

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

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

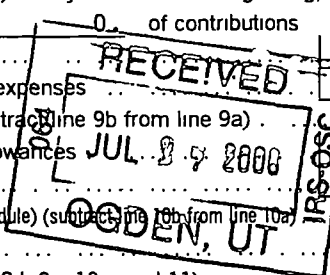
The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

Form 990 header section A-M containing organization details like name, address, and identification numbers.

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

Main table with 21 rows detailing revenue (1-12) and expenses (13-17) leading to net assets (18-21).



SCANNED AUG 14 2006

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

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|-----|------------|----------------------|----------------------------|-----------------|
| 22 Grants and allocations (att sch) (cash \$ 19,792. non-cash \$) | | | | | |
| If this amount includes foreign grants, check here <input type="checkbox"/> | 22 | 19,792. | 19,792. | | |
| 23 Specific assistance to individuals (att sch) | 23 | | | | |
| 24 Benefits paid to or for members (att sch) | 24 | | | | |
| 25 Compensation of officers, directors, etc | 25 | 95,425. | 32,042. | 27,164. | 36,219. |
| 26 Other salaries and wages | 26 | 365,753. | 268,717. | 36,810. | 60,226. |
| 27 Pension plan contributions | 27 | | | | |
| 28 Other employee benefits | 28 | 22,380. | 11,623. | 3,143. | 7,614. |
| 29 Payroll taxes | 29 | 44,075. | 28,034. | 6,397. | 9,644. |
| 30 Professional fundraising fees | 30 | | | | |
| 31 Accounting fees | 31 | 14,118. | 2,824. | 11,294. | 0. |
| 32 Legal fees | 32 | | | | |
| 33 Supplies | 33 | 12,312. | 12,312. | 0. | 0. |
| 34 Telephone | 34 | 14,638. | 7,319. | 4,391. | 2,928. |
| 35 Postage and shipping | 35 | 14,295. | 4,289. | 2,859. | 7,147. |
| 36 Occupancy | 36 | 206,515. | 206,515. | 0. | 0. |
| 37 Equipment rental and maintenance | 37 | | | | |
| 38 Printing and publications | 38 | | | | |
| 39 Travel | 39 | | | | |
| 40 Conferences, conventions, and meetings | 40 | 11,046. | 11,046. | 0. | 0. |
| 41 Interest | 41 | 121,963. | 121,963. | 0. | 0. |
| 42 Depreciation, depletion, etc (attach schedule) | 42 | 248,946. | 248,946. | 0. | 0. |
| 43 Other expenses not covered above (itemize): | | | | | |
| a Emergency Finl Assistance | 43a | 1,510. | 1,510. | 0. | 0. |
| b Insurance - car & general | 43b | 10,801. | 8,641. | 2,160. | 0. |
| c Investment Advisor Fee | 43c | 22,922. | 0. | 22,922. | 0. |
| d Office Supplies | 43d | 16,353. | 4,906. | 4,906. | 6,541. |
| e Publications | 43e | 29,166. | 5,833. | 2,917. | 20,416. |
| f Property Upkeep & Repair | 43f | 6,529. | 6,529. | 0. | 0. |
| g See Other Expenses Stmt | 43g | 190,337. | 110,320. | 15,205. | 64,812. |
| 44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) | 44 | 1,468,876. | 1,113,161. | 140,168. | 215,547. |

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

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.

| What is the organization's primary exempt purpose? TEMPORARY HOUSING, MAKING GRANTS All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others) |
|---|---|
| <p>a <u>To provide and maintain housing in a supportive environment for families of hospitalized children being treated for serious illnesses at Cincinnati Children's Hospital Medical Center and other local hospitals. Families served 1,097; avg. room occupancy rate 97%; avg. length of stay 15 days; daily statistics: room cost \$79, suggested room rate \$20, avg. actual room rate paid \$9.20. Areas served: 136 Ohio cities, 36 states, 11 foreign countries.</u> (Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/></p> | <p>1,093,369.</p> |
| <p>b <u>Make grants from \$500 to \$5,000 on behalf of McDonald's to tax-exempt Code Section 501(c)(3) organizations which benefit children in the areas of health care, medical research, and safety, civic and social services, and education and the arts. See Exhibits I and II.</u> (Grants and allocations \$ 19,792.) If this amount includes foreign grants, check here <input type="checkbox"/></p> | <p>19,792.</p> |
| <p>c _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p> | |
| <p>d _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p> | |
| <p>e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p> | |
| <p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p> | <p>1,113,161.</p> |

BAA

Form 990 (2005)

Part IV Balance Sheets (See Instructions)

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|----------------|--------------------|
| ASSETS | 45 Cash — non-interest-bearing ... | 450. | 45 | 450. |
| | 46 Savings and temporary cash investments ... | 1,781,845. | 46 | 858,260. |
| | 47a Accounts receivable ... | 47a 97,854. | | |
| | b Less: allowance for doubtful accounts ... | 47b | 29,220. | 47c 97,854. |
| | 48a Pledges receivable ... | 48a 409,727. | | |
| | b Less: allowance for doubtful accounts ... | 48b | 518,046. | 48c 409,727. |
| | 49 Grants receivable ... | | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) ... | | 50 | |
| | 51a Other notes & loans receivable (attach sch) ... | 51a | | |
| | b Less: allowance for doubtful accounts ... | 51b | | 51c |
| | 52 Inventories for sale or use ... | | 3,992. | 52 5,384. |
| | 53 Prepaid expenses and deferred charges ... | | 892. | 53 9,128. |
| | 54 Investments — securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 3,326,743. | 54 4,526,646. |
| | 55a Investments — land, buildings, & equipment: basis ... | 55a | | |
| b Less: accumulated depreciation (attach schedule) ... | 55b | | 55c | |
| 56 Investments — other (attach schedule) ... | | | 56 | |
| 57a Land, buildings, and equipment basis ... | 57a 9,298,650. | | | |
| b Less: accumulated depreciation (attach schedule) ... L-57 Stmt | 57b 1,192,557. | 8,327,643. | 57c 8,106,093. | |
| 58 Other assets (describe ▶ See Line 58 Stmt) | | 98,890. | 58 103,683. | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | | 14,087,721. | 59 14,117,225. | |
| LIABILITIES | 60 Accounts payable and accrued expenses ... | 58,231. | 60 | 48,893. |
| | 61 Grants payable ... | | 61 | |
| | 62 Deferred revenue ... | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) ... | | 63 | |
| | 64a Tax-exempt bond liabilities (attach schedule) L-64a STATEMENT | | 5,155,000. | 64a 4,800,000. |
| | b Mortgages and other notes payable (attach schedule) ... | | | 64b |
| | 65 Other liabilities (describe ▶) | | | 65 |
| 66 Total liabilities. Add lines 60 through 65 | | 5,213,231. | 66 4,848,893. | |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted ... | 8,316,195. | 67 | 8,682,216. |
| | 68 Temporarily restricted ... | 62,045. | 68 | 80,866. |
| | 69 Permanently restricted ... | 496,250. | 69 | 505,250. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds ... | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund ... | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds ... | | 72 | |
| | 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) ... | | 8,874,490. | 73 9,268,332. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | | 14,087,721. | 74 14,117,225. |

