Department of the Treasury Internal Revenue Service

Form **990** 

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

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

OMB No 1545-0047 2003

Open to Public Inspection

Α	For the	2003 calendar year, or tax year beginning , and ending		r			
В_	Check if	applicable Please Use IRS Reported McDonneld House Chamiti	_	D		er ID numb	
L	Addres	ss change   label or   RONALD MCDONALD HOUSE CHARLEL	es of	ļ		172279	
L	Name	change print or Pensacola, Inc.	<del></del>	Ε		ne number	
L	Initial		ss) Room/suite	<u> </u>		477-22	T 1
L	Final r	Specific		두		ng method	Cast
$\vdash$	1	ded return Instruc- City or town, state or country, and ZIP + 4	<b>)</b>	X	Accrual	U Other	(specify)
L	Applica	ation pending tions. Pensacola FL 32503				-4	
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	H and I are not applicable to se		-	□	<b>y</b>
_	181-6-16	trusts must attach a completed Schedule A (Form 990 or 990-EZ). e: N/A	H(a) Is this a group return for			∐ Yes	A NO
	•	e: P N/A zation type	H(b) If "Yes," enter number o  H(c) Are all affiliates included		ates	Yes	□ No
J	_	only one) ► X 501(c) ( 3 ) ≤ (insert no ) 4947(a)(1) or 527	` '			L res	NO
<u></u>		here if the organization's gross receipts are normally not more than \$25,000.	(If "No," att a list See in		w an		
K		panization need not file a return with the IRS; but if the organization received a	organization covered by		-	Yes	∏ No
		90 Package in the mail, it should file a return without financial data. Some states	I Group Exemption Nu			1 103	1 1 110
		a complete return.				s not requir	ed
<del></del>		eceipts Add lines 6b, 8b, 9b, and 10b to line 12   1,186,175		_			
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Bal					<del></del>
·	1	Contributions, gifts, grants, and similar amounts received	and the form of the first of th	Ï			
	, a	Direct public support	1a 531,88	4			
	b	Indirect public support	1b				
j }	С	Government contributions (grants)	1c		ł		
, ,	d	Total (add lines 1a through 1c) (cash \$ 480,445 noncash \$	51,439 )	┦ 1	ld	531	,884
;	2	Program service revenue including government fees and contracts (from Part VII, line	93)	2	2		
j	3	Membership dues and assessments RECEIVED	•	3	3		
ļ	4	Interest on savings and temporary cash investments		4	ļ.	3	,174
	5	Dividends and interest from securities © APR 1 5 2004		5	5	32	,044
	6a	Dividends and interest from securities  Gross rents	6a	╝			
	b	Lace contal evinence	6b	_]			
)	С	Net rental income or (loss) (subtract line 6b from line 6a CGDEN, UT		6	ic		
R	7	Other investment income (describe		7	<u>,  </u>		
e	8a	Gross amount from sales of assets other (A) Securities	(B) Other	_			
³e n		than inventory 448,001	8a	_			
u e	b		8b	_			
e	С	` '` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	8c	-↓			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) - See Stmt 1	, <del>[</del> ]	8	Bd	-17	,907
	9	Special events and activities (attach schedule) If any amount is from gaming, check	here 🕨 🔛				
	а	Gross revenue (not including \$ of	1 100 54	ام			
			9a 168,54				
	b	- · · · · · · · · · · · · · · · · · · ·	9b 57,41	_	1		100
	С	Net income or (loss) from special events (subtract line 9b from line 9a)	1	9	)c	<u> </u>	<u>,138</u>
	10a	·	l0a	-			
	b		10b	┨			
	L C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from	line 10a)	10	_	2	E24
	11	Other revenue (from Part VII, line 103)			1		<u>,524</u> ,857
_	12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			2		, 897 , 897
E X	13	Program services (from line 44, column (B))  Management and general (from line 44, column (C))			4		,349
х р е	14 15	Fundraising (from line 44, column (D))			5		,517
n s	16	Payments to affiliates (attach schedule)			6		, , , , ,
е	17	Total expenses (add lines 16 and 44, column (A))			7	212	,763
S A		Excess or (deficit) for the year (subtract line 17 from line 12)		_	8		,094
NS	19	Net assets or fund balances at beginning of year (from line 73, column (A))		-	9	1,519	
e 🗚		Other changes in net assets or fund balances (attach explanation)	See Stmt 2		20		,061
t ť	l .	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	Journal L		11	2,002	
		100 in in it is		, -		,	,

