

Return of Organization Exempt from Income Tax

2003

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

Department of the Treasury Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning, 2003, 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 CHAR OF GRTR CINTI
Number and street (or P O box if mail is not delivered to street addr) Room/suite: 350 ERKENBRECKER AVE.
City, town or country: CINCINNATI State ZIP code + 4: OH 45229

D Employer identification number: 31-0965333
E Telephone number: (513) 636-7642
F Accounting method: Cash [] Accrual [X] 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 [X]
H (b) If 'Yes,' enter number of affiliates
H (c) Are all affiliates included? Yes [] No []
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No []

G Web site: rmhcincinnati.org

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

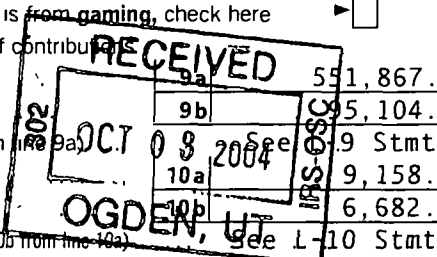
K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Group Exemption Number
M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 2,766,039.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 9 Special events and activities; 10a Gross sales of inventory, less returns and allowances; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED OCT 05 2004

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ 24,999. non-cash \$)	22 24,999.	24,999.		
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25 78,129.	15,626.	23,439.	39,064.
26 Other salaries and wages	26 256,173.	203,072.	29,111.	23,990.
27 Pension plan contributions	27 4,750.	3,750.	375.	625.
28 Other employee benefits	28 14,537.	13,704.	335.	498.
29 Payroll taxes	29 31,995.	21,055.	4,969.	5,971.
30 Professional fundraising fees	30			
31 Accounting fees	31 19,984.	0.	19,984.	0.
32 Legal fees	32			
33 Supplies	33 22,046.	22,046.	0.	0.
34 Telephone	34 14,234.	14,234.	0.	0.
35 Postage and shipping	35 11,210.	1,120.	0.	10,090.
36 Occupancy	36 70,232.	70,232.	0.	0.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 0.	0.	0.	0.
39 Travel	39			
40 Conferences, conventions, and meetings	40 7,642.	7,642.	0.	0.
41 Interest	41 59,402.	59,402.	0.	0.
42 Depreciation, depletion, etc (attach schedule)	42 337,224.	337,224.	0.	0.
43 Other expenses not covered above (itemize):				
a Benner's Fund	43a 368.	368.	0.	0.
b Insurance - car & general	43b 9,187.	9,187.	0.	0.
c Investment Advisor Fee	43c 17,360.	0.	17,360.	0.
d Laundry	43d 12,304.	12,304.	0.	0.
e See Other Expenses Stmt	43e 182,375.	126,484.	18,201.	37,690.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 1,174,151.	942,449.	113,774.	117,928.

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? <input type="checkbox"/> TEMPORARY HOUSING, MAKING GRANTS	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a To provide and maintain housing in a supportive environment for families of hospitalized children at Children's Medical Center and other local hospitals. See Exhibit V attached. (Grants and allocations \$ 0.)	917,450.
b Make grants to organizations which benefit children in the areas of health care and medical research, civic and social services and education and the arts. See Exhibit III. (Grants and allocations \$ 24,999.)	24,999.
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services _____ (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	942,449.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
ASSETS	45 Cash – non-interest-bearing	450.	45	450.
	46 Savings and temporary cash investments	1,432,647.	46	1,568,578.
	47a Accounts receivable	275,808.		
	b Less allowance for doubtful accounts		32,450.	275,808.
	48a Pledges receivable	853,473.		
	b Less allowance for doubtful accounts		1,115,753.	853,473.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less allowance for doubtful accounts			
	52 Inventories for sale or use	0.	52	4,434.
	53 Prepaid expenses and deferred charges	6,554.	53	1,310.
	54 Investments – securities (attach schedule) L-54 Stmt <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	2,844,223.	54	3,014,304.
	55a Investments – land, buildings, & equipment basis			
	b Less accumulated depreciation (attach schedule)			
	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment basis EXHIBIT VI	9,124,633.		
	b Less accumulated depreciation (attach schedule) L-57 Stmt	724,612.	8,647,050.	8,400,021.
	58 Other assets (describe ▶ See Line 58 Stmt)	89,453.	58	86,502.
59 Total assets (add lines 45 through 58) (must equal line 74)	14,168,580.	59	14,204,880.	
LIABILITIES	60 Accounts payable and accrued expenses	79,891.	60	63,450.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	0.
	b Mortgages and other notes payable (attach schedule) L-64b & EXHIBIT VII	5,810,000.	64b	5,490,000.
	65 Other liabilities (describe ▶ See Line 65 Stmt)	1.	65	2.
66 Total liabilities (add lines 60 through 65)	5,889,892.	66	5,553,452.	
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	7,703,638.	67	7,786,861.
	68 Temporarily restricted	78,800.	68	368,317.
	69 Permanently restricted	496,250.	69	496,250.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	8,278,688.	73	8,651,428.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	14,168,580.	74	14,204,880.

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

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	2,182,536.
b	Amounts included on line a but not on line 12, Form 990.		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$ 121,244.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): Discount of Contr. schedule \$ 505,548.		
	Add amounts on lines (1) through (4)	b	626,792.
c	Line a minus line b	c	1,555,744.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,555,744.

a	Total expenses and losses per audited financial statements	a	1,321,547.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 121,244.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	Add amounts on lines (1) through (4)	b	121,244.
c	Line a minus line b	c	1,200,303.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	rounding \$ 1.		
	Add amounts on lines (1) and (2)	d	1.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,200,304.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Board of Directors see attached Exhibit IV	Director	1	0.	0.
Jennifer Goodin 4223 Turrell St, Cincinnati, OH 45223	Exec. Dir	40	78,129.	1,250. 4,077.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If 'Yes,' attach schedule - see instructions

Part VI Other Information (See instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a 0.	
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	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 129,645.	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	N/A	
85b	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.	N/A	
85c	c Dues, assessments, and similar amounts from members	85c N/A	
85d	d Section 62(e) lobbying and political expenditures	85d N/A	
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	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	
86a	86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a N/A	
86b	b Gross receipts, included on line 12, for public use of club facilities	86b N/A	
87a	87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/A	
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	89a 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	89a 0	
89b	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		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.	
90a	90a List the states with which a copy of this return is filed Ohio	90a 13	
90b	b Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b 13	
91	91 The books are in care of: Mimi Richmond Telephone number (513) 636-5591 Located at: 350 Erkenbrecker Ave., Cincinnati OH ZIP + 4 45229	91	
92	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	

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Room Revenues					106,290.
b Vending Income					6,863.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	82,341.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	73,637.	
101 Net income or (loss) from special events			01	456,763.	
102 Gross profit or (loss) from sales of inventory			01	2,476.	
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				615,217.	113,153.
105 Total (add line 104, columns (B), (D), and (E))					728,370.

