

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2002

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 2002 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

Please use IRS label or print or type See Specific Instructions

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

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

**920 17TH STREET SOUTH**

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

**BIRMINGHAM, AL 35205**

**D** Employer identification number

**63-0753358**

**E** Telephone number

**(205) 933-0692**

**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 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 ▶

**G** Web site ▶ **N/A**

**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.

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

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **590,179.**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	<b>186,717.</b>		
	<b>b</b> Indirect public support	<b>1b</b>	<b>2,450.</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>187,242.</b> noncash \$ <b>1,925.</b> )	<b>1d</b>			<b>189,167.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>27,505.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			<b>52,628.</b>
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶ )	<b>7</b>				
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities	<b>8a</b>	<b>78,976.</b>	<b>8d</b>	<b>27,481.</b>
	<b>89,503.</b>				
	(B) Other	<b>8b</b>	<b>50,944.</b>		
	<b>90,054.</b>				
<b>b</b> Less cost or other basis and sales expenses	<b>8c</b>	<b>28,032.</b>			
<b>c</b> Gain or (loss) (attach schedule)					
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>STMT 1</b>	<b>STMT 2</b>			
<b>9</b> Special events and activities (attach schedule)					
<b>a</b> Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	<b>9a</b>	<b>147,067.</b>	<b>9c</b>	<b>117,572.</b>	
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	<b>29,495.</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		<b>SEE STATEMENT 3</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
<b>b</b> Less cost of goods sold	<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>5,333.</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>419,686.</b>	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>398,768.</b>	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>44,679.</b>	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			<b>23,838.</b>	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>	<b>SEE STATEMENT 4</b>		<b>9,624.</b>	
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>476,909.</b>	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<b>-57,223.</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>2,567,920.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>SEE STATEMENT 5</b>		<b>-171,348.</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>2,339,349.</b>	

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LHA For Paperwork Reduction Act Notice, see the separate instructions

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

63-0753358

**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 Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ <b>28,273.</b> noncash \$	22	28,273.	28,273.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors etc	25	101,000.	59,500.	25,250.	16,250.
26 Other salaries and wages	26	58,132.	47,607.	6,220.	4,305.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	11,758.	7,764.	2,421.	1,573.
30 Professional fundraising fees	30				
31 Accounting fees	31	11,874.	11,874.		
32 Legal fees	32				
33 Supplies	33	11,714.	6,260.	5,454.	
34 Telephone	34	13,179.	13,179.		
35 Postage and shipping	35	100.	50.	50.	
36 Occupancy	36	39,966.	39,966.		
37 Equipment rental and maintenance	37	6,341.		4,756.	1,585.
38 Printing and publications	38	3,201.	3,201.		
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	1,680.	1,680.		
42 Depreciation, depletion, etc (attach schedule)	42	60,925.	60,925.		
43 Other expenses not covered above (itemize)					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e <b>SEE STATEMENT 6</b>	43e	119,142.	118,489.	528.	125.
44 <small>Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15</small>	44	467,285.	398,768.	44,679.	23,838.

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? <b>SEE ATTACHED STATEMENT</b>	<b>Program Service Expenses</b> <small>(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)</small>
a <b>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.</b> (Grants and allocations \$ 28,273.)	398,768.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses (should equal line 44, column (B) Program services)</b>	<b>398,768.</b>

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**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	36,322.	45	70,221.
	46 Savings and temporary cash investments	50,943.	46	
	47 a Accounts receivable	12,565.		
	47 b Less allowance for doubtful accounts			
		27,032.	47c	12,565.
	48 a Pledges receivable			
	48 b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees and key employees		50	
	51 a Other notes and loans receivable			
	51 b Less allowance for doubtful accounts		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			
55 b Less accumulated depreciation		55c		
56 Investments - other	SEE STATEMENT 8	1,638,668.	56	1,418,093.
57 a Land, buildings, and equipment basis	57a 1,729,972.			
57 b Less accumulated depreciation	57b 877,745.	909,289.	57c	852,227.
58 Other assets (describe <input type="checkbox"/> )			58	
59 Total assets (add lines 45 through 58) (must equal line 74)		2,662,254.	59	2,353,106.
Liabilities	60 Accounts payable and accrued expenses	30,495.	60	6,133.
	61 Grants payable	25,400.	61	7,500.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64 b Mortgages and other notes payable		64b	
65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9 )		38,439.	65	124.
66 Total liabilities (add lines 60 through 65)		94,334.	66	13,757.
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	1,643,679.	67	1,807,949.
	68 Temporarily restricted	392,841.	68	0.
	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)		2,567,920.	73	2,339,349.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		2,662,254.	74	2,353,106.