F			plete column (A) Columns			
		)(1) non	exempt charitable trusts bu	it optional for others (See	page 22 of the instructions	
	Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.		(, ),	services	and general	( )
22	Grants and allocations (attach schedule) Stmt 3		27 000	27 000		•
	(cash \$ 27,000 cash \$ )	22	27,000	27,000		
	Specific assistance to individuals	23				
	Benefits paid to or for members	24	46 500	18,600	4,650	23,250
	Compensation of officers, directors, etc	25	46,500 68,467	60,988	2,062	5,417
	Other salaries and wages	26	1,374	808	112	454
	Pension plan contributions	27	1,3/4	808		202
	Other employee benefits	28	8,795	6,089	513	2,193
	Payroll taxes	30	6,133	0,003	313	2,133
	Professional fundraising fees Accounting fees	31	4,250		4,250	,
	Legal fees	32	4,230		4,230	
	Supplies	33	25,273	24,370	903	
	Telephone	34	3,857	3,857	303	
	Postage and shipping	35	3,166	2,216	950	
	Occupancy	36	3,100	2,210	330	
	Equipment rental and maintenance	37	1,073	1,073		
	• •	38	4,200	2,940	1,260	
	Printing and publications Travel	39	6,467	6,467	1,200	
	Conferences, conventions, and meetings	40	0,10,	0,401		
	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42	30,431	30,431		
	Other expenses not covered above (itemize). a	43a	50,101	50,102	**-	
b		43b	82,910	75,058	5,649	2,203
c		43c	0,00	,		
d		43d				
		43e				
44	Total functional expenses (add lines 22 - 43) Organizations	700		·		
•	completing columns (B)-(D), carry these totals to lines 13-15	44	313,763	259,897	20,349	33,517
Joi	int Costs. Check  if you are following SOP 98-2.				•	,
	e any joint costs from a combined educational campaign and fi	undrais	ing solicitation reported	ın (B) Program servic	es?	► Yes X No
	/es," enter (i) the aggregate amount of these joint costs \$		=	nt allocated to Program se		
	the amount allocated to Management and general \$			nt allocated to Fundraising		
	Part III Statement of Program Service Acco	mplis				
Wh	at is the organization's primary exempt purpose?					Program Service
	See Statement 5					Expenses (Required for 501(c)(3) &
All o	organizations must describe their exempt purpose achieveme clients served, publications issued, etc. Discuss achievements	ents in a	a clear and concise mar	nner. State the number		(4) orgs , & 4947(a)(1)
org	anizations and 4947(a)(1) nonexempt charitable trusts must a	also ent	ter the amount of grants	and allocations to oth	ers )	trusts, but optional for others.)
а	The operation of the Ronald	McD	onald House	provides a		
	home away from home for pare	ents	of childre	n undergoin	g	
	treatment of life threatening	ng i	llnesses.			
		•	(Grants and allo	ocations \$	<b>27,000</b> )	259,897
b					·	
			(Grants and allo	ocations \$	)	
c						· -
			(Grants and allo	ocations \$	)	
d						
			(Grants and allo	ocations \$	)	
	Other program services (attach schedule)		(Grants and allo	· · · · · · · · · · · · · · · · · · ·	)	
	Total of Program Service Expenses (should equal line 44,	columr	ı (B), Program services	)	<u> </u>	<u>259,897</u>
DAA	4					Earm QQA (2002)

#### Part IV Ralance Sheets (See page 25 of the instructions.)

Note	• •	(A)		(B)	
T 4=	column should be for end-of-year amounts only		Beginning of year	45	End of year
45	Cash-non-interest-bearing		177,050	45 46	269,830
46	Savings and temporary cash investments		177,030	46	209,030
47	Accounts receivable	47a			
	Less allowance for doubtful accounts	47b	1	47c	
48	Pledges receivable	48a			
	Less: allowance for doubtful accounts	48b		48c	
49	Grants receivable			49	
50	Receivables from officers, directors, trustees, and key	employees			
١	(attach schedule)			50	
51a	Other notes and loans receivable (attach	1 1			
	schedule)	51a			
'   _'		51b		51c	
52	Inventories for sale or use		<del></del>	52	
53	Prepaid expenses and deferred charges Investments-securities  See Stmt	. 6 ▶ ☐ Cost 🕱 FMV	802,500	53	860,478
54 55a		. 6 ▶ ☐ Cost X FMV	802,300	54	800,476
334	equipment: basis	55a			
	Less, accumulated depreciation (attach	334	-	1 1	
	schedule)	55b		   55c	
56	Investments-other (attach schedule)	See Stmt 7	152,487	56	157,868
578		57a 748,36			
	schedule) See Stmt 8	57b 292,46	5 383,142	57c	455,900
58	Other assets (describe  See Stmt 9	. )	6,674	58	262,530
1			1 501 050		0 000 000
59	Total assets (add lines 45 through 58) (must equal lin	e 74)	1,521,853		2,006,606
60	Accounts payable and accrued expenses		2,766		4,364
61	Grants payable Deferred revenue			61	
62		wass (attach		62	
63	Loans from officers, directors, trustees, and key emplo schedule)		62		
64	•			63 64a	<del></del>
	,,,			64b	** ·
65	Other liabilities (describe	)		65	···
		<b>-</b> ,			····
66	Total liabilities (add lines 60 through 65)		2,766	66	4,364
Org		and complete lines			
	67 through 69 and lines 73 and 74				
F 67	Unrestricted		968,332	67	1,213,659
u 68	Temporarily restricted		24,505	68	262,333
d 69	Permanently restricted		526,250	69	526,250
- 1	anizations that do not follow SFAS 117, check here	▶ <u> </u>		l	
В	complete lines 70 through 74				
a 70	Capital stock, trust principal, or current funds			70	
a  ′¹	Paid-ın or capıtal surplus, or land, building, and equipm	· · ·	71		
n 72	Retained earnings, endowment, accumulated income,			72	
c 73 e	Total net assets or fund balances (add lines 67 throi	ugn 69 <b>or</b> lines			
s	70 through 72,	Llino 24)	1 510 007	_	2 002 245
74	column (A) must equal line 19; column (B) must equa	1,519,087		2,002,242 2,006,606	
1 / 4	Total liabilities and net assets / fund balances (add 0 is available for public inspection and, for some people.			74	2,000,000

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.