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

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

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

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

N/A

(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
	%			
	%			
	%			
	%			

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

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

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

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

Please *[Signature]* Date 9/30/04

[Signature]

Date 1/1 Preparer's SSN or PTIN (see

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

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

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization RONALD Mc DONALD HOUSE CHAR OF GRTR CINTI	Employer identification number 31-0965333
------------------------------------------------------------------------------	-----------------------------------------------------

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Jennifer Goodin 4223 Turrill St, Cinti 45223	executive 40	78,129.	1,250.	4,077.

Total number of other employees paid over \$50,000 ▶ **None**

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services ▶ **None**

Part III Statements About Activities (See instructions)

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

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

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)
- 11 a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b** A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,266,290.	1,278,756.	1,385,392.	838,849.	4,769,287.
16 Membership fees received	0.	0.	0.	0.	0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	99,424.	42,242.	38,208.	53,206.	233,080.
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	98,903.	75,308.	96,616.	73,302.	344,129.
19 Net income from unrelated business activities not included in line 18	0.	0.	0.	0.	0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	0.	0.	0.	0.	0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0.	0.	0.	0.	0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	0.	0.	0.	0.	0.
23 Total of lines 15 through 22	1,464,617.	1,396,306.	1,520,216.	965,357.	5,346,496.
24 Line 23 minus line 17	1,365,193.	1,354,064.	1,482,008.	912,151.	5,113,416.
25 Enter 1% of line 23	14,646.	13,963.	15,202.	9,654.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	102,268.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	1,258,566.
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	5,113,416.
d Add: Amounts from column (e) for lines	18 <u>344,129.</u> 19 <u>0.</u>	26d	1,602,695.
	22 <u>0.</u> 26b <u>1,258,566.</u>	26e	3,510,721.
e Public support (line 26c minus line 26d total)		26e	3,510,721.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	68.66 %

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	(2002) _____ (2001) _____ (2000) _____ (1999) _____		
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	(2002) _____ (2001) _____ (2000) _____ (1999) _____		
c Add: Amounts from column (e) for lines:	15 _____ 16 _____	27c	
	17 _____ 20 _____ 21 _____	27d	
d Add: Line 27a total _____ and line 27b total _____		27e	
e Public support (line 27c total minus line 27d total)		27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)		27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to.		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

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

n/a

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

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table – If the amount on line 40 is – 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)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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

Supporting Statement of:

Form 990 p 1/Line 1a

Description	Amount
-------------	--------

Supporting Statement of:

Special Events and Sales of Inventory/Line 9, Direct Expenses-2

Description	Amount
Gala Event Expense	42,075.
Less: donated goods/services	-4,126.
Total	<u>37,949.</u>

Supporting Statement of:

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

Description	Amount
Golf Classic Expenses	57,311.
Less: donated goods/services	-4,173.
Total	<u>53,138.</u>

Supporting Statement of:

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

Description	Amount
Fundraising Expense	6,784.
Less: donated products	-102.
Total	<u>6,682.</u>

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Direct Mail	98,646.	0.	98,646.	0.	98,646.
Gala Event	126,076.	0.	126,076.	37,949.	88,127.
Golf Event	141,297.	0.	141,297.	53,138.	88,159.
Planned Giving	40,101.	0.	40,101.	0.	40,101.
Pop-Tab Income	9,136.	0.	9,136.	4,017.	5,119.
Restaurant canisters	104,611.	0.	104,611.	0.	104,611.
Share-A-Night	32,000.	0.	32,000.	0.	32,000.
Total	<u>551,867.</u>	<u>0.</u>	<u>551,867.</u>	<u>95,104.</u>	<u>456,763.</u>

Form 990, Page 1, Part I, Line 10

Gross Sales of Inventory Statement

Description	Gross Sales Less: Returns and Allowances	Less: Cost of Goods Sold	Gross Profit (Loss)
clothing, etc.	9,158.	6,682.	2,476.
Total	<u>9,158.</u>	<u>6,682.</u>	<u>2,476.</u>

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize).	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Office Supplies	15,519.	0.	15,519.	0.
Publications	78,823.	38,451.	2,682.	37,690.
Property Upkeep & Repair	58,988.	58,988.	0.	0.
Auto Expense	3,228.	3,228.	0.	0.
Bank Service Charges	11,719.	11,719.	0.	0.
Miscellaneous Expense	368.	368.	0.	0.
Garden Project	13,730.	13,730.	0.	0.
Total	<u>182,375.</u>	<u>126,484.</u>	<u>18,201.</u>	<u>37,690.</u>

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
5/3rd-Invest-Com'l. Paper	54,654.	83,375.
Putnam Asset Allocation	25,899.	26,460.
U.S. Treasuries and Agency Obligations	483,939.	734,681.
Corporate Debt Securities - Public	436,947.	422,376.
Domestic Common Stock - Public	1,842,784.	1,747,412.

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

Continued

Line 54 – Investments - Securities:	Beginning of Year	End of Year
Total	<u>2,844,223.</u>	<u>3,014,304.</u>

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

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Accum. Depr.-Building	7,370,691.	422,732.	6,947,959.
Accum. Depr.-Furn/Fixture	537,837.	285,151.	252,686.
Accum. Depr.-Automobiles	16,729.	16,729.	0.
Land	1,199,376.	0.	1,199,376.
Total	<u>9,124,633.</u>	<u>724,612.</u>	<u>8,400,021.</u>

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

Line 58 - Other Assets:	Beginning of Year	End of Year
Accrued Interest/Dividend	15,136.	17,364.
Deposit-BWC	138.	138.
Letter of Credit Fee	18,175.	17,484.
Unamortized Bond Expenses	56,004.	51,516.
Total	<u>89,453.</u>	<u>86,502.</u>

Form 990, Page 3, Part IV, Line 65
Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
ROUNDING	1.	2.
Total	<u>1.</u>	<u>2.</u>

Supporting Statement of:

Form 990 p 2/Line 26 column (B)

Description	Amount
Management Salaries	334,302.
Less: G&A	-29,111.
Less: Fund Raising	-23,990.
Less: Director compensation	-78,129.
Total	<u>203,072.</u>

Supporting Statement of:

Form 990 p 2/Line 27 column (B)

Description	Amount
Employee Benefits-403(b)	4,750.
Less: G&A	-375.
Less: Fund Raising	-625.
Total	<u>3,750.</u>

Supporting Statement of:

Form 990 p 2/Line 28 column (B)

Description	Amount
Benefits	14,537.
Less: G&A	-335.
Less: Fund Raising	-498.
Total	<u>13,704.</u>

Supporting Statement of:

Form 990 p 2/Line 29 column (B)

Description	Amount
Payroll Taxes	31,995.
Less: G&A	-4,969.
Less: Fund Raising	-5,971.
Total	<u>21,055.</u>

Supporting Statement of:

Form 990 p 2/Line 31 column (C)

Description	Amount
Professional Services	27,084.
Less: donated services	-7,100.
Total	<u>19,984.</u>

Supporting Statement of:

