</u>

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MAX COOPER 121 SUMMIT PKWY BIRMINGHAM, AL 35209	CHAIRMAN OF THE BOARD 2	0.	0.	0.
AMANDA WILSON 4307 OVERLOOK RD BIRMINGHAM, AL 35222	PRESIDENT 2	0.	0.	0.
MEMILY COLVIN 2717 WATKINS GLEN DR BIRMINGHAM, AL 35216	VICE PRESIDENT 2	0.	0.	0.
SIMS GARRISON 2830 CAHABA RD BIRMINGHAM, AL 35223	TREASURER 2	0.	0.	0.
MATTHEW AIKEN ONE INDEPENDENCE PLAZA, SUITE 322 BIRMINGHAM, AL 35209	SECRETARY 2	0.	0.	0.
ROBERTA SHAPIRO 920 17TH STREET SOUTH BIRMINGHAM, AL 35205	EXECUTIVE DIRECTOR 40	6,771.	0.	577.
TERESA MALTZ 108 CEDAR GROVE BIRMINGHAM, AL 35114	DIRECTOR 40	35,375.	0.	0.
DEBBIE KIKER 121 SUMMIT PK BIRMINGHAM, AL 35209	BOARD MEMBER 2	0.	0.	0.
JAN GILCHRIST 2808 HASTINGS RD BIRMINGHAM, AL 35223	BOARD MEMBER 2	0.	0.	0.
CULLOM WALKER, III 611 DEXTER AVE BIRMINGHAM, AL 35213	BOARD MEMBER 2	0.	0.	0.
ELEANOR BARNES 241 GREEN SPRINGS AVE SW BIRMINGHAM, AL 35211	BOARD MEMBER 2	0.	0.	0.

DENSON FRANKLIN, III 2001 PARK PLACE TOWER, SUITE 1400 BIRMINGHAM, AL 35203	BOARD MEMBER 2	0.	0.	0.
RICK HANNA 204 SOUTH TEMPLE AVE FAYETTE, AL 35555	BOARD MEMBER 2	0.	0.	0.
TODD SHARLEY, JR 420 20TH STREET NORTH, SUITE 2450 BIRMINGHAM, AL 35203	BOARD MEMBER 2	0.	0.	0.
SHIRLEY ROOSEVELT 810 NOAH VALLEY RD JACKSONVILLE, AL 36265	BOARD MEMBER 2	0.	0.	0.
PATRICIA TAYLOR CAPSTONE BLD, 431 OFFICE PK DR, SUITE 100 BIRMINGHAM, AL 35223	BOARD MEMBER 2	0.	0.	0.
LEISHA HARRIS 1100 27TH ST SOUTH #1003 BIRMINGHAM, AL 35205	BOARD MEMBER 2	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>42,146.</u>	<u>0.</u>	<u>577.</u>

FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 10  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE ORGANIZATION PROVIDES A "HOME AWAY FROM HOME" FOR FAMILIES OF SERIOUSLY ILL CHILDREN WHO TRAVEL TO BIRMINGHAM FOR MEDICAL TREATMENT OF A SICK CHILD. THOSE FAMILIES WHO ARE FINANCIALLY ABLE ARE ASKED TO PAY A NOMINAL ROOM RENTAL FEE FOR EACH NIGHT STAY AT THE HOUSE.
103A	SOFT DRINK MACHINES ARE THERE PRIMARILY FOR THE CONVENIENCE OF THE HOUSE GUESTS AND ARE NOT USED AS A MONEY-MAKING VENTURE.
103B	WASHERS & DRYERS ARE THERE PRIMARILY FOR THE CONVENIENCE OF THE HOUSE GUESTS AND ARE NOT USED AS A MONEY-MAKING VENTURE.

PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

**What is the organization’s primary exempt purpose?** Ronald McDonald House Charities of Alabama Inc provides a “home away from home” for families of seriously ill children who must travel to Birmingham for medical treatment. In addition to providing affordable lodging, RMHCA makes grants and contributions to qualified charitable, scientific or educational organizations and programs that, in whole or in part, seek to benefit children through educational programs, programs that meet essential needs of children or that research related to prevention, diagnosis and treatment of health (physical and behavioral) disorders and conditions. The Organization also may undertake other activities that are consistent with applicable laws, the Organization’s bylaws and with the terms of its Licensee Agreement with Ronald McDonald House Charities.