DAA

Form	990 (2003)	Ronald McDona	ald	House Chari	<u>tie</u>	<u>es</u>		172279			Page 4
	rt IV-A	Reconciliation of Re	evenu	e per Audited		Par		Reconciliation of	•	•	
	•	Financial Statement	s wit	h Revenue per			F	inancial Statem	ents '	with Expe	enses per
	4	Return (See page 2	7 of t	ne instructions.)			R	Return			
a	Total revenue	e, gains, and other support			а	a	Total expenses	and losses per			
	per audited fi	nancial statements	▶ <u>a</u>	796,91	L8		audited financial	statements		а	313,763
b	Amounts incli	uded on line a but not on			b	b	Amounts include	ed on line a but not			
	line 12, Form	990					on line 17, Form	990.			
(1)	Net unrealize	d gains on				(1)	Donated service	s and use			
	investments	\$ 134,06	1				of facilities \$				
(2)	Donated serv	ices and use				(2)	Prior year adjus	tments			
	of facilities	\$					reported on line	20,			
(3)	Recoveries o	f prior					Form 990 <u>\$</u>				
	year grants	\$				(3)	Losses reported	on line 20,			
(4)	Other (specify	y)·					Form 990 <u>\$</u>				
						(4)	Other (specify).				
		\$									
	Add amounts	on lines (1) through (4)	<b>▶</b> <u>b</u>	134,00	51		<u>\$</u>				
							Add amounts or	lines (1) through (4)		b	
С	Line a minus	line b	<b>▶</b> _ c	662,85	57 c	С	Line a minus line	e <b>b</b>		С	313,763
d	Amounts incli	uded on line 12,			d	d	Amounts include	ed on line 17,			
	Form 990 but	not on line a:					Form 990 but no	ot on line a:			
(1)	Investment ex	xpenses	1			(1)	Investment expe	enses			
	not included of	on line					not included on	line			
	6b, Form 990	\$					6b, Form 990 \$				
(2)	Other (specif	y):					Other (specify)				
• •	``	,,	ŀ								
		\$					\$				
	Add amounts	on lines (1) and (2)	► d				Add amounts or	lines (1) and (2)	<b></b>	a	
е		per line 12, Form 990			T e			per line 17, Form 990			
	(line c plus lin	_	▶ e	662,85	57		(line c plus line			e	313,763
Pa	rt V Li	st of Officers, Directo	ors, T	rustees, and Key I	Emp	oloy	ees (List each	one even if not compe	ensated	d; see page 2	27 of
		instructions)	•		•	•	•	·			
					, (B	3) Tit	tle and average	(C) Compensation	(D)	Contrib to oyee benefit s & deferred	(E) Expense
		(A) Name and addre	ess		hours		week devoted to position	(If not paid, enter -0)	plans	s & deferred moensation	account and other allowances
Aı	ndrea F	arage			Di	ire	ctor				
		ou Blvd Pensad	cola	FL	40	)		46,500		857	О
Pa	aige Ad	ams			Ma	ana	ıger				
	-	ou Blvd Pensa	cola	FL	40		-	29,512		517	o
	e Atta										
								l 0		0	0
_											
	<del></del>										
									ŀ		
									<u> </u>		
75	Did any office	er, director, trustee, or key e	moleye	ne receive aggregate con	nnen	eatio	n of more than <sup>a</sup>	\$100,000 from your			<u> </u>
,,	organization a	and all related organizations th schedule-see page 28 of	, of wh	ich more than \$10,000 v						<b>•</b>	Yes X No

Forn	990 (2003) Ronald McDonald House Charities of 59-2172279			age 5
_ <u>P</u> a	art VI Other Information (See page 28 of the 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	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			l
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	_	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a			<b></b>
00-	statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	ŀ	x
b	If "Yes," enter the name of the organization	oua		-
	and check whether it is exempt or nonexempt	Į		
81a	Enter direct and indirect political expenditures. See line 81 instructions   81a			
b	Did the organization file Form 1120-POL for this year?	81b		x
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		х
b	If "Yes," you may indicate the value of these items here. Do not include this amount as			<u> </u>
	revenue in Part I or as an expense in Part II (See instructions in Part III )			1
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	<u> </u>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	1		
0.5	or gifts were not tax deductible?	84b		├──
85 h	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?  N/A  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  N/A  If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	85b		
	received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures 85d	1 .		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e	1 :		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f	]		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its			
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	year? N/A	85h		
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities	Į I		
87	501(c)(12) orgs. Enter. a Gross income from members or shareholders  67a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1		
•	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		x
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under			
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		<u> </u>
С	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under			_
.4	sections 4912, 4955, and 4958			_0
d ene	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
90a b	List the states with which a copy of this return is filed None  Number of employees employed in the pay period that includes March 12, 2003 (See instructions )			_
91	Number of employees employed in the pay period that includes March 12, 2003 (See instructions )  The books are in care of Bill Massey  Telephone no.   850-	435	-83	<u></u>
	Located at > 900 N. 12th Avenue, Pensacola, FL ZIP+4 > 32501	-33	33	J
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			۔ ـ