Form 990 p 2/Line 33 column (B)

Description	Amount
Merchandise Costs	6,608.
House Supplies	31,099.
Food & Beverages	22,418.
Minor Household Purchases	43,331.
Less: donated food & beverage	-18,154.
Less: donated house supplies	-23,156.
Less: donated household purchases	-40,100.
Total	<u>22,046.</u>

Supporting Statement of:

Form 990 p 2/Line 34 column (B)

Description	Amount
Telephone	16,681.
Less: Donated services	-2,447.
Total	<u>14,234.</u>

Supporting Statement of:

Form 990 p 2/Line 35 column (B)

Description	Amount
Postage	11,211.
Less: Fund Raising rounding	-10,090. -1.
Total	<u>1,120.</u>

Supporting Statement of:

Form 990 p 2/Line 36 column (B)

Description	Amount
Utilities	61,476.
Water & Sewage	8,756.
Warner Cable	492.
Less: donated cable service	-492.
Total	<u>70,232.</u>

Supporting Statement of:

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

Description	Amount
Insurance - car & general	13,387.
Less: donated services	-4,200.
Total	<u>9,187.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (C)-5

Description	Amount
Office Supplies	16,095.
Less: donated supplies	-576.
Total	<u>15,519.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-6

Description	Amount
Board Functions	2,682.
Volunteer Services	10,579.
Public Relations	5,410.
Teacher Program	14,108.
Theatre Program	5,232.
Executive Director Budget	4,077.
Resident Manager's Budget	3,531.
Staff Development	2,918.
Carter Fund	57.
Less: G&A	-2,682.
Less: Fund Raising	-2,038.
Less: donated Resident Mgr budget	-826.

Continued

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-6

Description	Amount
Less: donation to teacher program	-675.
Less: donated public relations	-3,922.
Total	<u>38,451.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (D)-6

Description	Amount
Share a Night/Direct Mail	23,331.
Publications	12,321.
Plus: from Program	2,038.
Total	<u>37,690.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-7

Description	Amount
Property Upkeep & Repair	76,233.
Less: donated repairs	-17,245.
Total	<u>58,988.</u>

Supporting Statement of:

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

Description	Amount
Garden Project	16,080.
Less: donated products/services	-2,350.
Total	<u>13,730.</u>

Supporting Statement of:

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

Description	Amount
L-68 STATEMENT PART IV PAGE 3 TEMPORARILY RESTRICTED	
Computers	1,177.
Transportation assistance	241.
Emergency financial assistance	4,106.
Garden	50,000.
Teacher	10,173.
Theater	13,103.
Total	<u>78,800.</u>

Supporting Statement of:

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

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

Supporting Statement of:

Form 990 p 3/Line 46, column (B)

Description	Amount
5/3rd Checking-General	508,716.
5/3rd Checking-House	929.
Capital Campaign Fund	1,058,933.
Total	<u>1,568,578.</u>

Supporting Statement of:

Form 990 p 3/Line 47a

Description	Amount
Accounts Receivable	17,475.
Remainder Trust Receivabl	258,333.

Continued

Supporting Statement of:

Form 990 p 3/Line 47a

Description	Amount
Total	<u>275,808.</u>

Supporting Statement of:

Form 990 p 3/Line 48a

Description	Amount
Pledges Receivable	906,898.
Pledges Receivable - Othe	38,450.
Discount of Pledges (NPV)	-91,875.
Total	<u>853,473.</u>

Supporting Statement of:

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

Description	Amount
Bond Debt	5,490,000.
County of Hamilton, Ohio Adjustable Rate Demand Healthcare Facilities Revenue Bonds, Series 2000	
a) to build a 48-unit guest residence	
b) outstanding amount: \$5,490,000	
c) unexpended proceeds: \$-0-	
d) space used by a third party: 0%	
e) maturity date: May 1, 2015	
f) annual principal payments due each May 1	
g) interest is paid monthly, rate was 1.3% at 12-31-03	
h) secured by house and land	
Total	<u>5,490,000.</u>

Supporting Statement of:

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

Description	Amount
L-68 STATEMENT PART IV PAGE 3 TEMPORARILY RESTRICTED	
Theater	8,120.
Teacher	8,960.
Garden	76,860.
Computers	1,177.

Continued

Supporting Statement of:

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

Description	Amount
Security	944.
Transportation assistance	185.
Emergency financial assistance	3,738.
Remainder trust (Kroc)	258,333.
Development director	10,000.
Total	<u>368,317.</u>

Supporting Statement of:

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

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

Supporting Statement of:

Form 990 p 4/Part IV-A, Line b(2)

Description	Amount
Donated Goods and Services	129,645.
Less: Direct Costs and Merchandise Costs	-8,401.
Total	<u>121,244.</u>

Supporting Statement of:

Form 990 p 4/Part IV-A, Line b(4)

Description	Amount
Discount of Contributions	17,300.
Change in unrealized gain on investments	488,248.
Total	<u>505,548.</u>

Supporting Statement of:

Form 990 p 4/Part IV-B, Line b(1)

Description	Amount
Donated goods and services	129,645.
Less: direct costs and merchandise costs	-8,401.
Total	<u>121,244.</u>

Supporting Statement of:

Form 990 p 6/Line 96(D)

Description	Amount
Interest/Dividend Income-	69,280.
Interest/Dividend Income-Temp. Restricted	13,061.
Total	<u>82,341.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 15-d

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

Ronald McDonald House Charities of Greater Cincinnati House Highlights -- 2003

Total families served 1,257
 Average room occupancy rate 96 %
 Average length of stay 13 days
 Geographic area served 111 Ohio cities, 30 other states, 10 other countries

Most Frequent Medical Problems Served

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

Economics

Actual daily cost of providing a room \$76.00
 Amount families are asked to contribute per day (2003 rate, 2004 request is \$20/night) \$15.00
 Average amount families paid per day (room contributions totaled 8% of revenues) \$ 6.61
 Total annual budget (including debt service on new House) \$1,314,000
 Operating revenue from McDonald's owners and customers 7 %

Fast Facts

Ronald McDonald House is a "home away from home" for families of children hospitalized at Cincinnati Children's Hospital Medical Center. Our House has 48 bedrooms with private baths as well as several living rooms, indoor and outdoor play areas, a large kitchen & dining room, laundry facilities, a meditation room, an exercise room, arts and crafts room, a classroom and a family theater.

Cincinnati's Ronald McDonald House opened in 1982 as Children's Family Home and has served over 15,000 families. Today we are one of 234 Ronald McDonald Houses in 23 countries. Cincinnati's House is the fifth largest in the world and the largest to serve a single hospital.

Our House is staffed 24 hours a day, 365 days a year by eight full-time staff, 11 part-time staff and over 300 dedicated volunteers. Group volunteers also help by making home-cooked meals for our families and doing special projects.

Your help is vital to providing a supportive home for families with critically ill children. When you create or change your will, please consider leaving a charitable bequest to Ronald McDonald House Charities of Greater Cincinnati. We also gratefully accept gifts of cash, stock, property and life insurance. Please call Tracy Carl or Jennifer Goodin with any questions. We greatly appreciate your interest and support!