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.



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**Part VI Other Information**

		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
78 a	Did the organization have unrelated business gross income 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? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	80a	X
b	If "Yes," enter the name of the organization 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. 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	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?	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 7,357.		
83 a	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
84 a	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? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	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		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	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.
90 a	List the states with which a copy of this return is filed ALABAMA		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 8		
91	The books are in care of SIMS GARRISON Telephone no (205) 802-7203		

Located at 2830 CAHABA ROAD, BIRMINGHAM, ALABAMA

ZIP + 4 35223

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

RONALD MCDONALD HOUSE CHARITIES OF ALABAMA, INC.

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**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a ROOM RENTALS					27,505.
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	52,628.	
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	27,481.	
101 Net income or (loss) from special events			01	117,572.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a SOFT DRINK MACHINE					2,597.
b WASHER & DRYER					2,611.
c NOVELTY ITEMS			01	125.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		197,806.	32,713.
105 Total (add line 104, columns (B), (D), and (E))					230,519.

**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 page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 11

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

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

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

14103 **A. Sims GARRISON - TREASURER**  
 Type or print name and title  
 Date Check if Preparer's SSN or PTIN

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

**2002**

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	

RONALD MCDONALD HOUSE CHARITIES OF

**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 <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		X
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<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 "quality" to receive payments		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 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 5 of the instructions )

RONALD MCDONALD HOUSE CHARITIES OF

Schedule A (Form 990 or 990-EZ) 2002 ALABAMA, INC.

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**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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	171,834.	174,181.	159,895.	246,020.	751,930.
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	35,627.	37,667.	28,381.	27,940.	129,615.
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	66,243.	65,829.	4,997.	6,117.	143,186.
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	273,704.	277,677.	193,273.	280,077.	1,024,731.
24 Line 23 minus line 17	238,077.	240,010.	164,892.	252,137.	895,116.
25 Enter 1% of line 23	2,737.	2,777.	1,933.	2,801.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 17,902.
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b 138,735.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 895,116.
d Add Amounts from column (e) for lines 18 143,186. 19 22 138,735.					26d 281,921.
e Public support (line 26c minus line 26d total)					26e 613,195.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 68.5045%
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					
(2001) (2000) (1999) (1998)					
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					
(2001) (2000) (1999) (1998)					
c Add Amounts from column (e) for lines 15 16 17 20 21					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 1998 through 2001, 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**

**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 )		
_____			
_____			
_____			
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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d	
_____			
_____			
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
_____			
_____			
34 a	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	

RONALD MCDONALD HOUSE CHARITIES OF

Schedule A (Form 990 or 990-EZ) 2002 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 - 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 Over \$17,000,000 \$1 000 000	41	
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 (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
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 11 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	Yes	No	Amount
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 )			0.

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



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

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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
AMSOUTH BOND FUND - 5,877.342 SH	69,000.	69,235.	0.	-235.
AMSOUTH BOND FUND - 1,724.138 SH	20,000.	20,310.	0.	-310.
CITI GROUP - 15 SH	503.	509.	0.	-6.
TO FORM 990, PART I, LINE 8	<u>89,503.</u>	<u>90,054.</u>	<u>0.</u>	<u>-551.</u>

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


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<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
CAPITAL GAIN DIVIDENDS	VARIOUS	VARIOUS	PURCHASED

<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>DEPREC</u>	<u>NET GAIN OR (LOSS)</u>
	28,976.	0.	0.	0.	28,976.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>
CD LASALLE NATL BANK - REDEMPTION	06/19/94	06/19/02	PURCHASED

<u>NAME OF BUYER</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>DEPREC</u>	<u>NET GAIN OR (LOSS)</u>
	50,000.	50,944.	0.	0.	-944.
TO FM 990, PART I, LN 8	78,976.	50,944.	0.	0.	28,032.