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

| | | | |
|----------|--|-----------|------------|
| a | Total revenue, gains, and other support per audited financial statements | a | 1,885,588. |
| b | Amounts included on line a but not on Part I, line 12: | | |
| | 1 Net unrealized gains on investments | b1 | -85,016. |
| | 2 Donated services and use of facilities | b2 | 108,124. |
| | 3 Recoveries of prior year grants | b3 | |
| | 4 Other (specify) _____ | b4 | -1. |
| | <u>rounding</u> | | |
| | Add lines b1 through b4 | b | 23,107. |
| c | Subtract line b from line a | c | 1,862,481. |
| d | Amounts included on Part I, line 12, but not on line a : | | |
| | 1 Investment expenses not included on Part I, line 6b | d1 | |
| | 2 Other (specify): _____ | d2 | 25,684. |
| | <u>Share a Night/Direct Mail Expenses</u> | | |
| | Add lines d1 and d2 | d | 25,684. |
| e | Total revenue (Part I, line 12). Add lines c and d | e | 1,888,165. |

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

| | | | |
|----------|---|-----------|------------|
| a | Total expenses and losses per audited financial statements | a | 1,576,763. |
| b | Amounts included on line a but not on Part I, line 17: | | |
| | 1 Donated services and use of facilities | b1 | 108,124. |
| | 2 Prior year adjustments reported on Part I, line 20 | b2 | |
| | 3 Losses reported on Part I, line 20 | b3 | |
| | 4 Other (specify) _____ | b4 | |
| | Add lines b1 through b4 | b | 108,124. |
| c | Subtract line b from line a | c | 1,468,639. |
| d | Amounts included on Part I, line 17, but not on line a : | | |
| | 1 Investment expenses not included on Part I, line 6b | d1 | |
| | 2 Other (specify): _____ | d2 | 25,684. |
| | <u>Share a Night/Direct Mail Expenses</u> | | |
| | Add lines d1 and d2 | d | 25,684. |
| e | Total expenses (Part I, line 17). Add lines c and d | e | 1,494,323. |

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 and deferred compensation plans | (E) Expense account and other allowances |
|---|--|---|---|--|
| Board of Directors see attached Exhibit III | Director 1 | 0. | 0. | 0. |
| Jennifer Goodin 911 Reily Road, Cincinnati, OH 45215 | Exec. Dir 40 | 90,547. | 0. | 4,878. |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |

| Part VI Other Information (continued) | | Yes | No |
|--|-----------------------------|-----|----|
| 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X | |
| b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | 82b 136,990. | | |
| 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? | | X | |
| b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | | X | |
| 84 a Did the organization solicit any contributions or gifts that were not tax deductible? | | | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | |
| 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | | N/A | |
| 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 received a waiver for proxy tax owed for the prior year. | | | |
| c Dues, assessments, and similar amounts from members | 85c N/A | | |
| d Section 162(e) lobbying and political expenditures | 85d N/A | | |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e N/A | | |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f N/A | | |
| g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | N/A | |
| 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 | |
| 86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 | 86a N/A | | |
| b Gross receipts, included on line 12, for public use of club facilities | 86b N/A | | |
| 87 501(c)(12) organizations. Enter: a Gross income from members or shareholders | 87a N/A | | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b N/A | | |
| 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | | | X |
| 89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/> | | | |
| b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction | | | X |
| c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | 0. |
| d Enter: Amount of tax on line 89c, above, reimbursed by the organization | | | |
| 90 a List the states with which a copy of this return is filed <input type="text" value="Ohio"/> | | | |
| b Number of employees employed in the pay period that includes March 12, 2005 (See instructions) | 90b 21 | | |
| 91 a The books are in care of <input type="text" value="Mimi Richmond"/> Telephone number <input type="text" value="(513) 636-5591"/> Located at <input type="text" value="350 Erkenbrecher Ave Cincinnati OH"/> ZIP + 4 <input type="text" value="45229"/> | | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country | | X | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements | | | |
| c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country | | | X |
| 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 | <input type="checkbox"/> 92 | | |

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

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a Room Revenues | | | | | 165,576. |
| b Vending Income | | | | | 7,629. |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings & temporary cash invmnts | | | | | |
| 96 Dividends & interest from securities | | | 14 | 121,852. | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from pers prop | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | -21,455. | |
| 101 Net income or (loss) from special events | | | 02 | 443,799. | |
| 102 Gross profit or (loss) from sales of inventory | | | 12 | 2,581. | |
| 103 Other revenue: a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 546,777. | 173,205. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 719,982. |

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 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). |
|----------|---|
| 93a | See attached Exhibit IV |
| 93b | See attached Exhibit IV |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) N/A

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

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

Please Sign Here

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.

Signature of officer: Bryan J. Stephens Date: July 18, 2006

Type or print name and title: Bryan S. Weinstein, Treasurer

Paid Preparer's Use Only

Preparer's signature: Bryan J. Stephens Date: 7/18/06 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): P00152386

Firm's name (or yours if self-employed), address, and ZIP + 4: BRYAN W. STEPHENS, CPA
11464 LIPPELMAN ROAD, SUITE 100
CINCINNATI OH 45246 EIN: 31-1337545 Phone no: (513) 782-8220

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

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

2005

Supplementary Information — (See separate instructions.)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC

Employer identification number

31-0965333

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

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

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| Jennifer Goodin 911 Reily Rd., Cinti 45215 | executive 40 | 90,547. | 0. | 4,878. |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| Total number of other employees paid over \$50,000 | ▶ | 1 | | |

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

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

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of others receiving over \$50,000 for professional services | ▶ | None |

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| none | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of other contractors receiving over \$50,000 for other services | ▶ | None |

Part III Statements About Activities (See instructions.)