**Ronald McDonald House ♥ 350 Erkenbrecher Ave. ♥ Cincinnati, OH 45229
 (513) 636-RMHC (7642) ♥ email jlgoodin@fuse.net ♥ www.rmhcincinnati.org**

2003 FORM 990
 PART III, LINE A
 EXHIBIT I

RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI, INC.

FORM 990, page 2, Part III, b

SCHEDULE OF GRANTS MADE IN 2003.

NAME	LOCATION	AMOUNT	PURPOSE
Loveland Shalom Initiative	Loveland, OH	\$420	The Cool School
Madcap Puppet Theater	Cincinnati, OH	2,845	While You Were Sleeping
Cincinnati Childrens Hospital Medical Center	Cincinnati, OH	1,667	Camp Hopeful Hearts
The Childrens Theater	Cincinnati, OH	334	Harriet Dreaming
YWCA	Cincinnati, OH	1,667	Battered Women's Shelter Childcare Center
Talbert House	Cincinnati, OH	1,727	Childreach
Crohn's and Colitis Foundation of America	Cincinnati, OH	1,583	Camp Independence
Three Square Music Foundation	Cincinnati, OH	1,667	Purchase of instruments
Kids Helping Kids	Cincinnati, OH	2,000	Operation HVAC
ProKids	Cincinnati, OH	1,850	Encouraging community involvement
The Carnegie	Cincinnati, OH	1,333	ArtStop
Youth Incorporated	Cincinnati, OH	500	The Stay Center
Bethany House Services	Cincinnati, OH	1,016	Child/Parent Connection Program
North Pointe Elementary School	Hebron, KY	3,233	Fast Forward Reading Literacy Program
Sorg Opera Co.	Middletown, OH	483	Open dress rehearsal program
Boys & Girls Club of Greater Cincinnati	Cincinnati, OH	<u>2,674</u>	Teen Center Project
Total		\$24,999	

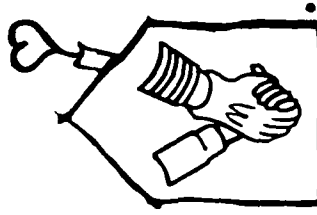
2003 Form 990
 PART III line b
 EXHIBIT II

General Guidelines

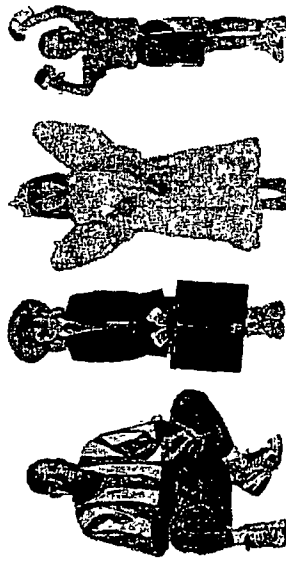
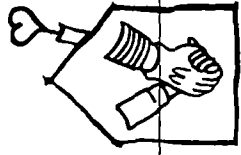
- RMHC makes grants to organizations that provide programs for children and their families in the greater Cincinnati area.
 - Our areas of concentration are health and safety, arts and culture, education and civic and social services.
 - RMHC considers grants designed for capital and program needs. RMHC does not fund salaries or provide continuing support of operational costs.
 - Grants will only be made to not-for-profit, charitable organizations as described in Section 501 (c)(3) of the Internal Revenue Code.
 - Generally, RMHC of Greater Cincinnati awards grants from \$500 to \$10,000. Funded organizations must wait at least two years before applying for another RMHC grant.
 - A representative of RMHC may contact the applicant to discuss the grant request.
 - RMHC wishes to expand awareness of our grantmaking opportunity and requests that grant recipients acknowledge RMHC in their publicity efforts.
- If you have any questions about the Ronald McDonald House Charities grant application process, please call Tracy Carl at (513) 636-7642 during regular business hours or e-mail tcarl@fuse.net.

Ronald McDonald House Charities
of Greater Cincinnati

350 Erkenbrecher Avenue
Cincinnati, Ohio 45229
Phone: (513) 636-7642
Fax: (513) 636-4887
e-mail: tcarl@fuse.net



Ronald McDonald House Charities Grantmaking Program



Ronald McDonald House Charities awards grants to not-for-profit organizations serving children through a portion of donations from McDonald's customers and Global Ronald McDonald House Charities' matching funds.

History

Ronald McDonald House is a "home away from home" for families who must travel hundreds, sometimes thousands, of miles outside of their own community to seek medical treatment for a child. Twenty-four hours a day, 365 days a year, each of the 216 Ronald McDonald Houses worldwide offers a refuge to parents with seriously ill children.

The first House, which opened in Philadelphia in 1974, was inspired by a young leukemia patient whose parent believed there had to be a better way than spending lonely, anxious nights in a hospital waiting room far from home.

In 1982, the Ronald McDonald House of Greater Cincinnati opened its doors to families seeking health and hope for their children at the prestigious Cincinnati Children's Hospital Medical Center. Each year our House helps care for over 900 families from throughout Ohio, across the United States and around the world.

After the early success and growth of our housing program, Ronald McDonald House merged in 1996 with Ronald McDonald Children's Charities to become Ronald McDonald House Charities.

Together with local McDonald's owner/operators, we reach out to meet even more needs in the community while continuing to support the House as the cornerstone program. Grants are awarded to not-for-profit organizations serving children through a portion of donations from McDonald's customers and Global Ronald McDonald House Charities' matching funds.

Philosophy

Because the focus of Ronald McDonald House Charities (RMHC) is the welfare of children, grants are awarded to not-for-profit organizations that help children in the Greater Cincinnati area.

Through this funding it is our hope that children will live happier, healthier, more productive lives and that Greater Cincinnati will be a safe and friendly environment for families and children.

The areas of concentration are:

- Health and safety
- Arts and culture
- Education
- Civic and social services

RMHC seeks to expand awareness of its mission and purpose through funding diverse grants to a wide variety of organizations. In order to increase knowledge of the RMHC grant giving process, organizations are requested to acknowledge RMHC in their implementation of grants.