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**FORM 990**                      **SPECIAL EVENTS AND ACTIVITIES**                      **STATEMENT**      **3**


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<u>DESCRIPTION OF EVENT</u>	<u>GROSS RECEIPTS</u>	<u>CONTRIBUT. INCLUDED</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FOUNDERS DINNER	77,609.		77,609.	19,182.	58,427.
GOLF TOURNEY	51,630.		51,630.	8,747.	42,883.
YLB EVENT	17,828.		17,828.	1,566.	16,262.
TO FM 990, PART I, LINE 9	147,067.		147,067.	29,495.	117,572.

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 4

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
RONALD MCDONALD HOUSE CHARITIES - NATIONAL	ONE KROC DRIVE, OAKBROOK, IL 60523	
PURPOSE OF PAYMENT		
REMITTANCE TO AFFILIATE BASED ON 25% OF CANISTER DONATIONS		

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
PURPOSE OF PAYMENT		
PAYMENTS TO AFFILIATES		9,624.
TOTAL TO FORM 990, PART I, LINE 16		9,624.

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

DESCRIPTION	AMOUNT
NET UNREALIZED LOSS ON INVESTMENTS	-171,348.
TOTAL TO FORM 990, PART I, LINE 20	-171,348.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES & SUBSCRIPTIONS	397.	397.		
INSURANCE	39,078.	39,078.		
MAINTENANCE, GROUNDS	1,517.	1,517.		
MAINTENANCE, BUILDING	5,403.	5,403.		
MISCELLANEOUS EXPENSES	1,418.	1,418.		
PAYROLL SERVICE	2,140.	2,140.		

PEST CONTROL	235.	235.		
SECURITY EXPENSE	31,680.	31,680.		
WASHER & DRYER SERVICE	1,118.	1,118.		
INVESTMENT EXPENSES	13,384.	13,384.		
COMPUTER & SOFTWARE MAINTENANCE	901.	901.		
TRAINING & DEVELOPMENT	617.	617.		
CONFERENCE EXPENSE	1,056.	528.	528.	
DONOR RECOGNITION MAINTENANCE,	240.	240.		
EQUIPMENT	105.	105.		
EMPLOYEE BENEFIT	425.	425.		
JANITORIAL SERVICES	17,912.	17,912.		
BANK SERVICE CHARGES	1,391.	1,391.		
FUNDRAISING EXPENSES	125.			125.
<b>TOTAL TO FM 990, LN 43</b>	<b>119,142.</b>	<b>118,489.</b>	<b>528.</b>	<b>125.</b>

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PROVIDE IND. COUNSELING & GROUP PROGRAMS	OASIS	1900 14TH AVE SOUTH, BIRMINGHAM, AL 35205	NONE	2,000.
SUPPORT CAMP COLITISCOPE FOR KIDS 8-18	CROHNS & COLITIS FD OF AMERICA, INC	244 GOODWIN CREST DRIVE, SUITE 120, BIRMINGHAM, AL	NONE	2,000.
HOMEWORK PROGRAM FOR 300+ HIGH RISK	BOYS & GIRLS CLUBS OF EAST CENT. AL	PO BOX 2347, ANNISTON, AL 36202	NONE	3,333.
TRAINING OF FIVE TEACHERS INTENSIVE RR	HUNTSVILLE CITY SCHOOLS	2620 BARBARA DRIVE, HUNTSVILLE, AL 35816	NONE	3,333.
REBUILDING 30 YR CHILDREN'S PLAY AREA	CITY OF OXFORD - OXFORD PARK	PO BOX 7670, OXFORD, AL 36203	NONE	900.
UPGRADING AND EXPANSION OF COMPUTER LAB	FAYETTE COUNTY LOCAL EDU ADVANCMNT	PO BOX 187, BERRY, AL 35546	NONE	5,000.
VISION CARE/SCREENING FOR UNINSURED	CAHABA VALLEY HEALTH CARE	4137 CRESCENT ROAD, BIRMINGHAM, AL 35222	NONE	1,667.