| | Yes | No |
|--|-----|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | | X |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) | | |
| a Sale, exchange, or leasing of property? | | X |
| b Lending of money or other extension of credit? | | X |
| c Furnishing of goods, services, or facilities? <i>SEE EXHIBIT IV</i> | X | |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <i>See Part V-A, Form 990</i> | X | |
| e Transfer of any part of its income or assets? | | X |
| 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.) | | X |
| b Do you have a section 403(b) annuity plan for your employees? | | X |
| c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? | | X |
| 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | | X |
| b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | | X |

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

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

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

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

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

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

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

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

| Calendar year (or fiscal year beginning in) ... | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
|--|--------------------|---------------------|-----------------|--------------|-----------------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 809,959. | 844,796. | 1,266,290. | 1,278,756. | 4,199,801. |
| 16 Membership fees received | 0. | 0. | 0. | 0. | 0. |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose | 544,859. | 569,916. | 304,301. | 145,005. | 1,564,081. |
| 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 | 103,421. | 82,341. | 98,903. | 75,308. | 359,973. |
| 19 Net income from unrelated business activities not included in line 18 | 0. | 0. | 0. | 0. | 0. |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | 0. | 0. | 0. | 0. | 0. |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | 0. | 0. | 0. | 0. | 0. |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | 0. | 0. | 0. | 0. | 0. |
| 23 Total of lines 15 through 22 | 1,458,239. | 1,497,053. | 1,669,494. | 1,499,069. | 6,123,855. |
| 24 Line 23 minus line 17 | 913,380. | 927,137. | 1,365,193. | 1,354,064. | 4,559,774. |
| 25 Enter 1% of line 23 | 14,582. | 14,971. | 16,695. | 14,991. | |
| 26 Organizations described on lines 10 or 11: | | | | | |
| a Enter 2% of amount in column (e), line 24 | | | | | 26a 91,195. |
| 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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b 949,711. |
| c Total support for section 509(a)(1) test. Enter line 24, column (e) | | | | | 26c 4,559,774. |
| d Add: Amounts from column (e) for lines: | 18 359,973. | 19 0. | | | |
| | 22 0. | 26b 949,711. | | | 26d 1,309,684. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 3,250,090. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 71.28 % |
| 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: | (2004) _____ | (2003) _____ | (2002) _____ | (2001) _____ | |
| 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 11b, 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: | (2004) _____ | (2003) _____ | (2002) _____ | (2001) _____ | |
| c Add: Amounts from column (e) for lines: | 15 _____ | 16 _____ | | | |
| | 17 _____ | 20 _____ | 21 _____ | | |
| d Add: Line 27a total and line 27b total | | | | | 27c _____ |
| e Public support (line 27c total minus line 27d total) | | | | | 27d _____ |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) | | | | | 27e _____ |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27f _____ |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27g % |
| | | | | | 27h % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

N/A
 Yes No

| | | | |
|---|-------------------|--|--|
| <p>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?</p> | <p>29</p> | | |
| <p>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?</p> | <p>30</p> | | |
| <p>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.)</p> <p>-----</p> <p>-----</p> <p>-----</p> | <p>31</p> | | |
| <p>32 Does the organization maintain the following:</p> | | | |
| <p>a Records indicating the racial composition of the student body, faculty, and administrative staff?</p> | <p>32a</p> | | |
| <p>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</p> | <p>32b</p> | | |
| <p>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</p> | <p>32c</p> | | |
| <p>d Copies of all material used by the organization or on its behalf to solicit contributions?</p> | <p>32d</p> | | |
| <p>If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.)</p> <p>-----</p> <p>-----</p> | | | |
| <p>33 Does the organization discriminate by race in any way with respect to:</p> | | | |
| <p>a Students' rights or privileges?</p> | <p>33a</p> | | |
| <p>b Admissions policies?</p> | <p>33b</p> | | |
| <p>c Employment of faculty or administrative staff?</p> | <p>33c</p> | | |
| <p>d Scholarships or other financial assistance?</p> | <p>33d</p> | | |
| <p>e Educational policies?</p> | <p>33e</p> | | |
| <p>f Use of facilities?</p> | <p>33f</p> | | |
| <p>g Athletic programs?</p> | <p>33g</p> | | |
| <p>h Other extracurricular activities?</p> | <p>33h</p> | | |
| <p>If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)</p> <p>-----</p> <p>-----</p> | | | |
| <p>34a Does the organization receive any financial aid or assistance from a governmental agency?</p> | <p>34a</p> | | |
| <p>b Has the organization's right to such aid ever been revoked or suspended?</p> | <p>34b</p> | | |
| <p>If you answered 'Yes' to either 34a or b, please explain using an attached statement.</p> | | | |
| <p>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.</p> | <p>35</p> | | |

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

n/a

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

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

| | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|---|---|---|
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | Lobbying nontaxable amount Enter the amount from the following table – | | |
| If the amount on line 40 is – | | The lobbying nontaxable amount is – | |
| Not over \$500,000 | | 20% of the amount on line 40 | |
| Over \$500,000 but not over \$1,000,000 | | \$100,000 plus 15% of the excess over \$500,000 | |
| Over \$1,000,000 but not over \$1,500,000 | | \$175,000 plus 10% of the excess over \$1,000,000 | |
| Over \$1,500,000 but not over \$17,000,000 | | \$225,000 plus 5% of the excess over \$1,500,000 | |
| Over \$17,000,000 | | \$1,000,000 | |
| 41 | | 41 | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | |
| Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|---|--|-------------|-------------|-------------|--------------|
| | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots non- taxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

| | Yes | No | Amount |
|---|-----|----|--------|
| a Volunteers | | X | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | X | |
| c Media advertisements | | X | |
| d Mailings to members, legislators, or the public | | X | |
| e Publications, or published or broadcast statements | | X | |
| f Grants to other organizations for lobbying purposes | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | X | |
| i Total lobbying expenditures (add lines c through h.) | | | |

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See 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?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b 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

c 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 3 columns: Question, Yes, No. Rows include 51 a (i), a (ii), b (i)-(vi), and c.