**Describe exempt purpose achievements:**

**Ronald McDonald House Charities of Alabama Programs**

**Ronald McDonald House**

As of Spring 2002, the Ronald McDonald House in Birmingham had housed an estimated 21,000 families of seriously ill children, 1572 families in 2001 alone.

- Guests come from all over Alabama, from throughout the U S and even from Europe and South America. Current guidelines call for guests to
  - Live outside of Jefferson County
  - Have a child (under 18 years of age) who is receiving inpatient care, or intensive outpatient services, at any Birmingham medical facility
  - Pay \$5 per night for the first three weeks of their stay and \$2 per night thereafter. No one is turned away for lack of resources.
  - Serve as “temporary volunteers” and assist with household chores.
- The Birmingham House provides lodging, cooking and laundry facilities, frequent dinners donated by individuals, businesses and community groups, emotional support from other families facing similar challenges, assistance with transportation and donated AT&T phone cards for keeping in touch with home.

**Origin of Ronald McDonald House Guest Families for 2001**

Source	% of Total
<b>Out-of-State/Out of USA</b>	9.3%
Houston County	6.9%
Calhoun	5.5%
Montgomery	4.5%
Lee	3.7%
Lauderdale	3.4%
Tallapoosa	2.9%
Chambers	2.8%
Coffee	2.6%
Marshall	2.5%
Tuscaloosa	2.4%
Talladega	2.2%
Madison	2.1%
Pike	2.0%
Dallas	2.0%
Etowah	2.0%
All Other Alabama Counties	43.3%
	100.0%

## PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (continued)

Annual Statistics RMHC of Alabama	2000	2001
Total Families	1408	1572
• Children's Hospital Patients	841(59%)	930 (59%)
• UAB Patients	567 (41%)	642 (41%)
Number of Patients Who Stayed at House	435	486
Number of Siblings/Other Children Who stay at the house	306	409
Number of Adult Guests	2880	3365

**Community Grants Program**

- Ronald McDonald House Charities makes grants to organizations that serve children from our service area
- *RMHC Global matches local grants on a 2:1 basis*
- In 2001, RMHC Alabama awarded over \$76,000 organizations (*with Global RMHC match funds included*) in grants to 15 non-profit organizations (List included in 990 )

**Other Achievements in 2001**

- Hired first Executive Director in 23 year history of RMHCA
- Initiated census and utilization study to inform decisions about expanding eligibility criteria
- Implemented guest satisfaction and feedback program Overall 90% of guest rate services as "Good" or "Excellent" but suggestions are proving valuable in further improving services
- Initiated programs to improve cleanliness and maintenance of House
- Developed/improved relationships with local healthcare providers, corporations and funders
- Engaged in Board planning process
- Conducted a physical assessment of all facilities and developed schedule/budgets for routine repair and replacement and initiated program to address major deferred maintenance issues Identified an estimated \$1.5 million in unbudgeted routine repair/replacement items that need to be undertaken over the next 20 years, including approximately \$70,000 in work that needs to be accomplished in the next 12 months and \$500,000 in the next 4-5 years
- Analyzed financial performance/projections and concluded that increased fundraising was required to support ongoing operations and facility maintenance and to avoid major operating deficits
- Initiated program to rebuild fundraising capacity/infrastructure, including reinstatement of annual, year-end Board Fundraising campaign and re-developed contact database, plans for three major fundraising events in 2002 and increased grant, pop tab program and other funding
- Initiated a successful expense control program to reduce operating expenses

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FORM 990 - Part IV NET ASSETS

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	<u>12/31/2001</u>
Unrestricted net assets	
Operating	\$ 519,777
Board designated for endowment, capital expenditures and replacement reserve	214,613
Land, building and equipment	<u>909,289</u>
Total unrestricted net assets (Line 67)	1,643,679
Temporarily restricted net assets (Line 68)	392,841
Permanently restricted net assets (Line 69)	<u>531,400</u>
Total net assets (Line 73)	<u>\$ 2,567,920</u>