RMHC does NOT fund:

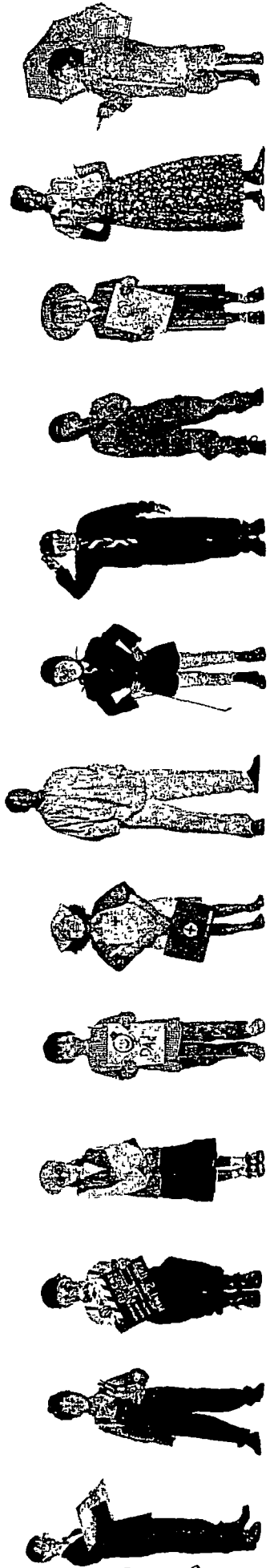
- Partisan, political or denominational programs
- General and administrative costs
- Salaries or travel expenses
- Intermediary funding agencies
- Requests that do not follow the outlined process

Application Process

To be considered for funding, obtain a grant application by calling Tracy Carl at (513) 636-7642, visiting our web site at www.rmhcincinnati.org or writing to Grants Committee, Ronald McDonald House, 350 Erkenbrecher Avenue, Cincinnati, Ohio 45229.

Helpful hints for your application:

1. Submit a cover letter explaining the background of the organization and nature of the grant proposal along with two copies of the completed grant application.
2. The RMHC checklist must be included with the application. Incomplete packets will be returned.
3. The individual submitting the grant must be authorized to do so on behalf of the charitable organization.
4. The grant committee meets four times a year and reviews all grants received at least three weeks prior to each meeting. For a schedule of deadlines, contact Tracy Carl at (513) 636-7642.
5. The applicant will be notified of the committee's decision by mail within six weeks of the application deadline.
6. Within one year of funding, recipients are expected to share results of their program and evidence of grant spending.



Additional Information

Form 990, page 4, Part V

Schedule of Directors:

Anderson, David	3333 Burnett Ave. ML5007, Cincinnati, OH 45229
Bauer, Charles	811 Carriage Hill Lane, Hamilton, OH 45013
Boothe, Leon E.	NKU, Dept of History, LA430, Highland Hts, KY 41099
Carlisle, Robert W.	936 Squire Oaks Drive, Villa Hills, KY 41017
Corbett, Dorothy	312 Walnut St., Cincinnati, OH 45202
Haffner, Paul	47 Arcadia Place, Cincinnati, OH 45208
Heitzman, Judd	7405 Demar Road, Cincinnati, OH 45243
Ison, Pam	11327 Springfield Pike, Cincinnati, OH 45246
Klosterman, Chip,	4760 Paddock Rd., Cincinnati, OH 45229
Koncius, Algis, chairman	4340 Willow Hills Ln., Cincinnati, OH 45243
McEnery, Paul, M.D., secy.	1075 Sunny Slope, Cincinnati, OH 45229
McQuade, Kinnard	2401 Ingleside, Cincinnati, OH 45206
Nadel, Norbert A.	1000 Main St., Room 560, Cincinnati, OH 45202
Noday, Gloria	858 Country Club Dr., Cincinnati, OH 45245
Ott, Ronald	3777 Monet's Lane, Cinti, OH 45241
Owens, O'Dell, Dr.	3849 Washington Ave, Cincinnati, OH 45229
Rhein, Marilyn S.	8200 Kroger Farm Lane, Cincinnati, OH 45243
Ryckman, Sue, RN, MSN, CPNP	8506 Tennyson Ct., West Chester, OH 45069
Sanger, Carol A.	7 West Seventh St., Cincinnati, OH 45202
Sewell, Michael, treasurer	250 E. Fifth Street, Cincinnati, OH 45202
Smitherman, Barbara	1002 Redway Ave., Cincinnati, OH 45229
Sutphin, Richard H.	RDSC, LLC, 300 Main St, Cincinnati, OH 45202
Thompson, Gary	4665 Interstate Drive, Cincinnati, OH 45246
Vance, Sara	8430 Willow Run Court, Cincinnati, OH 45243
Ware, Myron	4904 Magnolia Ct., Mason, OH 45040
Weinstein, Barry	11050 Woodlands Way, Cincinnati, OH 45241
Welge, Hal	3362 Fiddlers Green, Cincinnati, OH 45248
Wharton, Paula B.	5/3rd Center, MD 1090HB, Cincinnati, OH 45263
Wymore, Donna	644 Linn St., Suite 802, Cincinnati, OH 45203

Additional Information

Form 990, page 6, Part VIII

Lines 93a and 93b - The organization operates a home-away-from-home for families of children who come to the medical facilities in Cincinnati, Ohio for diagnosis and treatment. The Ronald McDonald House offers safe and inexpensive residential accommodations next door to Children's Medical Center and is also near the Shriners' Hospitals for Children, The Christ Hospital and University Hospital. These hospitals care for patients from around the world and any family is welcome to stay. These fees represent the de minimis room rate donated by the families. The families are not excluded due to their inability to pay some or all of the de minimis room rate. The excess program expenses over program revenue is funded by contributions and fund raising activities. In November, 2001, a new facility opened which doubled the number of rooms available to 48 bedrooms as well as providing common living areas for the families. The average occupancy rate for 2003 was 96% and the new, expanded House has greatly reduced the waiting list experienced in prior years to an average wait of 1.5 days.