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

52 a 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 No

b If 'Yes,' complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Form **4562**

(Rev January 2006)

Department of the Treasury
Internal Revenue Service

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2005

Attachment
Sequence No **67**

Name(s) shown on return

RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC

Identifying number

31-0965333

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | \$105,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | \$420,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2004 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

| | | | |
|----|--|----|--|
| 14 | Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property (other than listed property) placed in service during the tax year (see instrs) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

| | | | |
|----|--|----|----------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2005 | 17 | 244,590. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | 30,488. | 7 YRS | | SL | 4,356. |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 27.5 yrs | MM | S/L | |
| | | | 39 yrs | MM | S/L | |

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (see instructions)

| | | | |
|----|---|----|----------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 248,946. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| 24a Do you have evidence to support the business/investment use claimed? | | | | Yes | No | 24b If 'Yes,' is the evidence written? | | | | Yes | No | |
|---|-------------------------------|---|----------------------------|--|------------------------|--|-------------------------------|---------------------------------|--|-----|----|--|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost | | | | |
| 25 Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | | | 25 | | | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | | | 29 | | |

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

| | | |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) | | |

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year | |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|---------|
| 42 Amortization of costs that begins during your 2005 tax year (see instructions): | | | | | | |
| Letter of Credit fee | 05/16/05 | 35,533. | 167 | 12.00 MO | 20,727. | |
| 43 Amortization of costs that began before your 2005 tax year | | | | | 43 | 19,369. |
| 44 Total. Add amounts in column (f). See instructions for where to report | | | | | 44 | 40,096. |

**Schedule of Gains and Losses from
Sale of Assets Other than Inventory**

2005

▶ Attach to return

Name
RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC

Employer Identification Number
31-0965333

Part I, Line 8, Column (A) Securities

Public Securities

| Description | Gross Sales Price | Basis | |
|----------------------------|-------------------|------------------|------------|
| | | | |
| Publicly Traded Securities | 2,046,603. | Cost | 2,068,058. |
| | | Selling Expenses | 0. |
| | | Basis | 2,068,058. |

Nonpublic Securities

| Description | Date Acquired and Method | Date Sold and to Whom | Gross Sales Price | Cost, other basis or FMV when donated (State which on top) |
|---|--------------------------|-----------------------|-------------------|--|
| ----- | ----- | ----- | | ----- |
| ----- | ----- | ----- | | ----- |
| ----- | ----- | ----- | | ----- |
| ----- | ----- | ----- | | ----- |
| Total Securities | | | 2,046,603. | 2,068,058. |
| Gain or (Loss) from Sale of Securities | | | | -21,455. |

Part I, Line 8, Column (B) Other Assets

| Description | Date Acquired and Method | Date Sold and to Whom | Gross Sales Price | Cost, other basis or FMV when donated | |
|---|--------------------------|-----------------------|-------------------|---------------------------------------|-------|
| | | | | | |
| ----- | ----- | ----- | | Cost | ----- |
| ----- | ----- | ----- | | Depreciation | ----- |
| ----- | ----- | ----- | | Basis | ----- |
| ----- | ----- | ----- | | Donation FMV | ----- |
| ----- | ----- | ----- | | Cost | ----- |
| ----- | ----- | ----- | | Depreciation | ----- |
| ----- | ----- | ----- | | Basis | ----- |
| ----- | ----- | ----- | | Donation FMV | ----- |
| ----- | ----- | ----- | | Cost | ----- |
| ----- | ----- | ----- | | Depreciation | ----- |
| ----- | ----- | ----- | | Basis | ----- |
| ----- | ----- | ----- | | Donation FMV | ----- |
| Total Other Assets | | | | | |
| Gain or (Loss) from Sale of Other Assets | | | | | |

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

| Other expenses not covered above (itemize): | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|-----------------|-------------------------|-------------------------------|--------------------|
| Auto Expense | 3,755. | 3,755. | 0. | 0. |
| Bank Service Charges | 12,722. | 12,722. | 0. | 0. |
| Erkenbrecher Properties E | 5,155. | 5,155. | 0. | 0. |
| Garden Project | 841. | 841. | 0. | 0. |
| Information Technology | 20,572. | 5,143. | 10,286. | 5,143. |
| Staff Development | 7,281. | 4,369. | 2,912. | 0. |
| Board Functions | 3,180. | 3,180. | 0. | 0. |
| Public Relations | 5,433. | 1,087. | 543. | 3,803. |
| Executive Director Budget | 4,878. | 975. | 1,464. | 2,439. |
| Fundraising Expense | 23,182. | 0. | 0. | 23,182. |
| Fundraising/Canister Exp | 4,561. | 0. | 0. | 4,561. |
| Volunteer Services | 12,497. | 12,497. | 0. | 0. |
| Teacher Program | 8,247. | 8,247. | 0. | 0. |
| Resident Manager's Budget | 2,048. | 2,048. | 0. | 0. |
| Theatre Program | 2,725. | 2,725. | 0. | 0. |
| Share a Night/Direct Mail | 25,684. | 0. | 0. | 25,684. |
| Miscellaneous Expense | 7,480. | 7,480. | 0. | 0. |
| Amortization | 40,096. | 40,096. | 0. | 0. |
| Total | 190,337. | 110,320. | 15,205. | 64,812. |

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

| List of Three Largest Events and Type and Number of Others | Gross Receipts | Less Contributions | Gross Revenue | Less Direct Expenses | Net Income (Loss) |
|--|-----------------|--------------------|-----------------|----------------------|-------------------|
| Gala Event | 369,793. | 0. | 369,793. | 41,196. | 328,597. |
| Golf Event | 165,633. | 0. | 165,633. | 60,031. | 105,602. |
| Piano Play-a-thon | 15,555. | 0. | 15,555. | 5,955. | 9,600. |
| Total | 550,981. | 0. | 550,981. | 107,182. | 443,799. |

Form 990, Page 1, Part I, Line 10

Gross Sales of Inventory Statement

| Description | Gross Sales Less: Returns and Allowances | Less: Cost of Goods Sold | Gross Profit (Loss) |
|----------------|--|--------------------------|---------------------|
| clothing, etc. | 8,737. | 6,156. | 2,581. |
| Total | 8,737. | 6,156. | 2,581. |

Form 990, Page 4, Part IV, Line 54
Investments - Securities Statement

| Line 54 – Investments - Securities: | Beginning of Year | End of Year |
|--|--------------------------|--------------------------|
| 5/3rd-Invest-Com'l. Paper | -9,882. | 40,249. |
| Putnam Asset Allocation | 26,748. | 27,200. |
| U.S. Treasuries and Agency Obligations | 607,725. | 1,006,159. |
| Corporate Debt Securities - Public | 401,450. | 1,161,800. |
| Domestic Common Stock - Public | 2,300,702. | 2,291,238. |
| Total | <u>3,326,743.</u> | <u>4,526,646.</u> |

Form 990, Page 4, Part IV, Lines 57a & 57b
Land, Buildings and Equipment Statement

| | (a) Cost/Other Basis | (b) Accumulated Depreciation | (c) Book Value |
|---------------------------|-------------------------------------|---|---------------------------|
| Land | 1,361,945. | 0. | 1,361,945. |
| Program Furniture & Fixtu | 506,327. | 377,932. | 128,395. |
| Automobiles | 30,702. | 7,116. | 23,586. |
| Building & Improvements | 7,399,676. | 807,509. | 6,592,167. |
| Total | <u>9,298,650.</u> | <u>1,192,557.</u> | <u>8,106,093.</u> |