Part VII	Analysis of Income-Pro	ducing Activities	(See pag	e 33 of the instr	ructions.)		
Note: Enter	gross amounts unless otherwise		Unrelate	d business income	Excluded	by sec 512, 513, or 514	(E) Related or
indicated.			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	exempt function
93 Progran	n service revenue.	[	ousiness code	Amount	code	Amount	income
a							
c							
d							
е				<del></del>			
f Medicar	re/Medicaid payments	<u> </u>					
g Fees an	nd contracts from government agend	cies					
94 Member	rship dues and assessments	<u> </u>					
95 Interest	on savings and temporary cash inve	estments			14	3,174	
96 Dividen	ds and interest from securities	_			14	32,044	
97 Net rent	tal income or (loss) from real estate:	·					
a debt-fina	anced property	<u> </u>					
<b>b</b> not debi	t-financed property	<u>L</u>					
98 Net rent	tal income or (loss) from personal pr	roperty			_		
99 Other in	ivestment income	_			1.		
100 Gain or	(loss) from sales of assets other that	an inventory			18	-17,907	
	ome or (loss) from special events	<u> </u> _			1	111,138	
102 Gross p	profit or (loss) from sales of inventory	y					
103 Other re							
,	scellaneous Income				1	2,524	
d							
e						100 000	
	l (add columns (B), (D), and (E))	L			0	130,973	
· · · · · · · · · · · · · · · · · · ·	add line 104, columns (B), (D), and (					▶	130,973
	5 plus line 1d, Part I, should equal th			<u> </u>	- (0	04 611	
Part VIII	Relationship of Activitie						
Line No.	Explain how each activity for which	•			ed importanti	y to the accomplishme	ent
N/A	of the organization's exempt purp	oses (other than by pro	oviding tunds	for such purposes).			
N/A							
	<del> </del>						
	<del> </del>		<del> </del>	· · · · · · · · · · · · · · · · · · ·			
Part IX	Information Regarding Ta	avabla Subsidiari	oc and Die	crosorded Entit	tion (Soo	nago 34 of the in	etructions \
	(A)	(B)	es allu bis	(C)	ries (See	(D)	(E)
Name, ad	dress, and ÉIN of corporation, rship, or disregarded entity	Percentage of ownership interest	1	Nature of activities		Total income	End-òf-year assets
	N/A	Ownership interest	%				855015
<del></del>	.,,		%		<del></del>		
			%	······································			
			%				
Part X	Information Regarding T	ransfers Associat	/9	ersonal Benefit	Contract	S (See page 34 of the	unstructions )
	the organization, during the year, re						Yes X No
• •	the organization, during the year, pa	•	•		•	ii benent contract.	Yes X No
	Yes" to (b), file Form 8870 and Form	• •	•	a porconar bonem	Jonade		
.1010111	Under penalties of perjury, I declare th			accompanying schedule	s and stateme	nts, and to the best of my	knowledge
	and belief, it is true, correct, and comp		_				-
Please						1 4/12	<b>ં</b>
				0		Date	
			MD	PRESEDENT		Date	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Organization Exempt Under Section 501(c)(3)

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

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

**Employer identification number** Name of the organization Ronald McDonald House Charities of 59-2172279 Pensacola, Inc. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None." (d) Contributions to (e) Expense (b) Title and average hours (a) Name and address of each employee paid more employee ben plans & account and other (c) Compensation than \$50,000 per week devoted to position deferred compensation allowances NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$ 50,000 NONE Total number of others receiving over \$50,000 for

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

Schedule A (Form 990 or 990-EZ) 2003

professional services

Sch	edule	A (Form 990 or 990-EZ) 2003 Ronald McDonald House Charities of 59-2172279		Р	age 2
P	art I	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	Dui	ing the year, has the organization attempted to influence national, state, or local legislation, including any			
		empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
		ncurred in connection with the lobbying activities \$ (Must equal amounts on line 38,			
		t VI-A, or line i of Part VI-B )	1_1_	<del> </del>	X
	•	panizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
		anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			
_		lobbying activities.			
2		ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
		estantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or In any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			
		nary taxable organization with which any such person is animated as an officer, director, trustee, majority her, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
		nsactions)			
а	Sal	e, exchange, or leasing of property?	2a		x
b		Inding of money or other extension of credit?	2b		X
c		nishing of goods, services, or facilities?	2c		X
d		/ment of compensation (or payment or reimbursement of expiration if more than \$1,000)?	2d	x	
_	,	See Stmt 10			
е	Tra	nsfer of any part of its income or assets?	2e		X
За		you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how			
		determine that recipients qualify to receive payments )	3a		x
3b	Do	you have a section 403(b) annuity plan for your employees?	3b		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?	4		X
P	art l'	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	orgar	nization is not a private foundation because it is (Please check only <b>ONE</b> applicable box )			
5	Ň	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	П	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III)			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city,			
		and state ▶			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv)	)		
	_	(Also complete the Support Schedule in Part IV-A)			
11a	X	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 <b>Support Schedule</b> in Part IV-A)			
11b	Ц	A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)			
12	Ш	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			
	$\overline{}$	by the organization after June 30, 1975 See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)			
13	Ш	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations			
		described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See			
		section 509(a)(3) )			
		Provide the following information about the supported organizations (See page 5 of the instructions )		<del></del>	
		(a) Name(s) of supported organization(s)	) Line r		r
			from a	bove	
				<del> ,</del>	
14	П	An organization organized and operated to test for public safety. Section 509(a)(4), (See page 6 of the instructions.)			