Ronald McDonald House Chanties  
FIXED ASSET SUMMARY REPORT  
as of 12/31/2001

SYS No	Ext	Fixed Asset Cost					Accumulated Depreciation					Total Accum Depr
		Beginning Cost	(+) Current Year Acquisition	(+) Current Year Trans-In	(-) Current Year/Disp/ Trans-Out	Ending Cost	Prior Accum 30%/179 Expense	(+) Curr YTD 30%/179 Expense	(+) Curr Accum 30%/179 Trans-In	(-) Curr Accum 30%/179/Disp Trans-Out		
<b>Book: Tax FY: December</b>												
000001	000	199613 28	0 00	0 00	0 00	199613 28	199613 28	0 00	0 00	0 00	199613 28	
		Building										
000002	000	17846 44	0 00	0 00	0 00	17846 44	17846 44	0 00	0 00	0 00	17846 44	
		Basement Renovation										
000003	000	3402 10	0 00	0 00	0 00	3402 10	3402 10	0 00	0 00	0 00	3402 10	
		Basement Renovation										
000004	000	1578 77	0 00	0 00	0 00	1578 77	1578 77	0 00	0 00	0 00	1578 77	
		Basement Renovation										
000005	000	179 31	0 00	0 00	0 00	179 31	158 34	11 95	0 00	0 00	170 29	
		Doors										
000006	000	325953 97	0 00	0 00	0 00	325953 97	116412 19	10347 75	0 00	0 00	126759 94	
		Building										
000007	000	4519 40	0 00	0 00	0 00	4519 40	4519 40	0 00	0 00	0 00	4519 40	
		Security System										
000008	000	525 03	0 00	0 00	0 00	525 03	525 03	0 00	0 00	0 00	525 03	
		Washer										
000010	000	853 00	0 00	0 00	0 00	853 00	853 00	0 00	0 00	0 00	853 00	
		Refrigerator										
000011	000	241 00	0 00	0 00	0 00	241 00	241 00	0 00	0 00	0 00	241 00	
		Dryer										
000012	000	285 00	0 00	0 00	0 00	285 00	285 00	0 00	0 00	0 00	285 00	
		Dishwasher										
000013	000	1642 50	0 00	0 00	0 00	1642 50	1642 50	0 00	0 00	0 00	1642 50	
		Air Conditioner										
000017	000	182 36	0 00	0 00	0 00	182 36	182 36	0 00	0 00	0 00	182 36	
		Cookware										
000018	000	197 95	0 00	0 00	0 00	197 95	197 95	0 00	0 00	0 00	197 95	
		Picture (Print)										
000019	000	200 30	0 00	0 00	0 00	200 30	200 30	0 00	0 00	0 00	200 30	
		Brass Wall Lamp										
000020	000	1929 15	0 00	0 00	0 00	1929 15	1929 15	0 00	0 00	0 00	1929 15	
		Bedding										
000021	000	210 00	0 00	0 00	0 00	210 00	210 00	0 00	0 00	0 00	210 00	
		Television										
000023	000	894067 91	0 00	0 00	0 00	894067 91	263726 40	28383 11	0 00	0 00	292109 51	
		Building Addition										
000024	000	2510 23	0 00	0 00	0 00	2510 23	2510 23	0 00	0 00	0 00	2510 23	
		34 Double bed headboards										
000025	000	2224 54	0 00	0 00	0 00	2224 54	2224 54	0 00	0 00	0 00	2224 54	
		21 Pine Nightstands										
000026	000	2037 29	0 00	0 00	0 00	2037 29	2037 29	0 00	0 00	0 00	2037 29	
		18 Pine End tables										
000027	000	101 09	0 00	0 00	0 00	101 09	101 09	0 00	0 00	0 00	101 09	
		21 Drawer pulls for nite										
000028	000	563 36	0 00	0 00	0 00	563 36	563 36	0 00	0 00	0 00	563 36	