Form 990, Page 4, Part IV, Line 58
Other Assets Statement

| Line 58 - Other Assets: | Beginning of Year | End of Year |
|--------------------------------|--------------------------|------------------------|
| Accrued Interest/Dividend | 16,022. | 18,920. |
| Deposit-BWC | 138. | 138. |
| Letter of Credit Fee | 14,881. | 14,805. |
| Unamortized Bond Expenses | 47,028. | 42,540. |
| Cash Surrender Value - Li | 20,822. | 27,279. |
| Rounding | -1. | 1. |
| Total | <u>98,890.</u> | <u>103,683.</u> |

Form 990, Page 4, Part IV, Line 65
Other Liabilities Statement

| Line 65 - Other Liabilities: | Beginning of Year | End of Year |
|-------------------------------------|--------------------------|--------------------|
| ROUNDING | | |
| Total | | |

Supporting Statement of:

Form 990 p 1/Line 1a

| Description | Amount |
|--|-------------------|
| Room Sponsorship | 105,000. |
| Payments for Cannisters | 107,507. |
| Contributions-General | 357,316. |
| Planned Giving Income | 6,457. |
| Children's Hospital Donat | 120,000. |
| Annual Fund | 52,285. |
| Grants | 11,350. |
| Direct Mail/Share-a-Night | 112,395. |
| Pop Tab Income | 11,871. |
| McDonalds Debt Cont | 128,050. |
| Capital Campaign Fund | 735. |
| Discount of Contributions | 19,114. |
| Capital Campaign Expense | -897. |
| Contributions - Temporarily Restricted | 128,000. |
| Contributions - Permanently Restricted | 9,000. |
| Total | <u>1,168,183.</u> |

Supporting Statement of:

Form 990 p 2/Line 26 column (B)

| Description | Amount |
|------------------------------|-----------------|
| Management Salaries | 452,562. |
| Bonus Contribution | 8,616. |
| Less: Officer Compensation | -95,425. |
| Less: management and general | -36,810. |
| Less: fundraising | -60,226. |
| Total | <u>268,717.</u> |

Supporting Statement of:

Form 990 p 2/Line 28 column (B)

| Description | Amount |
|------------------------------|----------------|
| Benefits | 22,380. |
| Less: management and general | -3,143. |
| Less: fundraising | -7,614. |
| Total | <u>11,623.</u> |

Supporting Statement of:

Form 990 p 2/Line 29 column (B)

| Description | Amount |
|------------------------------|----------------|
| Payroll Taxes | 44,075. |
| Less: management and general | -6,397. |
| Less: fundraising | -9,644. |
| Total | <u>28,034.</u> |

Supporting Statement of:

Form 990 p 2/Line 31 column (C)

| Description | Amount |
|----------------------------|----------------|
| Professional Services | 20,718. |
| Less: In-Kind Contribution | -6,600. |
| Less: program services | -2,824. |
| Total | <u>11,294.</u> |

Supporting Statement of:

Form 990 p 2/Line 33 column (B)

| Description | Amount |
|---|----------------|
| House Supplies | 43,436. |
| Food & Beverages | 23,073. |
| Minor Household Purchases | 6,780. |
| Less: In-Kind Contribution - House Supplies | -34,768. |
| Less: In-Kind Contribution - Food & Beverages | -21,008. |
| Less: In-Kind Contribution - Household | -5,201. |
| Total | <u>12,312.</u> |

Supporting Statement of:

Form 990 p 2/Line 34 column (B)

| Description | Amount |
|------------------------------|---------------|
| Telephone | 18,004. |
| Less: In-Kind Contribution | -3,366. |
| Less: management and general | -4,391. |
| Less: fundraising | -2,928. |
| Total | <u>7,319.</u> |

Supporting Statement of:

Form 990 p 2/Line 35 column (B)

| Description | Amount |
|------------------------------|---------------|
| Postage | 14,295. |
| Less: management and general | -2,859. |
| Less: fundraising | -7,147. |
| Total | <u>4,289.</u> |

Supporting Statement of:

Form 990 p 2/Line 36 column (B)

| Description | Amount |
|---|-----------------|
| Maintenance - Housekeepin | 27,488. |
| Maintenance - Mechanical | 104,611. |
| Maintenance - Housekeeping | |
| Utilities | 81,834. |
| Less: In-Kind Contribution - Housekeeping | -17,177. |
| Water & Sewage | 9,759. |
| Total | <u>206,515.</u> |

Supporting Statement of:

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

| Description | Amount |
|------------------------------|---------------|
| Insurance - car & general | 15,001. |
| Less: In-Kind Contribution | -4,200. |
| Less: management and general | -2,160. |
| Total | <u>8,641.</u> |

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-4

| Description | Amount |
|------------------------------|---------------|
| Office Supplies | 17,260. |
| Less: In-Kind Contribution | -907. |
| Less: management and general | -4,906. |
| Less: fundraising | -6,541. |
| Total | <u>4,906.</u> |

Supporting Statement of:

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

| Description | Amount |
|------------------------------|----------------|
| Publications | 29,166. |
| Less: program services | -5,833. |
| Less: management and general | -2,917. |
| Total | <u>20,416.</u> |

Supporting Statement of:

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

| Description | Amount |
|----------------------------|---------------|
| Auto Expense | 4,799. |
| Less: In-Kind Contribution | -1,044. |
| Total | <u>3,755.</u> |

Supporting Statement of:

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

| Description | Amount |
|------------------------------|---------------|
| Information Technology | 22,872. |
| Less: In-Kind Contribution | -2,300. |
| Less: management and general | -10,286. |
| Less: fundraising | -5,143. |
| Total | <u>5,143.</u> |

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-12

| Description | Amount |
|------------------------------|---------------|
| Staff Development | 7,281. |
| Less: management and general | -2,912. |
| Total | <u>4,369.</u> |

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-14

| Description | Amount |
|------------------------------|---------------|
| Public Relations | 12,433. |
| Less: In-Kind Contribution | -7,000. |
| Less: management and general | -543. |
| Less: fundraising | -3,803. |
| Total | <u>1,087.</u> |

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-15

| Description | Amount |
|------------------------------|-------------|
| Executive Director Budget | 4,878. |
| Less: general and management | -1,464. |
| Less: fundraising | -2,439. |
| Total | <u>975.</u> |