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 (c) 2000 (d) 1999 (e) Total (a) 2002 (b) 2001 Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received (Do not include unusual 141,316 655,223 193,667 204,608 115,632 grants. See line 28) Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 104,766 142,977 115,985 101,733 465,461 organization's charitable, etc., purpose 18 Gross income from interest, dividends. amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired 35,563 34,875 38,940 36,538 145,916 by the organization after June 30, 1975 19 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefits 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 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets <u>1,9</u>30 <u>1,</u>285 <u>7,</u>585 1,826 2,544 Stmt 11 260,623 282,131 <del>1,2</del>74,185 374,033 357,398 Total of lines 15 through 22 231,056 241,413 155,857 180,398 808.724 Line 23 minus line 17 24 740 3,574 ,606 2,821 25 Enter 1% of line 23 16,174 26a 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 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 71,458 amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b 808,724 c Total support for section 509(a)(1) test: Enter line 24, column (e) 26c d Add. Amounts from column (e) for lines: 224,959 26d 583,765 e Public support (line 26c minus line 26d total) 26e 72.1835%f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f 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." N/A 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 N/A amounts) for each year: (2002)(1999)c Add Amounts from column (e) for lines. 27c 27d d Add. Line 27a total and line 27b total Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test Enter amount on line 23, column (e) 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 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

Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 29 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, 30 programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 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? 31 If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement) Does the organization maintain the following. 32a 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 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c with student admissions, programs, and scholarships? 32d 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) Does the organization discriminate by race in any way with respect to 33 33a a Students' rights or privileges? Admissions policies? 33b 33c Employment of faculty or administrative staff? d Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f 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) 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? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement. 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

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

chedul Part	e A (Form	990 or 990-EZ) 2003 Information Rega	Ronalo	d McDonald House (	Charities of 59-2172279 s and Relationships With Noncharita	ble	F	age (
				e page 12 of the instruction				
1 Di					th any other organization described in section			
50	01(c) of the	Code (other than sect	ion 501(c)(3	organizations) or in section 527, re	elating to political organizations?			
a Tr	ansfers fro	m the reporting organi	zation to a n	oncharitable exempt organization o			Yes	No
(1	i) Cash					51a(i)		X
(i	i) Other	assets				a(ii)		X
<b>b</b> O	ther transa	ctions						
<b>(</b> i	i) Sales	or exchanges of assets	s with a nonc	charitable exempt organization		b(i)		X
(i	i) Purcha	ases of assets from a r	noncharitable	e exempt organization		b(ii)		X
(ii	ii) Rental	of facilities, equipmen	t, or other as	sets		b(iii)		X
(iv	v) Reimb	ursement arrangemen	ts			b(iv)		X
(v	/) Loans	or loan guarantees				b(v)		X
(v	i) Perfor	mance of services or m	nembership (	or fundraising solicitations		b(vi)		X
c St	haring of fa	cilities, equipment, ma	ılıng lısts, oth	er assets, or paid employees		С		X
d If	the answer	to any of the above is	"Yes," comp	lete the following schedule. Columi	n (b) should always show the fair market value of	the		
go	ods, other	assets, or services give	en by the re	porting organization. If the organiza	tion received less than fair market value in any			
tra	ansaction o	r sharing arrangement	, show in col	umn (d) the value of the goods, oth	er assets, or services received			
(	(a)	(b)	İ	(c)	(d)			
Lin	e no	Amount involved	Name o	f noncharitable exempt organization	Description of transfers, transactions, and share	ing arrangem	ents	
N/A	<b>\</b>		ļ					
		,						
<b>2a</b> Is	the organiz	zation directly or indire	ctly affiliated	with, or related to, one or more tax-	exempt organizations			
	=	= = = = = = = = = = = = = = = = = = =	=	nan section 501(c)(3)) or in section		►  \[ \begin{array}{c} \text{Y} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	es X	No
b If	"Yes," com	plete the following sch	edule					-
		(a)		(b)	(c)			
		lame of organization		Type of organization	Description of relationship			
N/	A							
					7 · · · · · · · · · · · · · · · · · · ·			
		<del></del>				<del></del> ··· ·		
		<del></del>			*			
				·	I			

613 04/09/2004 8	36 AM					
Form 99	90		Special Events So		-	2003
	McDona	or calendar year 2003, or tax year ald House Chariti		, and endin	Employer Id	entification Number
Pensaco	ola, Ir	nc.			59-217	2279
		(A)	(B)	(C)	Others	Total
Gross receipt	outions	19,901 0	122,199 0	9,466	16,982 0 16,982	168,548 0 168,548
Gross revenu Less direct Net income (le	expenses	19,901 7,055 12,846	122,199 44,167 78,032	9,466 1,329 8,137	4,859 12,123	57,410 111,138
Description:	(A)	Firecracker 5K	Run			
·	(B)	Kaps for Kids				
	(C)	Scooper Bowl				
	Others	Golf Tournament Dream Street 2+2=4Kids Road				