FORM 990

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

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DENSON FRANKLIN, III 2001 PARK PLACE TOWER, SUITE 1400 BIRMINGHAM, AL 35203	PRESIDENT/CHAIRMAN 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	65,000.	0.	0.
TERESA MALTZ 108 CEDAR GROVE BIRMINGHAM, AL 35114	DIRECTOR 40	36,000.	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.
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.

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.
MAX COOPER 121 SUMMIT PKWY BIRMINGHAM, AL 35209	BOARD MEMBER 2	0.	0.	0.
AMANDA WILSON 4307 OVERLOOK RD BIRMINGHAM, AL 35222	BOARD MEMBER 2	0.	0.	0.
MEMILY COLVIN 2717 WATKINS GLEN DR BIRMINGHAM, AL 35216	BOARD MEMBER 2	0.	0.	0.
CYNTHIA BARGINERE UAB HOSPITAL BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
NINA BRU AMISTAD MISSIONS BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
DR. ELI CAPILOUTO INTERIM PROVOST, UAB BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
SUZAN DOIDGE SOUTHWEST AIRLINES BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
LORI EWOLDSSEN CHILDREN'S HEALTH SYSTEM BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
WENDY FILLER COMMUNITY FD OF GREATER BIRMINGHAM BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
SUSAN FITZGIBBON BAYER PROPERTIES BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
JACK GROVE STEGALL BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.

RONALD MCDONALD HOUSE CHARITIES OF ALABA

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GREG HODGES HODGES AND ASSOCIATES BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
DANITA JOYNER OWNER/OPERATOR, MCDONALD'S BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
JACKIE MARTINEK BROOKWOOD MEDICAL CENTER BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
J. BURTON MCDONALD REGIONS BANK BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
LOUISE MCPHILLIPS ARCHITECT BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
PATRICIA PRITCHETT UAB HEALTH SYSTEM FOUNDATION BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
BECKY SEAY CIVIC VOLUNTEER BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
ROBERT WASON IV VULCAN MATERIALS COMPANY BIRMINGHAM, ALABAMA	BOARD MEMBER 2	0.	0.	0.
MARIANNE SHARBEL #3 OFFICE PARK CIRCLE BIRMINGHAM, AL 35223	HONORARY MEMBER 2	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		101,000.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 11  
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.

FORM 990 - Part IV, Line 57 Land, Buildings and Equipment

	<u>Basis</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Buildings & Improvements	\$ 1,503,373	\$ 692,603	\$ 810,770
Furniture & Fixtures	173,685	145,152	28,533
Equipment	51,589	39,180	12,409
Computer Software	<u>1,325</u>	<u>810</u>	<u>515</u>
Total to Form 990, Part IV, Line 57	<u>\$ 1,729,972</u>	<u>\$ 877,745</u>	<u>\$ 852,227</u>

Note Depreciation is provided principally by the straight-line method over the estimated useful lives of the related assets

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FORM 990 - Part IV NET ASSETS

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	<u>12/31/2001</u>	<u>12/31/2002</u>
Unrestricted net assets		
Operating	\$ 519,777	\$ 305,722
Board designated for endowment, capital expenditures and replacement reserve	214,613	650,000
Land, building and equipment	<u>909,289</u>	<u>852,227</u>
Total unrestricted net assets (Line 67)	1,643,679	1,807,949
Temporarily restricted net assets (Line 68)	392,841	-
Permanently restricted net assets (Line 69)	<u>531,400</u>	<u>531,400</u>
Total net assets (Line 73)	<u>\$ 2,567,920</u>	<u>\$ 2,339,349</u>

PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

**What is the organization’s primary exempt purpose?** *The primary mission of Ronald McDonald House Charities of Alabama (RMHCA) is to provide a safe, affordable, supportive “home-away-from-home” for sick children and/or their families when they travel to Birmingham for medical care* Alabama has one of the nation’s highest infant mortality rates and one of the highest child death rates In addition, Alabama has a poor, largely rural population and a centralized (in Birmingham) system of pediatric care Therefore, Birmingham’s health facilities serve a large number of children who travel significant distances to receive care Many of these families arrive in Birmingham struggling not only with the emotional stress of caring for a seriously ill child, but also struggling with the financial stress of a child’s illness For a charge of just **\$4-8 per family per night** (less if family circumstances warrant), Ronald McDonald House Charities of Alabama guest families receive services that cost more than \$50 per night to provide Families frequently tell us that were it not for the Ronald McDonald House, they would be sleeping in their cars, hospital lobbies, or worse yet, separated from their sick child

In addition to providing affordable lodging, RMHCA may from time to time also make 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 year-end 200, the Ronald McDonald House in Birmingham had housed an estimated 23,000 families of seriously ill children, 1391 in 2002 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
- 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 and assistance transportation

A “snapshot” of RMHCA’s guests reveals

- In 2002, RMHCA provided 1,391 guest family stays to approximately 3,924 persons (*including 534 children who were the patient necessitating the trip to Birmingham* )
- 53% of guest families had household incomes of less than \$20,000 and 80% had incomes of less than \$40,000 (with an average household size of 4.5 persons)
- 26% are “long-stay” families with stays *ranging from more than a month to over a year*
- 12% of guests are “regulars,” families of youngsters with chronic diseases, (e.g. kidney failure, CP, CF or sickle cell patients) who stay at the House repeatedly, often on a weekly or monthly basis

**Number of people to be served & ethnicity breakdown:** A % breakdown of guest families (1,391 in 2002) followed by selected demographic characteristics (of the child who was the patient necessitating the travel )

Male	Female	White	Black	Other	Patient Age<6yrs	Patient 6-18yrs
60%	40%	51%	32%	17%	71%	29%

**Geographic Region Served:** In 2002, guest families came from all 67 Alabama counties, 8 other states and 4 foreign countries

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

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**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 2002, RMHC Alabama awarded over \$84,000 (*with Global RMHC match funds included*) in grants to 10 non-profit organizations (List included in 990 )

**Other Achievements in 2002**

- Initiated a community wide study of the demand for and supply of temporary housing for families of sick/injured children who travel to Birmingham for care and completed a detailed architectural/physical program assessment of RMHCA's current facilities. The purpose of this exercise was to inform the Board's long term strategic and facilities planning efforts
- Overall 90% of guest rate services as "Good" or "Excellent" but suggestions are proving valuable in further improving services
- Through enhanced development efforts increased donor revenue by approximately 50% in 2002
- Expanded and diversified Board membership
- Began a review of staffing functions that lead to implementation of 24 hour onsite management in early 2002 with minimal increase in expenses
- Enhanced collaborative efforts with area hospitals
- Initiated closer communication with provider based social workers to assure improved guest family services
- Initiated review and revision of all policies and procedures, with an initial focus on House safety and guest services

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.**

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization RONALD MCDONALD HOUSE CHARITIES OF AL, INC.	Employer identification number 63-0753358
	Number, street, and room or suite no. If a PO box, see instructions 920 17TH STREET SOUTH	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions BIRMINGHAM, AL 35205	

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

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

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

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the 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 17, 2003

5 For calendar year 2002, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

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

7 State in detail why you need the extension THE ORGANIZATION REQUEST ADDITIONAL TIME WITHIN WHICH TO ASSIMILATE INFORMATION NECESSARY FOR THE PREPARATION OF A COMPLETE AND ACCURATE FORM 990 RETURN.

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

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 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. Barclay, CPA Title \_\_\_\_\_ Date 8/14/03

**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 a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

**EXTENSION APPROVED**  
 ALLC-2 8 2003  
 LINDA WEISKOPF, FIELD DIRECTOR  
 SUBMISSIONS PROCESSING, OGDEN

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

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

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