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-18

| Description | Amount |
|----------------------------|----------------|
| Volunteer Services | 15,897. |
| Less: In-Kind Contribution | -3,400. |
| Total | <u>12,497.</u> |

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-20

| Description | Amount |
|----------------------------|---------------|
| Resident Manager's Budget | 3,201. |
| Less: In-Kind Contribution | -1,153. |
| Total | <u>2,048.</u> |

Supporting Statement of:

Form 990 p 4/Line 64a, column (A)

| Description | Amount |
|--|-------------------|
| Form 990, p 3, line 64a, column (B) | |
| Mortgage Note Payable - see Exhibit VII | |
| County of Hamilton, Ohio Adjustable Rate Demand | |
| Healthcare Facilities Revenue Bonds, Series 2000 | |
| a) to build a 48-unit guest residence | |
| b) outstanding amount: \$5,155,000 | |
| c) unexpended proceeds: \$-0- | |
| d) space used by a third party: 0% | |
| e) maturity date: May 1, 2015 | |
| f) annual principal payments due each May 1 | |
| g) interest paid monthly, rate was 2.01% at 12-31-04 | |
| h) secured by house and land | |
| Bond Debt | 5,155,000. |
| Total | <u>5,155,000.</u> |

Supporting Statement of:

Form 990 p 4/Line 68, column (A)

| Description | Amount |
|--------------------------------|----------------|
| L-68 STATEMENT PART IV PAGE 3 | |
| TEMPORARILY RESTRICTED | |
| Theater performances | 2,395. |
| Teacher program | 24,235. |
| Garden | 2,521. |
| Computers | 6,177. |
| Security | 944. |
| Transportation | 175. |
| Emergency Financial Assistance | 3,517. |
| Development Director | 13,834. |
| Pillows, miscellaneous | 100. |
| Food | 4,134. |
| Lighting and miscellaneous | 2,059. |
| Family Services | 954. |
| Dishwasher/disposal | 1,000. |
| Total | <u>62,045.</u> |

Supporting Statement of:

Form 990 p 4/Line 64a, column (B)

| Description | Amount |
|---|--------|
| Form 990 p 4/Line 64a, column (B) | |
| Mortgage Note Payable | |
| County of Hamilton, Ohio Adjustable Rate Demand | |

Continued

Supporting Statement of:

Form 990 p 4/Line 64a, column (B)

| Description | Amount |
|---|-------------------|
| Healthcare Facilities Revenue Bonds, Series 2000 | |
| a) to build a 48-unit quest residence | |
| b) outstanding amount: \$4,800,000 | |
| c) unexpended proceeds: \$-0- | |
| d) space used by a third party: 0% | |
| e) maturity date: May 1, 2015 | |
| f) annual principal payments due each May 1 | |
| g) interest is paid monthly, rate was 3.58% at 12-31-05 | |
| h) secured by house and land | |
| Bond Debt | 4,800,000. |
| Total | <u>4,800,000.</u> |

Supporting Statement of:

Form 990 p 4/Line 68, column (B)

| Description | Amount |
|-------------------------------|----------------|
| L-68 STATEMENT PART IV PAGE 3 | |
| TEMPORARILY RESTRICTED | |
| Development Director | 10,000. |
| Food | 4,134. |
| Garden | 1,680. |
| Helping Hands | 6,060. |
| Information Technology | 555. |
| Pillows | 100. |
| Security | 944. |
| Teacher | 30,992. |
| Theater | 10,000. |
| Computers in LTS | 6,913. |
| Emergency Fund - Benner | 3,207. |
| Emergency Fund - Carter | 175. |
| Emergency Fund - Jones | 1,800. |
| Linens, etc. | 1,602. |
| Blankets | 1,000. |
| Dishwasher/Disposal | 604. |
| Patio Furniture | 1,100. |
| Total | <u>80,866.</u> |

Supporting Statement of:

Form 990 p 5/Part IV-A, Line b(2)

| Description | Amount |
|-----------------------------------|----------|
| Donated Products and Services | 136,990. |
| Less: Special Events direct costs | -28,866. |

Continued

Supporting Statement of:

Form 990 p 5/Part IV-A, Line b(2)

| Description | Amount |
|-------------|-----------------|
| Total | <u>108,124.</u> |

Supporting Statement of:

Form 990 p 5/Part IV-B, Line b(1)

| Description | Amount |
|-----------------------------------|-----------------|
| Donated Products and Services | 136,990. |
| Less: Special Events direct costs | -28,866. |
| Total | <u>108,124.</u> |

Supporting Statement of:

Form 990 p 8/Line 96(D)

| Description | Amount |
|---|-----------------|
| Interest/Dividend Income- Temporarily Restricted | 106,644. |
| | 15,208. |
| Total | <u>121,852.</u> |

Supporting Statement of:

Gain or Loss Statement/Public sales price

| Description | Amount |
|----------------------------------|-------------------|
| McDonalds Corp. common stock | 59,761. |
| other publicly traded securities | 1,986,842. |
| Total | <u>2,046,603.</u> |

Supporting Statement of:

Gain or Loss Statement/Public cost amount

| Description | Amount |
|----------------------------------|------------|
| McDonalds Corp. common stock | 24,812. |
| other publicly traded securities | 2,043,246. |

Continued

Supporting Statement of:

Gain or Loss Statement/Public cost amount

| Description | Amount |
|-------------|-------------------|
| Total | <u>2,068,058.</u> |

Supporting Statement of:

Special Events and Sales of Inventory/Line 9, Direct Expenses-1

| Description | Amount |
|----------------------------|-----------------|
| Gala Event Expense | 62,796. |
| Less: In-Kind Contribution | <u>-21,600.</u> |
| Total | <u>41,196.</u> |

Supporting Statement of:

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

| Description | Amount |
|----------------------------|----------------|
| Golf Classic Expenses | 67,297. |
| Less: In-Kind Contribution | <u>-7,266.</u> |
| Total | <u>60,031.</u> |