2003 FORM 990
PART III LINE A
PART VIII LINE 93a + 93b
EXHIBIT II

Depreciation Expense

01/01/2003 - 12/31/2003

System No	S	Description	Date In Service	Method / Conv	Life	Cost / Other Basis	Bus / Inv %	Sec 179/ Bonus Adj	Salvage/ Basis	Beg Accum Depreciation	Current Depreciation	Total Depreciation
1	D	1997 DODGE C	1/31/1997	M / HY	5	16,729 00	100 0000	0 00	0 00	16,535 00	194 00	16,729 00
		Subtotal: AUTO				16,729 00				16,535 00	194 00	16,729 00
		Less dispositions and exchanges				0 00				0 00	0 00	0 00
		Net for AUTO				16,729 00				16,535 00	194 00	16,729 00
		BUIL										
2		BUILDING	10/29/2001	MSL / MM	39	7,256,770 00	100 0000	0 00	0 00	224,835 83	186,071 03	410,906 86
3		LANDSCAPIN	10/29/2001	M / MQ	15	28,528 00	100 0000	0 00	0 00	3,173 74	2,535 43	5,709 17
4		FENCE-DECOR	10/29/2001	M / MQ	15	21,634 00	100 0000	0 00	0 00	2,406 79	1,922 72	4,329 51
106		CONSTRUCT O	12/15/2002	SL / N/A	39	5,744 00	100 0000	0 00	0 00	12 27	147 28	159 55
107		SECURITY FEN	7/31/2002	SL / N/A	39	17,768 00	100 0000	0 00	0 00	189 83	455 59	645 42
108		ELECTRICAL W	5/31/2002	SL / N/A	39	2,455 00	100 0000	0 00	0 00	36 72	62 95	99 67
109		PAYNE FIRM	9/9/2002	SL / N/A	39	13,530 00	100 0000	0 00	0 00	115 64	346 92	462 56
110		INSTALLATIO	1/15/2003	MSL / MM	39	4,735 00	100 0000	0 00	0 00	0 00	116 35	116 35
111		INSTALLATIO	1/15/2003	MSL / MM	39	2,788 00	100 0000	0 00	0 00	0 00	68 51	68 51
113		ELECTRICAL W	4/2/2003	MSL / MM	39	485 00	100 0000	0 00	0 00	0 00	8 81	8 81
118		STORAGE BUI	6/25/2003	MSL / MM	39	16,254 00	100 0000	0 00	0 00	0 00	225 75	225 75
		Subtotal: BUIL				7,370,691 00				230,770 82	191,961 34	422,732 16
		Less dispositions and exchanges				0 00				0 00	0 00	0 00
		Net for BUIL				7,370,691 00				230,770 82	191,961 34	422,732 16
		FURN										
5		REFRIGERATO	6/15/1994	MSL / HY	5	1,699 00	100 0000	0 00	0 00	1,699 00	0 00	1,699 00
6		WASHER & DR	7/15/1994	MSL / HY	5	3,415 00	100 0000	0 00	0 00	3,415 00	0 00	3,415 00
7		INSTALL WASHE	7/15/1994	MSL / HY	5	1,175 00	100 0000	0 00	0 00	1,175 00	0 00	1,175 00
8		CHERRY COFF	2/7/1995	M / HY	7	1,069 00	100 0000	0 00	0 00	1,069 00	0 00	1,069 00
9		DESK - LEGAC	3/9/1995	M / HY	7	1,017 00	100 0000	0 00	0 00	1,017 00	0 00	1,017 00
10		PATIO FURNTU	9/11/1995	M / HY	7	3,138 00	100 0000	0 00	0 00	3,138 00	0 00	3,138 00
11		R MCDONAL	5/6/1996	M / HY	7	1,725 00	100 0000	0 00	0 00	1,648 00	77 00	1,725 00
12		WALL ARTWOR	5/31/1996	M / HY	7	3,213 00	100 0000	0 00	0 00	3,070 00	143 00	3,213 00
13		WALL ARTWOR	7/1/1996	M / HY	7	1,536 00	100 0000	0 00	0 00	1,468 00	68 00	1,536 00
14		LOUNGE CHAI	12/1/1996	M / HY	7	2,662 00	100 0000	0 00	0 00	2,543 00	119 00	2,662 00
15		PLAYGROUN	3/6/1998	M / HY	7	11,107 00	100 0000	0 00	0 00	8,629 00	991 20	9,620 20
16		COMPUS8171	5/8/1998	M / HY	5	2,018 00	100 0000	0 00	0 00	1,902 00	116 00	2,018 00
17		COMPUS8172	5/8/1998	M / HY	5	2,018 00	100 0000	0 00	0 00	1,902 00	116 00	2,018 00
18		COMPUS8172	5/8/1998	M / HY	5	2,018 00	100 0000	0 00	0 00	1,902 00	116 00	2,018 00
19		COMPUS8172	5/8/1998	M / HY	5	2,018 00	100 0000	0 00	0 00	1,902 00	116 00	2,018 00
20		LASERJET USM	5/8/1998	M / HY	5	1,239 00	100 0000	0 00	0 00	1,168 00	71 00	1,239 00
21		LASERJET USM	5/8/1998	M / HY	5	1,239 00	100 0000	0 00	0 00	1,168 00	71 00	1,239 00
22		MICROWAVE	10/29/2001	M / MQ	7	600 00	100 0000	0 00	0 00	1,168 00	71 00	1,239 00
23		100 BEDSPREAD	10/29/2001	M / MQ	7	8,302 00	100 0000	0 00	0 00	186 74	118 07	304 81
24		PLAYGROUN	10/29/2001	M / MQ	7	5,000 00	100 0000	0 00	0 00	2,584 00	1,633 71	4,217 71
25		PHONE SYSTE	10/29/2001	M / MQ	7	55,750 00	100 0000	0 00	0 00	1,556 00	984 00	2,540 00
		Subtotal: FURN				17,350 76				17,350 76	10,971 21	28,321 97

