

Return of Organization Exempt From Income Tax

2003

Open to Public Inspection

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)

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

Section B: Check if applicable (Address change, Name change, Initial return, Final return, Amended return, Application pending). Section C: Name of organization (RONALD MCDONALD HOUSE CHARITIES, INC.), Address (635 W. LEXINGTON STREET, BALTIMORE, MD 21201). Section D: Employer identification number (52-1184957). Section E: Telephone number ((410) 528-1010). Section F: Accounting method (Accrual).

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? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Website: WWW.RMHBALTIMORE.COM

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

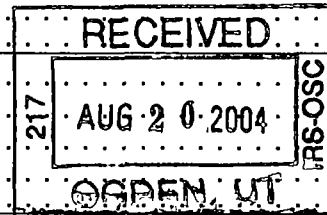
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 1,354,684.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 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; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 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.

Revenue Net Assets

SCANNED AUG 27 2004



For Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations (attach schedule), 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above (itemize), 44 Total functional expenses.

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 [X] No

If "Yes," enter (i) the aggregate amount of these joint costs \$ , (ii) the amount allocated to Program services \$

(iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

Table with 2 columns: Description, Program Service Expenses. Row a: SEE STATEMENT D (Grants and allocations \$ 697,895). Row b: SEE STATEMENT D (Grants and allocations \$ 84,890). Row c: (Grants and allocations \$ ). Row d: (Grants and allocations \$ ). Row e: Other program services (attach schedule) (Grants and allocations \$ ). Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 782,785.

**Part IV Balance Sheets** (See page 25 of the instructions.)

		(A)		(B)	
		Beginning of year		End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	363,501.	46	666,402.
	47a	Accounts receivable	47a		
	b	Less: allowance for doubtful accounts	47b		47c
	48a	Pledges receivable	48a	379,975.	
	b	Less allowance for doubtful accounts	48b	33,924.	48c
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)	51a		
	b	Less allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		20,015.	53
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		631,474.	54
	55a	Investments - land, buildings, and equipment: basis	55a		
	b	Less accumulated depreciation (attach schedule)	55b		55c
56	Investments - other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	57a	4,145,759.		
b	Less accumulated depreciation (attach schedule) <b>SEE STATEMENT A</b>	57b	1,778,943.	57c	
58	Other assets (describe )		2,514,436.	58	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		3,734,694.	59	
Liabilities	60	Accounts payable and accrued expenses		60	
	61	Grants payable	38,026.	61	
	62	Deferred revenue	42,333.	62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)		80,359.	66	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		67	
	68	Temporarily restricted	3,173,085.	68	
	69	Permanently restricted	NONE	69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		481,250.	73
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		3,654,335.	74

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

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the 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	1,265,913.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants . . . . \$		
(4)	Other (specify):		
	_____ \$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b . . . . . ▶	c	1,265,913.
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	1,265,913.

a	Total expenses and losses per audited financial statements . . . . ▶	a	797,998.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . \$		
(3)	Losses reported on line 20, Form 990 \$		-162,983.
(4)	Other (specify):		
	_____ \$		
	Add amounts on lines (1) through (4) . . ▶	b	-162,983.
c	Line a minus line b . . . . . ▶	c	960,981.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	_____ \$		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	960,981.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the 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 & deferred compensation	(E) Expense account and other allowances
STEVE PATERAKIS	PRESIDENT			
BALTIMORE, MARYLAND 21231	1	NONE	NONE	NONE
ANNETTE MERZ	VICE PRESIDENT			
BALTIMORE, MD 21211	1	NONE	NONE	NONE
KEITH PERSINGER	TREASURER			
BALTIMORE, MD 21201	1	NONE	NONE	NONE
MARRIANNE ROWEN-BRAUN	EXECUTIVE DIRECTOR			
BALTIMORE, MD 21201	40	88,000.	NONE	NONE

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 page 28 of the instructions

Part VI Other Information (See page 28 of the instructions.)

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and tax status.

**Part VII Analysis of Income-Producing Activities** (See page 33 of the 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 GUEST FEES					80,556.
b PARKING INCOME					4,657.
c VENDING					3,236.
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	1,958.	
96 Dividends and interest from securities . . . . .			14	13,459.	
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 . . . . .					
101 Net income or (loss) from special events . . . . .			1	294,995.	
102 Gross profit or (loss) from sales of inventory . . . . .			12	1,004.	
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				311,416.	88,449.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					399,865.