**Ronald McDonald House Charities of Greater Cincinnati
2005 Grants**

| Name of Organization | Address | Name of Grant | Descript. | Total | Cincinnati | Global Match |
|--|--|--|------------------|--------------|-------------------|---------------------|
| Adventures for Wish Kids | 8595 Beechmont Ave., Suite 201 Cincinnati, OH 45255 | Holiday Party Adventure | Program | \$4,179.00 | \$2,090.00 | \$2,089.00 |
| Cincinnati Fire Museum | 315 West Court St. Cincinnati, OH 45212 | Children's Fire Safety Education Program | Program | \$2,483.00 | \$1,242.00 | \$1,241.00 |
| Loveland Interfaith Effort | 101 S. Lebanon Rd. Cincinnati, OH 45140 | Winter Warm-up Program | Program | \$2,000.00 | \$1,000.00 | \$1,000.00 |
| LifeSpan, Inc. | 1900 Fiargrave Ave. Hamilton, OH 45011 | Observation Equipment | Equipment | \$4,000.00 | \$2,000.00 | \$2,000.00 |
| Lydia's House | 4721 Reading Rd. Cincinnati, OH 45237 | Early Childhood Education Program | Program | \$5,000.00 | \$2,500.00 | \$2,500.00 |
| Rotary Club of Cincinnati | 441 Vine St., Suite 2112 Cincinnati, OH 45202 | The Big Tree House | Program | \$5,000.00 | \$1,666.67 | \$3,333.33 |
| Wilson Elementary | 2465 Little Dry Rund Rd. Cincinnati, OH 45244 | Wheels&Feet: Where All Friends Meet | Project | \$2,000.00 | \$666.67 | \$1,333.33 |
| Aubrey Rose Hollenkamp Children's Trust | 4480 Oakville Drive Cincinnati, OH 45211 | Heart Transplant Picnic | Program | \$1,500.00 | \$500.00 | \$1,000.00 |
| Cincinnati Art Club | 1021 Parkside Place Cincinnati, OH 45202 | Patchwork Kids | Program | \$2,000.00 | \$666.67 | \$1,333.33 |
| Youth Opportunities United | 2181 Victory Parkway Cincinnati, OH 45206 | Frederick Douglass After School Program | Program | \$4,000.00 | \$1,333.34 | \$2,666.66 |
| Madcap Productions | 3316 Glenmore Ave. Cincinnati, OH 45211 | Pocketful of Puppets | Program | \$1,360.00 | \$453.34 | \$906.66 |

EXHIBIT I p1 of 2
PART III Lines b

**Ronald McDonald House Charities of Greater Cincinnati
2005 Grants**

| <u>Name of Organization</u> | <u>Address</u> | <u>Name of Grant</u> | <u>Descript.</u> | <u>Total</u> | <u>Cincinnati</u> | <u>Global Match</u> |
|----------------------------------|---|---|------------------|--------------------|--------------------|---------------------|
| Babies Milk Fund | 400 E. Martin Luther King Dr. Cincinnati, OH 45229 | Developmentally Appropriate Learning Lobbies | Project | \$5,000.00 | \$1,666.67 | \$3,333.33 |
| <hr/> | | | | | | |
| Dominican Community Services | 425 Ezzard Charles Dr. Cincinnati, OH 45203 | Educational Materials & Equipment for VISIONS Program | Project | \$4,500.00 | \$1,500.00 | \$3,000.00 |
| <hr/> | | | | | | |
| Women's Crisis Center | 835 Madison Ave. Covington, KY 41011 | Faith in the Future | Program | \$4,971.00 | \$1,657.00 | \$3,314.00 |
| <hr/> | | | | | | |
| Beulah Missionary Baptist Church | 1834 Section Rd. | Haven House | Program | \$2,548.00 | \$849.34 | \$1,698.66 |
| <hr/> | | | | | | |
| Totals | | | | \$50,541.00 | \$19,791.70 | \$30,749.30 |

EXHIBIT I p. 2 of 2
PART III line b

RONALD MCDONALD HOUSE CHARITIES CHECKLIST

(Organizations must submit this checklist with the application.)

Send 2 copies of the following:

- _____ Cover Letter
- _____ McDonald's Endorsement (if applicable)
- _____ IRS 501 (c) (3) Form
- _____ Ronald McDonald House Charities Completed Grant Application
SAMPLE ATTACHED
- _____ Itemized Budget for monies request
- _____ Total Program Budget for this project
- _____ Balance Sheet
- _____ Past Donor Information
- _____ Board of Directors

*ORGANIZATIONS RECEIVING GRANTS MUST SUBMIT THE
ABOVE AND WITHIN ONE YEAR OF FUNDING, A WRITTEN
OR PICTORIAL REPORT ON THE PROJECT RESULTS.*

**RONALD MCDONALD HOUSE CHARITIES
2005 GRANT APPLICATION FORM**

(This form may be reproduced on the organization's computer.)

Please make sure you have read and understand all information contained in the grants brochure and the application. Incomplete grant requests or requests that do not fall within our funding guidelines will not be considered.

I. Organization

Name of Organization:

Project Title:

Address:

City/State/Zip Code:

Telephone #:

Contact/Title:

How did you hear about Ronald McDonald House Charities' grants program?

Are you currently working with a McDonald's representative?

Yes No

If yes, please answer the following items:

McDonald's Contact:

Title/Position:

Address:

City:

Telephone #:

To what extent have you worked with the McDonald's representative?

Have you ever received monies from a McDonald's representative?

Are you currently working with a Ronald McDonald House representative?

Yes No

If yes, please name:

EXHIBIT II P. 2006
PART III LINE 6

II. History

Please provide a brief history of the organization, including the mission statement.

III. Target Population

Summarize the target audience in measurable terms. Identify the primary audience, the total number of individuals who will be served by the program, the age of the audience, where the program will be offered, the geographical range of the organization and the number (with percentages) of individuals in specific ethnic groups.

Example: 125 physically challenged children, ages 6-12, will be served by this program at the county parks. These children are from the greater Cincinnati area and represent a population which is 60% white (75), 30% African American (38), 8% Asian (10) and 2% Pacific Islander (2).

EXHIBIT II P. 3066
PART III LINE 5

IV. Summary of Grant Proposal

Provide a concise description of the need or problem to be addressed including the following information:

- The overall goals and purposes of the organization
- The specific purpose of the funds requested
- How the objectives will be accomplished
- Estimated time-line (i.e. when the project will be implemented and completed)
- What is unique about the program

I. Budget

As of January, 2004, Ronald McDonald House Charities of Greater Cincinnati can only consider grants requesting \$5,000 or less.

Specific amount requested from RMHC: \$

Necessary Attachments:

- Proof of **501 (c)(3)** status
- An **itemized budget** for this project indicating the specific amounts and items that RMHC is being asked to fund (please include copies of estimates if available).
- **Total program budget** showing current sources of income and expenses for this project.
- A **balance sheet** from your organization for the past year.
- Any **pertinent contributions** from other institutions or organizations.

Please note: If an itemized budget is not included with your proposal indicating what amounts and items RMHC is being asked to fund, or if the funds requested are for any of the following, your application will be returned to you.