Statement '	Statement 1 - Form 990, Part I, Line		f Assets Oth	er Than Inve	8c - Sale of Assets Other Than Inventory - Securities	je Se	
Desc		ı					
	Whom	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
Sale of Securities Purchase		Various	Various	\$ 448,001	\$ 465,908	۷Դ	\$ -17,907
Total					465,	0 \$	·   ,
							\$ -17,907
							-17,
							-17,
							-17,
							-17,
							-17,
							-11,
							-11,
							-11,
							-11,
							-11,
							-11,
							-11,
							-11,

59-2172279

# Federal Statements

FYE: 12/31/2003

### Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	 Amount
Net unrealized gains on investments	\$ 134,061
Total	\$ 134,061

		_			
4/9/2004 8:36 AM		St Zip	ر	<b>ሉ</b>	က
	ntributions	City			
Federal Statements	t II, Line 22 - Grants, Allocations and Contributions	Donee's Address	Class of Activity / Description		
Fe	rm 990, Pari	İ			
613 Ronald McDonald House Charities of 59-2172279 FYE: 12/31/2003	Statement 3 - Form 990, Part I	Donee's Name	Donee's Relationship to Org		
613 Ronald McD 59-2172279 FYE: 12/31/2003				Various	

**Federal Statements** 

FYE: 12/31/2003

59-2172279

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description		Total Expenses		Program Service		Mgt & General		Fund- Raising
	\$		\$		\$		\$	
Expenses								
Bank Charge		545				545		
Employee Health Insurance		11,360		8,750		715		1,895
House Maintenance		15,394		15,394				·
Miscellaneous		14,766		14,766				
Other Insurance		17,557		13,168		4,389		
Promotions & Entertainment		8,742		8,434		·		308
Utilities		14,546		14,546				
Total	\$ <u></u>	82,910	\$_	75,058	\$_	5,649	\$_	2,203

#### Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose

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

59-2172279

## **Federal Statements**

FYE: 12/31/2003

Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities
--

Description	Beginning of Year	End of Year	Basis of Valuation
US and State Government Government Bonds	108,084		Market
Corporate Stock Common Stocks Preferred Stocks	340,598 283,482	569,245 246,060	Market Market
Corporate Bonds Corporate Bonds	70,336	45,173	Market
	802,500	860,478	

#### Statement 7 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation	
Certificates of Deposit	\$ 152,487	\$ 157,868	Market	
Total	\$ 152,487	\$ 157,868		

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

Description

Beschpaen					
	_	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Building & Improvements					
	\$	588,363 \$	237,298 \$	632,252 \$	255,430
Equipment		39,175	16,590	68,490	23,262
Furniture & Fixtures		39,173	10,390	00,490	23,202
		55,499	46,007	47,623	13,773
Total	\$	683,037 \$	299,895 \$	748,365 \$	292,465

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

Description	eginning of Year	 End of Year			
Prepaid Insurance Cash Restricted for Capital Campaign Deposits Beneficial Int in Remainder Trust	\$ 3,674 1,000 2,000	\$ 1,197 1,000 2,000 258,333			
Total	\$ 6,674	\$ 262,530			

Federal Statements

59-2172279 FYE: 12/31/2003

> Statement 10 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp

See Part V, Form 990

59-2172279

# Federal Statements

FYE: 12/31/2003

Statement 11 - Schedule A, Part IV-A, Line 22 - Other Income

		2002			2000		1999		
Miscellaneous	Income	\$_	1,826	\$_	1,930	\$	1,285	\$_	2,544
Total		\$_	1,826	\$_	1,930	\$	1,285	\$_	2,544

#### 2003 Board of Directors

	<del></del>	; 2003 Board Of Directors						
	FName	LName	Company	Address	City	ST	Zip	
	İ		i Emmanuel, Sheppard &	30 S. Spring St.	1	-	Į.	
1	Alan	Bookman	Condon	P.O. Drawer 1271	Pensacola	FL	32501	
	<del>.</del>		,	12.0.0.0.0.10.10.10.10	1. ovičenom	ı. – <u>.</u>	102001	
			Anna Barbee Insurance &					
	Anna	Barbee _	Investments	P.O Box 996	Gulf Breeze	FL	32562	
3	Bill	Luttreil				-		
		•						
4	Bill	Massey	Saltmarsh, Cleveland & Gund	900 N 12th Ave	Pensaçola	FL	32501	
<u></u>				,			0200.	
	Droff	Chau	Gulf Power	One Constitution	Danagasla	F1	22520	
	Brett Brian	Shaw Masterson	Jerry Pate	One Energy Place	Pensacola Pensacola	FL	32520 32504	
		Gibson	Cox Communications	2205 La Vieta Ave	Pensacola	FL	32504	
-	Calidace	"Ainzou	COX Communications	ZZUS LA VISIA AVE	rensaçoia		32304	
A	Cathy	England	SunTrust Bank	6700 N. Davis Hwy	Pensacola	FL	32504	
	Cortney	Owens	Nemours Children's Clinic		Pensacola	FL	32504	
	David	Turner			Pensacola	FL	32504	
	Dernk	Owens	Dr Turner City of Pensacola	180 Governmental Center		FL	32501	
	Diane	Alaman	Better Business Bureau	4532 Woodbine Dr	Pace	FL	32571	
							- !	
13	Ed	Carson	Carson Construction	2616 N 12th Ave.	Pensacola	FL	32503	
14	George	Koper	George Koper Assoc.	7 E. Desoto St.	Pensacola	FL	32501	
	George	Kopei	George Roper Assoc.	7 C. Desolo St.	I CIISacola	<u> </u>	32301	
45	Harry	Wilder	Wilder Enterprises	P.O. Box 579	Gulf Breeze	FL	32561	
	Jenny	Jenkins,M D	Nemours Children's Clinic	5153 N. 9th Ave.	Pensacola	FL	32504	
	Johnsy	COMMING, W. D	Tromosis of marging of margins		Circustona	<del>-</del>	02501	
17	Jerry	Mock	Harmon Auto Glass	6310 N Palafox St	Pensacola	FL	32503	
	, , , , , , , , , , , , , , , , , , ,	l l		00,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	V 0.100000	<u> </u>	02500	
18	Joe	Miller	Bank of America	100 W. Garden St.	Pensacola	FL	32501	
	King	Vaughn	Albertson's	610 N Eglin Parkway	Ft.Walton Beach		32547	
		<u></u>	Scared Heart Children's			1		
20	Melba	Darden	Hospital	5151 North 9th Ave	Pensacola	FL	32504	
21	Michelle	Newchurch	Sacred Heart Hospital Marketin	5225 Carmel Heights Rd	Pensacola	FL	32504	
22	Mike	Roberts	NW Florida Ins. & Investments	P O. Box 2266	Pace	FL	32571	
	Rick	West	Enterprise Rent-A-Car	1171 Gulf Breeze Pkwy	Gulf Breeze	FL	32561	
	Scott	MacFadyen	ProDeck	140 Brian Circle	Mary Ester	FL	32569	
25	Tracy	Johnstone	Johnstone Foods	909 College Blvd N	Panama City	FL	32444	