Ronald McDonald House Chanties  
FIXED ASSET SUMMARY REPORT  
as of 12/31/2001

SYS No	Ext	Fixed Asset Cost					Accumulated Depreciation					Total Accum Depr
		Beginning Cost	(+) Current Year Acquisition	(+) Current Year Trans-In	(-) Current Year/Disp/ Trans-Out	Ending Cost	Prior Accum 30%/179 Expense	(+) Curr YTD 30%/179 Expense	(+) Curr Accum 30%/179 Trans-In	(-) Curr Accum 30%/179/Disp Trans-Out		
13 Double Arm Swing Lamps												
000029	000	523 77	0 00	0 00	0 00	523 77	523 77	0 00	0 00	0 00	523 77	
22 Brass Table Lamps												
000030	000	27 29	0 00	0 00	0 00	27 29	27 29	0 00	0 00	0 00	27 29	
1 Brass Single Swing Lamp												
000031	000	1908 19	0 00	0 00	0 00	1908 19	1908 19	0 00	0 00	0 00	1908 19	
Vinyl Cobblestone Floorin												
000032	000	442 99	0 00	0 00	0 00	442 99	442 99	0 00	0 00	0 00	442 99	
6 Table bases - Black												
000033	000	130 01	0 00	0 00	0 00	130 01	130 01	0 00	0 00	0 00	130 01	
3 Dble Arm Swing Lamps												
000034	000	340 32	0 00	0 00	0 00	340 32	340 32	0 00	0 00	0 00	340 32	
Arccom Fabric - 10 25 yds												
000035	000	1050 00	0 00	0 00	0 00	1050 00	1050 00	0 00	0 00	0 00	1050 00	
Quilting for 565 yds fab												
000036	000	1330 13	0 00	0 00	0 00	1330 13	1330 13	0 00	0 00	0 00	1330 13	
24 Stacking Chairs												
000038	000	972 00	0 00	0 00	0 00	972 00	972 00	0 00	0 00	0 00	972 00	
Washer & Dryer (Sears)												
000039	000	1707 72	0 00	0 00	0 00	1707 72	1707 72	0 00	0 00	0 00	1707 72	
Appliances (Ala Power)												
000040	000	313 89	0 00	0 00	0 00	313 89	313 89	0 00	0 00	0 00	313 89	
2 Paul Hanson Lamps												
000041	000	199 04	0 00	0 00	0 00	199 04	199 04	0 00	0 00	0 00	199 04	
1 Single Bed Headboard												
000042	000	25 62	0 00	0 00	0 00	25 62	25 62	0 00	0 00	0 00	25 62	
Market Table Lamps												
000043	000	117 43	0 00	0 00	0 00	117 43	117 43	0 00	0 00	0 00	117 43	
4 Single Swing Lamps												
000044	000	624 41	0 00	0 00	0 00	624 41	624 41	0 00	0 00	0 00	624 41	
4 Georgian Chair Rockers												
000045	000	1459 16	0 00	0 00	0 00	1459 16	1459 16	0 00	0 00	0 00	1459 16	
2 Bernhardt Sofa's												
000046	000	1352 82	0 00	0 00	0 00	1352 82	1352 82	0 00	0 00	0 00	1352 82	
4 Berhardt Chairs												
000047	000	654 84	0 00	0 00	0 00	654 84	654 84	0 00	0 00	0 00	654 84	
4 Bernhardt Arm Chairs												
000048	000	368 36	0 00	0 00	0 00	368 36	368 36	0 00	0 00	0 00	368 36	
Bernhardt Side Chairs												
000049	000	1030 38	0 00	0 00	0 00	1030 38	1030 38	0 00	0 00	0 00	1030 38	
2 Kimball Tables Desks												
000050	000	766 46	0 00	0 00	0 00	766 46	766 46	0 00	0 00	0 00	766 46	
Kimball Desk												
000051	000	475 81	0 00	0 00	0 00	475 81	475 81	0 00	0 00	0 00	475 81	
Kimball Left Return												
000052	000	66 16	0 00	0 00	0 00	66 16	66 16	0 00	0 00	0 00	66 16	