EXHIBIT VI

Depreciation Expense

Federal

01/01/2003 - 12/31/2003

System No.	S	Description	Date in Service	Method / Conv	Life	Cost / Other Basis	Bus / Inv %	Sec 179/Bonus	Salvage/Basis Adj	Depreciation	Current Depreciation	Total Depreciation
26		REFRIGERATO	10/29/2001	M / MQ	7 0000	9,060 00	100 0000	0 00	0 00	2,819 69	1,782 95	4,602 64
27		STOVES (5), DI	10/29/2001	M / MQ	7 0000	14,525 00	100 0000	0 00	0 00	4,520 54	2,858 42	7,378 96
28		STOVE CARTR	10/29/2001	M / MQ	7 0000	870 00	100 0000	0 00	0 00	270 76	171 21	441 97
29		COMMERCIA	10/29/2001	M / MQ	7 0000	15,200 00	100 0000	0 00	0 00	4,730 61	2,991 25	7,721 86
30		MISC FURN &	10/29/2001	M / MQ	7 0000	44,646 00	100 0000	0 00	0 00	13,895 00	8,786 00	22,681 00
32		MALTON GALL	10/29/2001	M / MQ	7 0000	11,525 00	100 0000	0 00	0 00	3,586 86	2,268 04	5,854 90
33		MALTON GALL	10/29/2001	M / MQ	7 0000	8,900 00	100 0000	0 00	0 00	2,769 90	1,751 46	4,521 36
34		THE KILN-BATH	10/29/2001	M / MQ	7 0000	1,500 00	100 0000	0 00	0 00	466 84	295 19	762 03
35		SCHOTT MONU	10/29/2001	M / MQ	7 0000	2,905 00	100 0000	0 00	0 00	904 11	571 68	1,475 79
36		ARTETRA DES	10/29/2001	M / MQ	7 0000	4,870 00	100 0000	0 00	0 00	1,515 66	958 38	2,474 04
37		MIDDENDOR	10/29/2001	M / MQ	7 0000	2,174 00	100 0000	0 00	0 00	676 60	427 83	1,104 43
38		QUEEN CITY S	10/29/2001	M / MQ	7 0000	5,415 00	100 0000	0 00	0 00	1,685 28	1,065 63	2,750 91
39		MICHAELS/HO	10/29/2001	M / MQ	7 0000	5,104 00	100 0000	0 00	0 00	1,588 49	1,004 43	2,592 92
40		FRAME & SAVE	10/29/2001	M / MQ	7 0000	362 00	100 0000	0 00	0 00	112 66	71 24	183 90
41		IN-KIND DONATI	10/29/2001	M / MQ	7 0000	15,000 00	100 0000	0 00	0 00	4,668 36	2,951 90	7,620 26
42		STANLEY HEAD	10/29/2001	M / MQ	7 0000	18,960 00	100 0000	0 00	0 00	5,900 81	3,731 20	9,632 01
43		ONE DRAWE	10/29/2001	M / MQ	7 0000	12,567 00	100 0000	0 00	0 00	3,911 16	2,473 10	6,384 26
44		BACHELOR CH	10/29/2001	M / MQ	7 0000	10,560 00	100 0000	0 00	0 00	3,286 53	2,078 13	5,364 66
45		16" RD CHAIRS	10/29/2001	M / MQ	7 0000	13,104 00	100 0000	0 00	0 00	4,078 29	2,578 77	6,657 06
46		METAL BED FR	10/29/2001	M / MQ	7 0000	1,760 00	100 0000	0 00	0 00	547 76	346 35	894 11
47		FAIRFIELD SID	10/29/2001	M / MQ	7 0000	29,927 00	100 0000	0 00	0 00	9,314 01	5,889 43	15,203 44
48		FABRIC FOR F	10/29/2001	M / MQ	7 0000	1,915 00	100 0000	0 00	0 00	595 99	376 86	972 85
49		SOFA BEDS-1	10/29/2001	M / MQ	7 0000	16,473 00	100 0000	0 00	0 00	5,126 80	3,241 77	8,368 57
50		FABRIC ON SO	10/29/2001	M / MQ	7 0000	1,019 00	100 0000	0 00	0 00	317 14	200 53	517 67
51		FOLDING CHAI	10/29/2001	M / MQ	7 0000	1,120 00	100 0000	0 00	0 00	348 57	220 41	568 98
52		FOLDING TABL	10/29/2001	M / MQ	7 0000	1,420 00	100 0000	0 00	0 00	441 94	279 45	721 39
53		BLANKETS-12	10/29/2001	M / MQ	7 0000	2,180 00	100 0000	0 00	0 00	678 47	429 01	1,107 48
54		LAMPS-A SHAD	10/29/2001	M / MQ	7 0000	3,772 00	100 0000	0 00	0 00	1,173 94	742 30	1,916 24
55		PILLOWCASES	10/29/2001	M / MQ	7 0000	801 00	100 0000	0 00	0 00	249 29	157 63	406 92
56		WASHCLOTHE	10/29/2001	M / MQ	7 0000	1,462 00	100 0000	0 00	0 00	455 01	287 71	742 72
57		TOWELS/SHEE	10/29/2001	M / MQ	7 0000	4,336 00	100 0000	0 00	0 00	1,349 47	853 29	2,202 76
58		BATH MATS	10/29/2001	M / MQ	7 0000	283 00	100 0000	0 00	0 00	88 08	55 69	143 77
59		PILLOWS, MATT	10/29/2001	M / MQ	7 0000	2,740 00	100 0000	0 00	0 00	852 76	539 21	1,391 97
60		MATTRESSES-	10/29/2001	M / MQ	7 0000	10,428 00	100 0000	0 00	0 00	3,245 45	2,052 16	5,297 61
61		LIBRARY SHEL	10/29/2001	M / MQ	7 0000	7,215 00	100 0000	0 00	0 00	2,245 49	1,419 86	3,665 35
62		DINING ROOM-I	10/29/2001	M / MQ	7 0000	600 00	100 0000	0 00	0 00	186 74	118 07	304 81
63		DINING ROOM-A	10/29/2001	M / MQ	7 0000	1,795 00	100 0000	0 00	0 00	558 65	353 24	911 89
64		DINING ROOM-C	10/29/2001	M / MQ	7 0000	2,740 00	100 0000	0 00	0 00	852 76	539 21	1,391 97
65		DINING ROOM-B	10/29/2001	M / MQ	7 0000	6,027 00	100 0000	0 00	0 00	1,875 75	1,186 07	3,061 82
66		#2/#8 PATIO C	10/29/2001	M / MQ	7 0000	2,192 00	100 0000	0 00	0 00	682 21	431 37	1,113 58
67		#2/#8 TERRAC	10/29/2001	M / MQ	7 0000	1,096 00	100 0000	0 00	0 00	341 10	215 69	556 79
68		TERRACE TAB	10/29/2001	M / MQ	7 0000	578 00	100 0000	0 00	0 00	179 89	113 75	293 64
69		ARTS & CRAFT	10/29/2001	M / MQ	7 0000	1,510 00	100 0000	0 00	0 00	469 95	297 16	767 11