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 34 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 E

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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 34 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

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 Sign  Date 8/4/04

Date 8/2/04 Check if self-  Preparer's SSN or PTIN (See Gen Inst W)

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

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

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

OMB No 1545-0047

**2003**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES, INC.**

Employer identification number

**52-1184957**

**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
<u>MARRIANNE ROWAN BROWN</u>	EXECUTIVE			
	40	88,000.		
Total number of other employees paid over \$50,000	▶ NONE			

**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
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services	▶ NONE	

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

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

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4 regarding lobbying activities, grants, and donor accounts.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only ONE applicable box)
5 A church, convention of churches, or association of churches
6 A school
7 A hospital or a cooperative hospital service organization
8 A Federal, state, or local government or governmental unit
9 A medical research organization operated in conjunction with a hospital
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit
11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public
11b A community trust
12 X 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
13 An organization that is not controlled by any disqualified persons

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Header row and one empty data row.

14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the instructions)

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

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

Calendar year (or fiscal year beginning in) . . . . .	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	336,136.	761,730.	555,834.	335,850.	1,989,550.
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 . . . . .	92,065.	61,202.	102,231.	109,407.	364,905.
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 . . . . .	18,773.	33,450.	62,889.	139,368.	254,480.
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 . . . . .	446,974.	856,382.	720,954.	584,625.	2,608,935.
24 Line 23 minus line 17 . . . . .	354,909.	795,180.	618,723.	475,218.	2,244,030.
25 Enter 1% of line 23 . . . . .	4,470.	8,564.	7,210.	5,846.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 <b>NOT APPLICABLE</b> . . . . .	26a
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
c Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . .	26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ . . . . .	26d
e Public support (line 26c minus line 26d total) . . . . .	26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .	26f %

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 _____ 17 _____ 20 _____ 21 _____ . . . . .	27c	2,354,455.
d Add Line 27a total _____ 627,914. and line 27b total _____ . . . . .	27d	627,914.
e Public support (line 27c total minus line 27d total) . . . . .	27e	1,726,541.
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . . . .	27f	2,608,935.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .	27g	66.1780 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .	27h	9.7542 %

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 page 7 of the instructions.)  
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

**NOT APPLICABLE**

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

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

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>			
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	} <b>41</b>		
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			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions )

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the 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
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		X	
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>i</b> 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.

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

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

Table with 3 columns: Question, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities, equipment, or other assets, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
PRO AM GOLF, EVENTS, ETC.	383,766.	88,771.	294,995.
TOTALS	383,766.	88,771.	294,995.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

DESCRIPTION  
-----

AMOUNT  
-----

GAIN FROM INVESTMENTS

162,983.

TOTAL

-----  
162,983.  
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
BANK CHARGES	2,530.		2,530.	
COMMUNITY COMMUNICATION	16,371.	4,176.		12,195.
DUES AND SUBSCRIPTIONS	293.	293.		
FAMILY EXPENSES	2,187.	2,187.		
INSURANCE	33,422.	30,808.	2,614.	
SPECIAL EVENTS	24,827.		1,524.	24,827.
OPERATING EXPENSE	2,283.	759.		
MAINTENANCE AND REPAIRS	34,259.	34,259.		
UTILITIES	57,906.	57,906.		
PROFESSIONAL DEVELOPMENT	3,902.	3,690.	212.	
CANISTER ROYALTIES	17,903.	17,903.		
TOTALS	195,883.	151,981.	6,880.	37,022.

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
COMMON STOCK	101,226.	154,842.
MUTUAL FUNDS	530,248.	650,577.
	-----	-----
TOTALS	631,474.	805,419.
	=====	=====

**RONALD MC DONALD HOUSE CHARITIES, INC.**  
**EIN: 52-1184957**  
**FORM 990**  
**SCHEDULE OF ASSETS**  
**PART IV - LINE 57a & b**  
**YEAR END 12/31/03**