Ronald McDonald House Chanties  
FIXED ASSET SUMMARY REPORT  
as of 12/31/2001

SYS No	Ext	Fixed Asset Cost				Accumulated Depreciation					Total Accum Depr	K
		Beginning Cost	(+) Current Year Acquisition	(+) Current Year Trans-In	(-) Current Year/Disp/ Trans-Out	Ending Cost	Prior Accum 30%/179 Expense	(+) Curr YTD 30%/179 Expense	(+) Curr Accum 30%/179 Trans-In	(-) Curr Accum 30%/179/Disp Trans-Out		
Kimball Credenza												
000053	000	300 71	0 00	0 00	0 00	300 71	300 71	0 00	0 00	0 00	300 71	
Nucraft Library Table												
000054	000	434 56	0 00	0 00	0 00	434 56	434 56	0 00	0 00	0 00	434 56	
Nucraft Cocktail Table												
000055	000	1052 07	0 00	0 00	0 00	1052 07	1052 07	0 00	0 00	0 00	1052 07	
4 Nucraft Cylinders												
000056	000	435 85	0 00	0 00	0 00	435 85	435 85	0 00	0 00	0 00	435 85	
Nucraft Cocktail Table												
000057	000	5954 54	0 00	0 00	0 00	5954 54	5954 54	0 00	0 00	0 00	5954 54	
35 Swivel Rockers												
000058	000	170 13	0 00	0 00	0 00	170 13	170 13	0 00	0 00	0 00	170 13	
1 Swivel Rocker												
000059	000	510 39	0 00	0 00	0 00	510 39	510 39	0 00	0 00	0 00	510 39	
3 Swivel Rockers												
000060	000	1124 50	0 00	0 00	0 00	1124 50	1124 50	0 00	0 00	0 00	1124 50	
Arccom Fabric (28 yds)												
000061	000	263 80	0 00	0 00	0 00	263 80	263 80	0 00	0 00	0 00	263 80	
Arccom Fabric (9 2 yds)												
000063	000	2100 00	0 00	0 00	0 00	2100 00	2100 00	0 00	0 00	0 00	2100 00	
Heating Unit												
000064	000	1326 05	0 00	0 00	0 00	1326 05	1326 05	0 00	0 00	0 00	1326 05	
Lockers												
000068	000	10000 00	0 00	0 00	0 00	10000 00	1912 39	256 41	0 00	0 00	2168 80	
New Roof												
000069	000	1808 00	0 00	0 00	0 00	1808 00	1808 00	0 00	0 00	0 00	1808 00	
Benches												
000070	000	215 97	0 00	0 00	0 00	215 97	215 97	0 00	0 00	0 00	215 97	
Television												
000071	000	570 92	0 00	0 00	0 00	570 92	570 92	0 00	0 00	0 00	570 92	
Dishwasher												
000072	000	556 00	0 00	0 00	0 00	556 00	531 19	24 81	0 00	0 00	556 00	
Bathtubs (2)												
000073	000	1324 00	0 00	0 00	0 00	1324 00	1324 00	0 00	0 00	0 00	1324 00	
Refrigerator												
000074	000	429 14	0 00	0 00	0 00	429 14	429 14	0 00	0 00	0 00	429 14	
Vaccum Cleaners (3)												
000075	000	3052 56	0 00	0 00	0 00	3052 56	2916 34	136 22	0 00	0 00	3052 56	
Laboratories (17)												
000076	000	813 54	0 00	0 00	0 00	813 54	777 24	36 30	0 00	0 00	813 54	
Light Fixtures												
000077	000	300 00	0 00	0 00	0 00	300 00	286 61	13 39	0 00	0 00	300 00	
Door Awning												
000078	000	538 92	0 00	0 00	0 00	538 92	538 92	0 00	0 00	0 00	538 92	
Refrigerator												
000079	000	287 60	0 00	0 00	0 00	287 60	274 77	12 83	0 00	0 00	287 60	