EXHIBIT III

[RONALD MCDON]
Federal
Depreciation Expense

01/01/2003 - 12/31/2003

System No.	S	Description	Date In Service	Method / Conv	Life	Cost / Other Basis	Bus / Inv %	Sec 179/ Bonus	Salvage/ Basis B Adj	Current Depreciation	Total Depreciation
FURN											
70		ENTRY WAY	10/29/2001	M / MQ	7 0000	7,526.00	100 0000	0 00	0 00	1,481.06	3,823.34
71		HALL	10/29/2001	M / MQ	7 0000	2,604.00	100 0000	0 00	0 00	512.45	1,322.88
72		LIBRARY	10/29/2001	M / MQ	7 0000	2,108.00	100 0000	0 00	0 00	414.84	1,070.90
73		LIVING ROO	10/29/2001	M / MQ	7 0000	16,360.00	100 0000	0 00	0 00	3,219.53	8,311.17
74		LOUNG	10/29/2001	M / MQ	7 0000	2,245.00	100 0000	0 00	0 00	441.80	1,140.50
75		MEDITATION R	10/29/2001	M / MQ	7 0000	4,398.00	100 0000	0 00	0 00	865.50	2,234.26
76		PLAYROOM	10/29/2001	M / MQ	7 0000	4,797.00	100 0000	0 00	0 00	944.02	2,436.96
77		FABRICS/FINI	10/29/2001	M / MQ	7 0000	12,529.00	100 0000	0 00	0 00	2,465.62	6,364.95
78		INSTALL CHARG	10/29/2001	M / MQ	7 0000	4,370.00	100 0000	0 00	0 00	859.99	2,220.04
79		GYM MIRRO	10/29/2001	M / MQ	7 0000	850.00	100 0000	0 00	0 00	167.27	431.81
80		POOL TABLE R	10/29/2001	M / MQ	7 0000	260.00	100 0000	0 00	0 00	51.17	132.09
81		ENT CENTER A	10/29/2001	M / MQ	7 0000	500.00	100 0000	0 00	0 00	98.40	254.01
82		ENTERTAINME	10/29/2001	M / MQ	7 0000	8,000.00	100 0000	0 00	0 00	1,574.35	4,064.14
83		T V 'S-H H GREG	10/29/2001	M / MQ	7 0000	1,953.00	100 0000	0 00	0 00	384.34	992.16
84		OFFICE-MISC	10/29/2001	M / MQ	7 0000	388.00	100 0000	0 00	0 00	197.11	427.24
85		LATERAL FILE	10/29/2001	M / MQ	7 0000	841.00	100 0000	0 00	0 00	165.50	427.24
86		LATERAL FILE	10/29/2001	M / HY	5 0000	1,538.00	100 0000	0 00	0 00	295.30	1,095.06
87		LATERAL FILE	10/29/2001	M / MQ	7 0000	559.00	100 0000	0 00	0 00	110.01	283.98
88		LATERAL FILE	10/29/2001	M / MQ	7 0000	344.00	100 0000	0 00	0 00	67.70	174.76
89		LATERAL FIL	10/29/2001	M / MQ	7 0000	638.00	100 0000	0 00	0 00	125.55	324.11
90		STORAGE CAS	10/29/2001	M / MQ	7 0000	443.00	100 0000	0 00	0 00	87.18	225.05
91		WORK SURFA	10/29/2001	M / MQ	7 0000	792.00	100 0000	0 00	0 00	155.86	402.35
92		OFFICE SHELVE	10/29/2001	M / MQ	7 0000	488.00	100 0000	0 00	0 00	96.03	247.91
93		OFFICE TACKBO	10/29/2001	M / MQ	7 0000	1,045.00	100 0000	0 00	0 00	205.65	530.88
94		OFFICE FABRI	10/29/2001	M / MQ	7 0000	825.00	100 0000	0 00	0 00	162.35	419.11
95		OFFICE MISC	10/29/2001	M / MQ	7 0000	491.00	100 0000	0 00	0 00	96.63	249.44
96		OFFICE CHAIRS	10/29/2001	M / MQ	7 0000	4,089.00	100 0000	0 00	0 00	804.69	2,077.29
97		OFFICE CHAIRS	10/29/2001	M / MQ	7 0000	1,707.00	100 0000	0 00	0 00	335.93	867.19
98		OFFICE SIDE C	10/29/2001	M / MQ	7 0000	1,612.00	100 0000	0 00	0 00	317.23	818.92
99		OFFICE MISC	10/29/2001	M / MQ	7 0000	4,753.00	100 0000	0 00	0 00	935.36	2,414.61
100		LABOR TO REC	10/29/2001	M / MQ	7 0000	1,359.00	100 0000	0 00	0 00	267.44	690.40
101		BOARDROO	10/29/2001	M / MQ	7 0000	7,033.00	100 0000	0 00	0 00	1,384.05	3,572.89
102		BOARDROO	10/29/2001	M / MQ	7 0000	7,344.00	100 0000	0 00	0 00	1,445.25	3,730.89
103		BOARDROO	10/29/2001	M / MQ	7 0000	734.00	100 0000	0 00	0 00	144.45	372.89
104		DELIVERY FO	10/29/2001	M / MQ	7 0000	600.00	100 0000	0 00	0 00	118.07	304.81
105		BOARDROO	10/29/2001	M / MQ	7 0000	745.00	100 0000	0 00	0 00	146.61	378.47
112		PHONE SYSTE	2/12/2003	M / HY	7 0000	979.00	100 0000	0 00	0 00	0.00	139.86
114		INDUSTRIAL D	6/1/2003	M / HY	5 0000	3,340.00	100 0000	0 00	0 00	668.00	668.00
115		SECURITY CAM	6/1/2003	M / HY	5 0000	692.00	100 0000	0 00	0 00	138.40	138.40
116		SECURITY SYS	6/1/2003	M / HY	15 0000	13,364.00	100 0000	0 00	0 00	668.20	668.20

[RONALD MCDON]
Depreciation Expense

Federal

01/01/2003 - 12/31/2003

System No.	S	Description	Date In Service	Method / Conv	Life	Cost / Other Basis	Bus / Inv %	Sec. 179/Bonus	Salvage/Basis Adj	Beg Accum Depreciation	Current Depreciation	Total Depreciation
		Subtotal FURN				537,837.00		0.00	0.00	187,638.91	97,512.21	285,151.12
		Less dispositions and exchanges				0.00		0.00	0.00	0.00	0.00	0.00
		Net for FURN				537,837.00		0.00	0.00	187,638.91	97,512.21	285,151.12
		LAND										
31		LAND-ERKEN &	10/29/2001	Var / N/A	0.0000	1,199,376.00	100.0000	0.00	0.00	0.00	0.00	0.00
		Subtotal LAND				1,199,376.00		0.00	0.00	0.00	0.00	0.00
		Less dispositions and exchanges				0.00		0.00	0.00	0.00	0.00	0.00
		Net for LAND				1,199,376.00		0.00	0.00	0.00	0.00	0.00
		Subtotal.				9,124,633.00		0.00	0.00	434,944.73	289,667.55	724,612.28
		Less dispositions and exchanges.				0.00		0.00	0.00	0.00	0.00	0.00
		Grand Totals:				9,124,633.00		0.00	0.00	434,944.73	289,667.55	724,612.28

EXHIBIT III

Form 990 - RONALD McDONALD HOUSE CHARITIES OF CRT CINCINNATI,
PART IV p. 3 line 64a

7. MORTGAGE PAYABLE—REVENUE BONDS

On May 1, 2000, RMHC borrowed \$6,480,000 to finance construction of the new house and to pay off the line of credit. To facilitate the financing, the County of Hamilton, Ohio issued Adjustable Rate Demand Healthcare Facilities Revenue Bonds, Series 2000 ("Ronald McDonald House Project"). The Bonds are tax exempt for Federal and Ohio income taxes. Interest is to be paid monthly and is determined weekly on a market system for tax exempt bonds. Principal is to be repaid every May 1 in progressively increasing amounts until paid in 2015. The interest and principal payments will be made to investors by Fifth Third Bank from payments provided for under a lease/sublease arrangement between RMHC and the County. The house and land have been pledged under an open-end mortgage and security agreement between RMHC and Fifth Third Bank. Fifth Third Bank has also issued an irrevocable direct pay letter of credit to further secure the payment of principal and interest to the Bondholders. Interest was 1.3% at December 31, 2003.

Maturities by year are as follows:

2004	\$ 335,000
2005	355,000
2006	375,000
2007	395,000
2008	415,000
Thereafter	<u>3,615,000</u>
	<u>\$5,490,000</u>

EXHIBIT VII

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.

Name of Exempt Organization: RONALD McDONALD HOUSE CHAR OF GRTR CINTI
Employer identification number: 31-0965333
Address: 350 ERKENBRECKER AVE., CINCINNATI OH 45229

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

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

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

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

4 I request an additional 3-month extension of time until Nov 15, 2004.
5 For calendar year 2003, or other tax year beginning 2003 and ending 2003.
6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.
7 State in detail why you need the extension: Additional time is needed to obtain sufficient information to prepare an accurate 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.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification

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

Signature: [Handwritten Signature] Title: CPA Date: 08/03/04

Notice to Applicant - To be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
Other:

EXTENSION APPROVED
AUG 13 2004

Director: [Signature] Date: [Signature]

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

Name: BRYAN W. STEPHENS, CPA
Address: 11464 LIPPELMAN ROAD, SUITE 100
City or town, province or state, and country (including postal or ZIP code): CINCINNATI OH 45246