# Ronald McDonald House Fixed Asset Depreciation Schedule 31-Dec

, Class	Asset Number	Description	Date Acquired	Life	Cost	Dec-02 Accumulated Deprec.	2003 Deprec	Dec-03 Accumulated Deprec.	Dec-03 Book Value
Building	1	Building	10/15/1984	40	462,039	210,324	11,551	221,875	240,164
Building		Bldg Improvements 85	6/30/1985	40	9,272	4,059	232	4,291	4,981
Building	3	Bldg Improvements 86	6/30/1986	40	3,580	1,484	90	1,573	2,007
Building		Bathroom Floor Rm 6	12/31/1997	40 40	2,600 33,890	330 9,036	65 847	395 9,884	2,205 24,007
Building Building		Fire Protection System Stairs by Mgrs Office	<b>5/</b> 19/1992 <b>2/</b> 25/1995	10	1,400	1,108	140	1,248	152
Building		96 Renovations	1/1/1997	40	27,500	4,127	688	4,814	22,686
Building		New Roof for House	1/31/2001	15	42,882	5,718	2,859	8,577	34,305
Building		Drainage Improvements	6/30/2001	7	5,200	1,114	743 118	1,857 118	3,343 3,433
Building		Exterior Painting Doors	11/1/2003 8/12/2003	5 10	3,551 7,650	•	255	255	7,395
Building Building		Cabinets (Kitchen & Laundry Rm)	11/1/2003	10	15,238	•	254	254	14,984
Building		Wall Construction	11/1/2003	10	3,100	•	52	52	3,048
Building	102	Rewire House	11/1/2003	10	14,350		239	239	14,111
					632,252	237,299	18,132	255,431	376,821
Equip	11	Sump Pump	<b>3/1</b> 7/1997	7	5,246	4,370	749	5,120	126
Equip		Van	6/15/1991	5	1,633	1,633	-	1,633	-
Equip	34	Heat Pump	9/29/1995	5	4,000	4,000	-	4,000	-
Equip		Breast Pump	2/18/1998	5	800	787	13 460	800 1,840	460
Equip	-	Heater/AC Rm 7	12/31/1999 5/31/2001	5 3	2,300 1,768	1,380 933	589	1,523	245
Equip Equip		Laptop Computer Freezer	10/1/2001	5	890	222	178	400	490
Equip		A/C Unit Room 6	11/1/2001	5	996	. <b>2</b> 32	199	431	<b>5</b> 65
Equip		Electronic Door Lock	1/2/2002	5	1,519	304	304	608 1,892	911 2,839
Equip		A/C Unit Room 5	1/2/2002	5 5	4,731 1,109	946 1 <b>6</b> 6	946 <b>22</b> 2	388	2,839 <b>72</b> 1
Equip Equip		Plumbing Upgrades New Phone System	<b>3/2</b> 7/2002 <b>9/</b> 30/2002	5	1,745	87	349	436	1,309
Equip		3 Dell Deminsion 8200's	11/30/2002	3	4,074	113	1,358	1,471	2,603
Equip	97	Dehumidifer (Comm Grade)	12/31/2002	3	4,950	-	1,650	1,650	3,300 1,333
Equip		Bathroom Fans	12/31/2002	3	2,000 838	•	667 186	667 186	652
Equip		Black & White Video Intercom Kitchen Appliances	5/15/2003 11/1/2003	3 7	4,015		96	96	3,919
Equip Equip		Stove Vent	11/1/2003	7	2,350	-	56	56	2,294
Equip		3 Washers and 3 Dryers	11/1/2003	7	1,995	-	48	48	1,948
Equip	107	1 Washers and 1 Dryers	11/1/2003	7	665		16	16	649
					47,624	15,175	8,086	23,260	24,364
Disposals	<b>s:</b>							40-	
Equip		Hot Water Heater	5/17/1995	5	187	187 600	•	187 600	-
Equip Equip		Washing Mach & Dryer Printer/Fax/Scanner	<b>5/1</b> 5/1996 <b>8/</b> 11/1997	5 3	600 627	627	<u> </u>	627	
					1,414		8,086	1,414	<del></del>
Furn	71	Framed Prints	1 <b>2/</b> 11/1998	5	1,500	1,225	275	1,500	-
Fum		Framed Cells	3/17/1998	5	4,500	4,350	150		•
Furn		Heat Pump	10/15/1998	5	4,200	3,570	630		1,806
Fum		Carpet For Rooms	3/2/2002	5 7	2,852 6,000	475 429	570 857		4,714
Furn Furn		New Beds (12) Big Screen TV	6/30/2002 11/1/2003	2	600	429	50		550
Furn		2 Leather Recliners (Quiet Room)	11/1/2003	7	900	•	21	21	879
Furn	111	Sinks and Faucets	11/1/2003	2	503	•	42		461 2,952
Fum		Furniture (Front Office)	11/1/2003 11/1/2003	7 7	3,024 1,445	• -	72 34		1,411
Fum Fum		Computer Room Desk Carpet for Common Areas/Offices	11/1/2003	7	3,453	-	82	-	3,371