Ronald McDonald House Chanties  
FIXED ASSET SUMMARY REPORT  
as of 12/31/2001

SYS No	Ext	Fixed Asset Cost				Ending Cost	Accumulated Depreciation				Total Accum Depr
		(+) Beginning Cost	(+) Current Year Acquisition	(+) Current Year Trans-In	(-) Current Year/Disp/Trans-Out		(+) Prior Accum 30%/179 Expense	(+) Curr YTD 30%/179 Expense	(+) Curr Accum 30%/179 Trans-in	(-) Curr Accum 30%/179/Disp Trans-Out	
Parrish Awning											
000080	000	367 98	0 00	0 00	0 00	367 98	351 56	16 42	0 00	0 00	367 98
Sign											
000081	000	260 30	0 00	0 00	0 00	260 30	248 68	11 62	0 00	0 00	260 30
Bathroom Doors											
000082	000	850 00	0 00	0 00	0 00	850 00	812 07	37 93	0 00	0 00	850 00
Cabinets											
000084	000	2497 00	0 00	0 00	0 00	2497 00	427 12	64 03	0 00	0 00	491 15
A/C Unit for Building											
000085	000	1635 00	0 00	0 00	0 00	1635 00	279 64	41 92	0 00	0 00	321 56
Remodeling											
000086	000	513 00	0 00	0 00	0 00	513 00	513 00	0 00	0 00	0 00	513 00
Refrigerator											
000088	000	9862 00	0 00	0 00	0 00	9862 00	1443 47	252 87	0 00	0 00	1696 34
New fire exit											
000089	000	400 00	0 00	0 00	0 00	400 00	346 45	35 70	0 00	0 00	382 15
Cabinets in Lobby											
000090	000	987 12	0 00	0 00	0 00	987 12	854 98	88 09	0 00	0 00	943 07
Ref , Stove, & Vent											
000091	000	250 00	0 00	0 00	0 00	250 00	216 53	22 31	0 00	0 00	238 84
Installation of Ref,Stove											
000092	000	1242 68	0 00	0 00	0 00	1242 68	1076 32	110 91	0 00	0 00	1187 23
Washer & Dryer											
000093	000	144 00	0 00	0 00	0 00	144 00	124 72	12 85	0 00	0 00	137 57
Light Fixture replaced											
000094	000	7441 80	0 00	0 00	0 00	7441 80	6445 55	664 17	0 00	0 00	7109 72
New Furniture for No wing											
000095	000	598 00	0 00	0 00	0 00	598 00	517 95	53 37	0 00	0 00	571 32
Bed Frames-North wing											
000096	000	450 36	0 00	0 00	0 00	450 36	390 07	40 19	0 00	0 00	430 26
Porta Cribs											
000097	000	1480 00	0 00	0 00	0 00	1480 00	1281 87	132 09	0 00	0 00	1413 96
Re-upholster Lobby Furn											
000098	000	10700 75	0 00	0 00	0 00	10700 75	9268 21	955 03	0 00	0 00	10223 24
Carpet for North wing											
000099	000	938 94	0 00	0 00	0 00	938 94	813 25	83 79	0 00	0 00	897 04
New fixtures North wing											
000100	000	852 28	0 00	0 00	0 00	852 28	738 18	76 07	0 00	0 00	814 25
New porch furniture											
000101	000	494 10	0 00	0 00	0 00	494 10	427 96	44 09	0 00	0 00	472 05
Rollaway beds											
000102	000	269 47	0 00	0 00	0 00	269 47	233 40	24 05	0 00	0 00	257 45
Bath lights North wing											
000103	000	2350 00	0 00	0 00	0 00	2350 00	1825 67	209 73	0 00	0 00	2035 40
Cabinets-laundry room											
000104	000	995 00	0 00	0 00	0 00	995 00	772 99	88 80	0 00	0 00	861 79



August 8, 2002  
12 28 PM

Page 6

Ronald McDonald House Chanties  
**FIXED ASSET SUMMARY REPORT**  
 as of 12/31/2001