	<b>F/A</b>	<b>F/A</b>
	<b><u>12/31/2002</u></b>	<b><u>12/31/2002</u></b>
<b><u>PROPERTY &amp; EQUIPMENT</u></b>		
BUILDINGS	1,099,097	1,099,097
BUILDING EXPANSION	1,584,974	1,584,974
LEASEHOLD IMPOROVEMENTS	887,168	887,168
FURNITURE AND FIXTURES	393,974	393,974
MEMORIAL WALL	38,472	38,472
COMPUTERS	116,179	116,179
VEHICLE	25,895	25,895
TOTAL ASSETS	<u>4,145,759</u>	<u>4,145,759</u>
	<b>A/D</b>	<b>A/D</b>
<b><u>ACCUMULATED DEPRECIATION</u></b>	<b><u>12/31/2002</u></b>	<b><u>12/31/2002</u></b>
TOTAL	<u>1,631,323</u>	<u>1,778,943</u>
	<u>2,514,436</u>	<u>2,366,816</u>

NET ASSETS

**RONALD MCDONALD HOUSE CHARITIES  
BOARD MEMBERS  
2003**

**OFFICERS**

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SWANSFIELD

Page 1 of 3

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

**Grant information for 2003 990**

**Part II, Line 22**

**Name:** The Baltimore School for the Arts Foundation, Inc.                   \$ 3,333.33  
Baltimore, MD

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant:** Purchase instruments, instrument repairs, stands and music books. Support the TWIGS Program, a free-of-charge after school satellite music program for approximately 150 children.

**Name:** Southeast Teen Center, Inc.   \$ 1,631.98  
Baltimore, MD

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant:** Purchase a communication center for the Academy to benefit 150 teens from low income high risk neighborhoods.

**Name:** The Daisyfields Foundation, Inc.   \$ 1,383.23  
Baldwin, MD

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant:** Purchase furniture for two bedrooms and a nursing lounge/diagnostic room to benefit 30-35 infants and toddlers who have suffered neglect and abuse.

**Name:** Talbot Mentors Inc.   \$ 1,108.33  
Easton, MD

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant:** Provide funds for new Mentoring Training Sessions, Mentor Support Sessions, educational materials and a new computer with software for program support to benefit 75 at-risk children.

**Name:** Mt. Washington Pediatric Hospital, Inc. \$ 37,500.00  
Baltimore, MD

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant:** Provide funds to build a transitional two bedroom apartment "The Ronald McDonald Family Suite" at the hospital so prior to discharge the families will learn to live with the child's special needs.

**Name:** Steven Daniel Jeffreys Foundation Ltd. \$ 500.00  
Columbia, MD

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant:** Support a bereavement program (Tears & Smiles) for 15 children and their surviving parent.

**Name:** Madison Square Bucs Inner-City Youth Program, Inc. \$ 1,333.33  
Baltimore, MD

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant:** Purchase new equipment and supplies for over 200 children ages 6-14 who participate in a program whose focus is academic success, basketball, life and cheerleading skills.

**Name:** Chesapeake Care Resources, Inc. \$ 1,000.00  
North East, MD

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant.** Provide transportation costs to camp and field trips for 40 children with disabilities to attend Camp C.A.R E

**Name:** Kids on the Hill Inc. \$ 600.00  
Baltimore, MD

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant.** Provide marketing and transportation costs for 39 at-risk young people from ages 7-18 to participate in the art based after school program.

**Name:** Childrens Playhouse of Maryland Inc. \$ 500.00  
Towson, MD

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant:** Subsidize tickets for 200 underprivileged children ages 4-18 to attend and participate in the performances.

**Name:** Pumpkin Theatre of Baltimore, Inc. \$ 666.66  
Baltimore, MD

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant:** Subsidize tickets for 500 disadvantaged and underprivileged students to attend a theater performance.

**Name:** Junior Achievement, Inc. \$ 11,580.47  
Owings Mills, MD

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant:** Provide funds to sponsor 500 at-risk fifth grade students from 8 high poverty city schools participating in the Exchange City Program.

**Name:** Hospice of the Chesapeake \$ 9,100.00  
Millersville, MD

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant:** Provide funds for 30-33 grieving children ages 6-13 to attend Camp Nabe and to purchase art supplies, equipment for activities such as ball games and publication of the camp yearbook.

**Name:** YWCA of Annapolis and Anne Arundel County \$ 9,653.00  
Arnold, MD

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant:** Provide funds for the Star Academy Program, an after school program serving 20 high-risk middle school students, purchase two laptop computers, Robo-Challenge start-up kits, accessories for Lego Technology Program, Teen Challenge Set, Food Supplies and dinner at TGI Friday's.