Ronald McDonald House Fixed Asset Depreciation Schedule 31-Dec

•			5.			Dec-02	2003	Dec-03 Accumulated	Dec-03 Book
,	Asset	O	Date Acquired	Life	Cost	Accumulated Deprec.	Deprec	Deprec.	Value
Class	Number	Description	Acquired	Life	Cost	Вергоо.	<b>50p.</b>	- · · ·	
Furn	115	Tile for Common Areas/Kitchen	11/1/2003	7	6,409	•	153	153	<b>6</b> ,256
Fum		Furniture (ED Office)	11/1/2003	7	3,100	•	74	74	3,026
Furn		Furniture (Living Room/Dining Rm)	11/1/2003	7	4,490	•	107	107	4,383
Furn	118	Furniture (House Manager Office)	11/1/2003	7	891	•	21	21	870
Furn		Blinds for Entire House	11/1/2003	7	3,500	-	83	83	3,417
Furn		Furniture (Play Area)	11/1/2003	7	3,000	•	71	71	2,929
Furn		Furniture (Room 1)	11/1/2003	7	2,000	-	48	48	1,952
Furn		Furniture (Room 2)	11/1/2003	7	2,000	-	48	48	1,952
Fum	123	Furniture (Room 3)	11/1/2003	7	2,000	•	48	48	1,952
Furn	124	Furniture (Room 4)	11/1/2003	7	3,720	-	89	89	3,631
Fum		Furniture (Room 5)	11/1/2003	7	2,103	•	50	50	2,052
Furn		Furniture (Room 6)	11/1/2003	7	2,000	-	48	48	1,952
Furn	127	Furniture (Room 7)	11/1/2003	7	2,500	-	60	60	2,440
Furn		New Beds (2) Room 7	11/1/2003	7	1,000	-	24	24	976
Furn		Furniture (Libarary Shelving)	11/1/2003	7	800		19	19	781
		, , ,	47,638		68,490	10,049	3,725	13,774	54,716
Disposals	s:								
Furn		Furn & Fixtures	10/15/1984	10	19,714	19,714	-	19,714	-
Furn	-	Furniture 1985	6/30/1985	10	417	417	-	417	-
Furn		File Cabinet	6/30/1986	10	263	263	-	263	-
Furn		Sofa	7/17/1990	10	589	589	-	589	-
Furn		Desk	7/1/1990	10	917	917	•	917	-
Furn		Daybed	5/28/1991	5	400	400	-	400	•
Furn		Furniture	12/15/1991	5	2,610	2,610	-	2,610	•
Furn		Furniture	6/30/1997	10	549	307	242	549	0
Furn		Desk	6/30/1997	10	300	168	132	300	-
Furn		VCR	6/30/1995	5	225	225	-	<b>22</b> 5	•
Furn		Cabinet	12/29/1995	5	173	173	-	173	•
Furn		Fire Alarm System	9/29/1995	7	3,798	3,798	-	3,798	-
Furn		Stellite Dish System	12/6/1995	5	1,300	1,300	-	1,300	•
Furn		Credenza	12/29/1995	5	230	230	•	230	-
Furn		Executive Chair	12/29/1995	5	259	259	•	259	•
Furn		Arm Chair Task	12/29/1995	5	111	111	-	111	•
Furn		Arm Chair Task	12/29/1995	5	111	111	-	111	•
Furn		Office Furniture	6/30/1995	5	2,500	2,500	-	2,500	•
Furn		Cabinets	4/1/1995	5	304	304	•	304	•
Furn		Washing Machine	1/1/1995	5	450	450	•	450	•
Furn		Posters	7/16/1998	5	300	270	30	300	•
Furn		Xerox Copier	11/23/1998	5	500	417	83	500	-
Furn		Televisions	1/1/1998	5	427	426	1	427	(0)
					36,447		4,213	36,447	
		Totals			748,366	262,522	30,431	292,465	455,901
									<del>-</del>