SYS No	Ext	Fixed Asset Cost				Ending Cost	Accumulated Depreciation				Total Accum Depr	K
		Beginning Cost	(+) Current Year Acquisition	(+) Current Year Trans-In	(-) Current Year/Disp/Trans-Out		Prior Accum 30%/179 Expense	(+) Curr YTD 30%/179 Expense	(+) Curr Accum 30%/179 Trans-In	(-) Curr Accum 30%/179/Disp Trans-Out		
Landscaping												
000135	000	14956 00	0 00	0 00	0 00	14956 00	8415 48	1868 72	0 00	0 00	10284 20	
Installation of carpet (base & corners)												
000136	000	1901 07	0 00	0 00	0 00	1901 07	54 84	48 75	0 00	0 00	103 59	
Laundry Room Installation - Washer/Dryer												
000137	000	1123 13	0 00	0 00	0 00	1123 13	435 50	196 47	0 00	0 00	631 97	
Workstation for office												
000138	000	350 00	0 00	0 00	0 00	350 00	135 72	61 22	0 00	0 00	196 94	
Paintings for House												
000139	000	1495 00	0 00	0 00	0 00	1495 00	579 69	261 52	0 00	0 00	841 21	
Heat Pump 4A												
000140	000	1640 00	0 00	0 00	0 00	1640 00	635 92	286 88	0 00	0 00	922 80	
AC Unit 2B												
000141	000	20982 00	0 00	0 00	0 00	20982 00	291 42	538 00	0 00	0 00	829 42	
Laundry Room and Board Room Renovations												
000142	000	300 00	0 00	0 00	0 00	300 00	0 96	7 69	0 00	0 00	8 65	
Installation Conference Room Lights												
000143	000	10983 00	0 00	0 00	0 00	10983 00	1569 00	2689 72	0 00	0 00	4258 72	
Commercial Washer/Dryer												
000144	000	14502 01	0 00	0 00	0 00	14502 01	2071 72	3551 51	0 00	0 00	5623 23	
Carpet w/ installation												
000145	000	1108 40	0 00	0 00	0 00	1108 40	158 34	271 45	0 00	0 00	429 79	
Board Room Chairs												
000146	000	0 00	104 97	0 00	0 00	104 97	0 00	15 00	0 00	0 00	15 00	
Bedding-1 Foundation w/ 2 Frames (Room 4A)												
000147	000	0 00	2310 00	0 00	0 00	2310 00	0 00	330 00	0 00	0 00	330 00	
Heat Pump												
000148	000	0 00	3575 03	0 00	0 00	3575 03	0 00	42 02	0 00	0 00	42 02	
Elevator Plan Drawings												
000149	000	0 00	1325 00	0 00	0 00	1325 00	0 00	368 06	0 00	0 00	368 06	
Exceed' Software (RMB)												
000150	000	0 00	500 00	0 00	0 00	500 00	0 00	71 43	0 00	0 00	71 43	
Refrigerator												
000151	000	0 00	400 00	0 00	0 00	400 00	0 00	57 14	0 00	0 00	57 14	
Dishwasher												
000152	000	0 00	85 00	0 00	0 00	85 00	0 00	12 14	0 00	0 00	12 14	
8 Ft Formica Table												
000153	000	0 00	50 00	0 00	0 00	50 00	0 00	7 14	0 00	0 00	7 14	
4 Ft Formica Table												
000154	000	0 00	700 00	0 00	0 00	700 00	0 00	100 00	0 00	0 00	100 00	
Microwaves (2)												
000155	000	0 00	800 00	0 00	0 00	800 00	0 00	114 29	0 00	0 00	114 29	
Upholstered Sofa												
000156	000	0 00	1100 00	0 00	0 00	1100 00	0 00	157 14	0 00	0 00	157 14	
End Tables (4)												
000157	000	0 00	1900 00	0 00	0 00	1900 00	0 00	271 43	0 00	0 00	271 43	

August 8, 2002  
12:28 PM

Page 7

Ronald McDonald House Charities  
**FIXED ASSET SUMMARY REPORT**  
as of 12/31/2001