**Name:** Enoch Pratt Free Library of Baltimore City  
Baltimore, MD

\$ 5,000.00

**Relationship to Substantial Contributor:** None

**Foundation status of Recipient:** 501(c)(3)

**Purpose of Grant:** Provide funds for the Book Buggy Program to provide direct service to children from disadvantaged families in Baltimore City through its involvement with Head Start. Purchase portable puppet stage, flannel board plus materials and materials for special workshops for teen mothers of children in the Head Start Program.

Ronald McDonald House Charities of Baltimore, Inc.  
Primary Exempt Purpose / Program Service Accomplishments

**Primary Exempt Purpose (Part III)** - Ronald McDonald House Charities of Baltimore, Inc. provides a home away from home for seriously ill children and their families and helps to fund programs in the state of Maryland that directly improve the well being of children.

**Part III a** Description of Program Service One

Ronald McDonald House Charities of Baltimore, Inc. owns and operates the Ronald McDonald House. The Baltimore Ronald McDonald House is located in the city of Baltimore. The five hospitals primarily served by the Ronald McDonald House are University of Maryland Medical System, Johns Hopkins Hospital, Sinai Hospital, Mt. Washington Pediatric Hospital and Kennedy Krieger Institute. There are no specific geographic parameters regarding service, as the House serves families from every part of the state of Maryland as well as all corners of the world. To be eligible to stay at the House, a family must have a child age 21 or younger receiving treatment at any one of the area hospitals. The families must be referred by a social worker from the hospital to stay at the House. Families are asked to pay a de minimus rate for the room and the parking garage. The room rate is \$10 per night and the parking garage rate is \$1 per night, which only partly defrays operating costs. However, the social workers determine each family's ability to pay and the room and parking charges can be reduced or waived in their entirety, without affecting eligibility.

The House has 37 rooms, primarily with a double and single bed in each room. There are 2 rooms with single beds only and 2 suites containing a living room and kitchen. The occupancy rate averaged 89% during 2003.

More than 1,000 volunteers assisted during the year by providing meals for the families, clerical support, gardening, and hosting special events for the families. Additionally, donations of items such as paper products and house supplies are received during the year which provides a small reduction in expenses.

Funds are solicited through semiannual newsletters. Additionally an annual Golf Tournament is conducted in August of each year and helps to raise money for the Ronald McDonald House.

**Part III b** Description of Program Service Two

Ronald McDonald House is the cornerstone program of RMHC but can only help 37 families at a time. To meet the broader mission of the organization, RMHC provided grants to other nonprofit organizations in the state of Maryland. Money used for grant making comes from special promotions held by our local McDonald franchises, special designated fundraising activities and the matching grant account funded by the national chapter of RMHC in Oak Brook, Illinois. A list of the 2003 grant recipients is attached (See Statement C)

Ronald McDonald House Charities of Baltimore, Inc.  
990 Part VIII

**Line 93a (Guest Fees)** - The organization operates a home away from home for families of children who come to the medical facilities in Baltimore, Maryland for diagnosis and treatment. The Ronald McDonald House offers safe and inexpensive residential accommodations near the hospitals served with complimentary shuttle service for those who need transportation. These fees represent the de minimis room rate donated by the families. The families are not excluded due to inability to pay. The excess of program expenses over the program revenue is funded by contributions.

**Line 93b ( Parking Income)** - The Ronald McDonald House operated by the organization has access to a nearby parking garage. The organization pays for 20 garage spaces for the convenience of the guests who have vehicles with them. These fees represent the de minimis parking rate donated by the families. The families are not excluded due to inability to pay. The excess of program expenses over the program revenue is funded by contributions.

**Line 93c (Vending Income)** - The Ronald McDonald House maintains a soda machine entirely for the convenience of our guests. These revenues are incidental to the organization.

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

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

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

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

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

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

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

<b>Type or print</b>	Name of Exempt Organization <b>RONALD MCDONALD HOUSE CHARITIES, INC.</b>	Employer identification number <b>52-1184957</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>635 W. LEXINGTON STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>BALTIMORE, MD 21201</b>	

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

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

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 08/16, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2003 or
- ▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

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

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**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 ▶ Steven King Title ▶ EDR Date ▶ 5/6/04

For Paperwork Reduction Act Notice, see instruction \_\_\_\_\_ Form **8868** (12-2000)