Ronald McDonald House Charities of Greater Cincinnati does **NOT** fund:

- **Partisan, political, denominational or faith-based initiatives** (RMHC can fund a religious organization's non-religious requests, but cannot fund anything *directly* religious. For example, RMHC can pay for St. Xavier High School to buy textbooks, but cannot fund the purchase of bibles.)
- **Salaries** (RMHC can fund an outside consultant or artist to present/speak, but cannot fund any permanent staff of an organization. For example, RMHC can fund a person to come teach a class, or give a performance to children, but cannot fund a permanent staff person to do the same thing.)
- **Travel expenses** (RMHC can fund the transportation of a child to and/or from a site, but cannot fund the transportation of staff members. For example, RMHC can fund children to be picked-up from Kenwood and taken to the Museum Center, but cannot fund staff members to be transported to and from the Museum Center. ****Note: A speaker or artist not on the grant applicant's permanent staff can be funded and/or transported.**)
- **On-going operating costs**
- **Scholarships or funding to individuals**
- **Intermediary funding agencies**

VI. Evaluation

Describe how the organization will determine the success of the funded project. Include measurable outcomes as to how the organization will assess effectiveness. Submit a copy of any measurement tools (surveys, checklists, etc).

Examples:

- 1) Three hundred students will participate in the summer math tutoring program. Attendance rate will be 90%. A school official will provide a checklist and/or letter as to the program effectiveness of the organization's summer tutorial program.
- 2) Participants will submit a parent response scale to measure program effectiveness. An average of 3 on a 5 point scale will indicate success of the program.

VII. Organizations must submit the RMHC checklist and 2 copies of all the information requested in the checklist.

Please return the application to the following address:

Attn: Grants Committee
Ronald McDonald House Charities
350 Erkenbrecher Ave.
Cincinnati, OH 45229

VIII. Within one year of funding, the organization must submit written or pictorial results of their project and financial support of grant spending.

Additional Information

Form 990, page 5, Part V-A

Schedule of Directors:

| | |
|-----------------------------|---|
| Adams, Doug | 105 E. Fourth St, Ste 200A, Cincinnati, OH 45202 |
| Anderson, David, vice chair | 3333 Burnett Ave. ML5007, Cincinnati, OH 45229 |
| Bauer, Charles | 1270 Stephanie Drive, Hamilton, OH 45013 |
| Boothe, Leon E. | NKU, Dept of History, LA430, Highland Hts, KY 41099 |
| Carlisle, Robert W. | 936 Squire Oaks Drive, Villa Hills, KY 41017 |
| Corbett, Dorothy | 139 East Fourth St., 25th Floor, Cincinnati, OH 45202 |
| Gruber, Bob | 3802 Miami Road, Cincinnati, OH 45227 |
| Heitzman, Judd | 7405 Demar Road, Cincinnati, OH 45243 |
| Kilroy, Bill | 8075 Reading Road, Ste 304, Cincinnati, OH 45237 |
| Klosterman, Chip, chairman | 4760 Paddock Rd., Cincinnati, OH 45229 |
| Koncious, Algis | 4340 Willow Hills Ln., Cincinnati, OH 45243 |
| McEnery, Paul, M.D., secy. | 1075 Sunny Slope, Cincinnati, OH 45229 |
| McQuade, Kinnard | 2401 Ingleside, Cincinnati, OH 45206 |
| Noday, Gloria | 858 Country Club Dr., Cincinnati, OH 45245 |
| Ott, Ronald | 3777 Monet's Lane, Cinti, OH 45241 |
| Owens, O'Dell, Dr. | 3849 Washington Ave, Cincinnati, OH 45229 |
| Rhein, Marilyn S. | 8200 Kroger Farm Lane, Cincinnati, OH 45243 |
| Ryckman, Sue, RN, MSN, CPNP | 8506 Tennyson Ct., West Chester, OH 45069 |
| Sewell, Michael, | 250 E. Fifth Street, Cincinnati, OH 45202 |
| Skidmore, David, Jr., Esq. | 2200 PNC Center, 201 E 5th St, Cincinnati, OH 45202 |
| Smitherman, Barbara | 1002 Redway Ave., Cincinnati, OH 45229 |
| Thompson, Gary | 4665 Interstate Drive, Cincinnati, OH 45246 |
| Weinstein, Barry, treasurer | 11050 Woodlands Way, Cincinnati, OH 45241 |
| Welge, Hal | 3362 Fiddlers Green, Cincinnati, OH 45248 |
| Wharton, Paula B. | 5/3rd Center, MD 1090HB, Cincinnati, OH 45263 |
| Williams, Felicia | Federated, 7 W Seventh St, Cincinnati, OH 45202 |
| Wymore, Donna | 644 Linn St., Suite 802, Cincinnati, OH 45203 |

EXHIBIT III
PART V-A

Additional Information

Form 990, page 8, Part VIII

Lines 93a and 93b - The organization operates a home-away-from-home for families of children who come to the medical facilities in Cincinnati, Ohio for diagnosis and treatment. The Ronald McDonald House offers safe and inexpensive residential accommodations next door to Cincinnati Children's Hospital Medical Center and is also near the Shriners' Hospitals for Children, The Christ Hospital and University Hospital. These hospitals care for patients from around the world and any family is welcome to stay. These fees represent the de minimis room rate donated by the families. The families are not excluded due to their inability to pay some or all of the de minimis room rate. The excess program expenses over program revenue is funded by contributions and fund raising activities. In November, 2001, a new facility opened which doubled the number of rooms available to 48 bedrooms as well as providing common living areas for the families. The average occupancy rate for 2005 was 97%, with many families waiting three days or more before being admitted.

Form 990, Schedule A, Part III, line 2e

A member of the Board of Directors owns an audio visual services business which during 2005 provided audio visual equipment and technicians for its "Gala" dinner and "Golf Outing" fundraising events. The services totalled \$4,895 and were provided at standard rates at arms-length.

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).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

| | | |
|--|--|--------------------------------|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization | Employer identification number |
| | RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC | 31-0965333 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. | |
| | 350 ERKENBRECHER AVE, | |
| | City, town or post office. For a foreign address, see instructions | state ZIP code |
| | CINCINNATI | OH 45229 |

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 (section 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 |

- The books are in the care of ▶ Mimi Richmond

Telephone No. ▶ (513) 636-5591 FAX No. ▶ (513) 636-4887

- 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-months for a **Form 990-T corporation**) extension of time until Aug 15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 05 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

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 \$ _____ 0.

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 \$ _____ 0.

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 \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.