SYS No	Ext	Fixed Asset Cost				Accumulated Depreciation					Total Accum Depr	K C
		Beginning Year Cost	(+) Current Year Acquisition	(+) Current Year Trans-in	(-) Current Year/Disp/ Trans-Out	Ending Cost	Prior Accum 30%/179 Expense	(+) Curr YTD 30%/179 Expense	(+) Curr Accum 30%/179 Trans-in	(-) Curr Accum 30%/179/Disp Trans-Out		
Chest-of-Drawers (4)												
000158	000	0 00	450 00	0 00	0 00	450 00	0 00	64 29	0 00	0 00	64 29	
Bookcase (2)												
000159	000	0 00	2700 00	0 00	0 00	2700 00	0 00	385 72	0 00	0 00	385 72	
6 Ft Computer Table (3)												
000160	000	0 00	4000 00	0 00	0 00	4000 00	0 00	571 43	0 00	0 00	571 43	
Compaq Computers (4)												
000161	000	0 00	400 00	0 00	0 00	400 00	0 00	57 14	0 00	0 00	57 14	
HP Printer												
000162	000	0 00	200 00	0 00	0 00	200 00	0 00	28 57	0 00	0 00	28 57	
Secretary Desk												
000163	000	0 00	4000 00	0 00	0 00	4000 00	0 00	571 43	0 00	0 00	571 43	
Upholstered Chairs (20)												
000164	000	0 00	500 00	0 00	0 00	500 00	0 00	71 43	0 00	0 00	71 43	
36" Wood Table												
000165	000	0 00	250 00	0 00	0 00	250 00	0 00	35 72	0 00	0 00	35 72	
Tack Boards (2)												
000166	000	0 00	900 00	0 00	0 00	900 00	0 00	128 57	0 00	0 00	128 57	
Desk Return												
000167	000	0 00	900 00	0 00	0 00	900 00	0 00	128 57	0 00	0 00	128 57	
Draw Lateral Cabinet (2)												
000168	000	0 00	50 00	0 00	0 00	50.00	0 00	7 14	0 00	0.00	7 14	
Lamp												
000169	000	0 00	30 00	0 00	0 00	30 00	0 00	4 29	0 00	0 00	4 29	
Vase												
000170	000	0 00	100 00	0 00	0 00	100 00	0 00	14 29	0 00	0 00	14 29	
Chair												
Count= 151												
Grand Total												
		1698778 61	27330 00	0 00	0 00	1726108 61	754322 29	62498 11	0 00	0 00	816820 40	
Less Remaining Values				0 00	0 00				0 00	0 00		
Net		1698778 61	27330 00	0 00	0 00	1726108 61	754322 29	62498 11	0 00	0 00	816820 40	

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization RONALD MCDONALD HOUSE CHARITIES OF ALABAMA, INC.	Employer identification number 63-0753358
File by the due date for filing your return See instructions.	Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 531137	
	City, town or post office, state, and ZIP code For a foreign address, see instructions BIRMINGHAM, AL 35253	

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ if this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15, 2002 to file the exempt organization return for the organization named above The extension is for the organization's return for  calendar year 2001 or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

3a 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 or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due. Subtract line 3b from line 3a. 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 \$ N/A

### 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 Henry J. Buckley, CPA Title Partner, Utman and Buckley LLP Date 5/14/02  
LHA For Paperwork Reduction Act Notice, see instruction Buckley LLP Form 8868 (12-2000)

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

**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)

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
<b>Type or print.</b>	Name of Exempt Organization <b>RONALD MCDONALD HOUSE CHARITIES OF ALABAMA, INC.</b>	Employer identification number <b>63-0753358</b>
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions <b>P.O. BOX 531137</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>BIRMINGHAM, AL 35253</b>	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> 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 organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for **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 NOVEMBER 15, 2002

5 For calendar year 2001, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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  
THE ORGANIZATION REQUEST ADDITIONAL TIME WITHIN WHICH TO ASSIMILATE INFORMATION NECESSARY FOR THE PREPARATION OF A COMPLETE AND ACCURATE FORM 990 RETURN. YOUR FAVORABLE CONSIDERATION OF THIS REQUEST WILL BE GREATLY APPRECIATED.

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 \$ \_\_\_\_\_ **N/A**

**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 *Henry Barclay* Title CHA Date 8/14/02

**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 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 the 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 DEN. UT

Director \_\_\_\_\_ By \_\_\_\_\_

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

<b>Type or print</b>	Name <b>LEHMANN, ULLMAN AND BARCLAY LLP</b>
	Number and street (include suite, room, or apt no.) Or a P O box number <b>2908 CLAIRMONT AVENUE</b>
	City or town, province or state, and country (including postal or ZIP code) <b>BIRMINGHAM, AL 35205</b>

**EXTENSION APPROVED**  
**SEP 09 2002**  
 LINDA WEISKOPF, FIELD DIRECTOR  
 SUBMISSION PROCESSING, OGDEN