

**Return of Organization Exempt From Income Tax**

**2005**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2005 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: **RONALD MCDONALD HOUSE CHARITIES, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address): **635 W. LEXINGTON STREET**  
 City or town, state or country, and ZIP + 4: **BALTIMORE, MD 21201**

**D** Employer identification number: **52-1184957**

**E** Telephone number: **410-528-1010**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Website: **WWW.RMHBALTIMORE.COM**

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

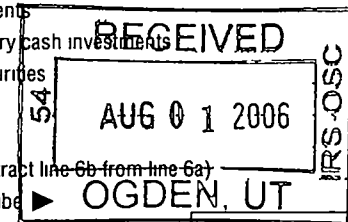
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **1,392,449.**

**H and I are not applicable to section 527 organizations**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (if "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number: **N/A**  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances			
Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Direct public support	1a	772,107.
	b Indirect public support	1b	46,313.
	c Government contributions (grants)	1c	
	d Total (add lines 1a through 1c) (cash \$ <b>818,420.</b> noncash \$ _____)	1d	818,420.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	100,056.
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	27,605.
	5 Dividends and interest from securities	5	13,924.
	6 a Gross rents	6a	
	b Less: rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7 Other investment income (describe: <b>OGDEN, UT</b> )	7		
8 a Gross amount from sales of assets other than inventory	8a	(A) Securities (B) Other	
b Less: cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	9a	428,572.	
b Less: direct expenses other than fundraising expenses	9b	95,397.	
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	333,175.	
10 a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11	3,872.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,297,052.	
Expenses	13 Program services (from line 44, column (B))	13	836,072.
	14 Management and general (from line 44, column (C))	14	109,886.
	15 Fundraising (from line 44, column (D))	15	114,742.
	16 Payments to affiliates (attach schedule) <b>SEE STATEMENT 2</b>	16	21,412.
	17 Total expenses (add lines 16 and 44, column (A))	17	1,082,112.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	214,940.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,672,790.
	20 Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	20	62,697.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	4,950,427.

SCANNED AUG 17 2006



**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 (attach schedule) <i>SEE STATEMENT C</i> (cash \$ <u>15,059.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	15,059.	15,059.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc **	107,692.	43,076.	32,308.	32,308.
26	Other salaries and wages	378,418.	300,687.	36,789.	40,942.
27	Pension plan contributions				
28	Other employee benefits	8,393.	5,935.	1,193.	1,265.
29	Payroll taxes	38,070.	26,922.	5,411.	5,737.
30	Professional fundraising fees				
31	Accounting fees	13,588.		13,588.	
32	Legal fees	147.		147.	
33	Supplies	42,016.	42,016.		
34	Telephone	10,783.	8,428.	2,355.	
35	Postage and shipping	4,613.	4,613.		
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	25,932.	25,932.		
40	Conferences, conventions, and meetings ...	5,436.	2,837.	2,599.	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	170,246.	170,246.		
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e					
f					
g	<i>SEE STATEMENT 4</i>	240,307.	190,321.	15,496.	34,490.
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,060,700.	836,072.	109,886.	114,742.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

\*\* SEE STATEMENT 5

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

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? <b>SEE STATEMENT D</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
<b>a</b> <b>SEE STATEMENT D</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	821,013.
<b>b</b> <b>SEE STATEMENT D</b>	
(Grants and allocations \$ 15,059.) If this amount includes foreign grants, check here <input type="checkbox"/>	15,059.
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	836,072.

Form 990 (2005)

**Part IV Balance Sheets** (See the 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		45
	46 Savings and temporary cash investments	1,279,322.	46 745,646.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 67,754.	
	b Less: allowance for doubtful accounts	48b 5,500.	48c 62,254.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	9,160.	53 13,612.
	54 Investments - securities <b>STMT 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	920,273.	54 1,886,644.
	55 a Investments - land, buildings, and equipment basis	55a	
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment basis <b>SEE STMT. A</b>	57a 4,451,798.		
b Less: accumulated depreciation	57b 2,097,693.	57c 2,354,105.	
58 Other assets (describe <b>▶</b> )		58	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	4,755,672.	59 5,062,261.	
Liabilities	60 Accounts payable and accrued expenses	57,272.	60 99,334.
	61 Grants payable	25,610.	61 12,500.
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <b>▶</b> )		65
66 <b>Total liabilities.</b> Add lines 60 through 65)	82,882.	66 111,834.	
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 <b>SEE STATEMENT F</b>	4,191,540.	67 4,469,177.
	68 Temporarily restricted		68
	69 Permanently restricted	481,250.	69 481,250.
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	4,672,790.	73 4,950,427.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	4,755,672.	74 5,062,261.	

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

a	Total revenue, gains, and other support per audited financial statements		a	1,359,749.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	62,697.	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	62,697.
c	Subtract line b from line a		c	1,297,052.
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		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12) Add lines c and d		e	1,297,052.

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

a	Total expenses and losses per audited financial statements		a	1,082,112.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
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	0.
c	Subtract line b from line a		c	1,082,112.
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		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17) Add lines c and d		e	1,082,112.

**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 & deferred compensation plans	(E) Expense account and other allowances
ANNETTE MERZ	PRESIDENT			
BALTIMORE, MD 21030	1.00	0.	0.	0.
KEITH PERSINGER	VICE PRESIDENT			
BALTIMORE, MD 21201	1.00	0.	0.	0.
BARRY WEISKOPF	SECRETARY			
BALTIMORE, MD 21202	1.00	0.	0.	0.
CHARLES ABBOTT	TREASURER			
BALTIMORE, MD 21230	1.00	0.	0.	0.
MARIANNE ROWAN-BRAUN	EXECUTIVE DIRECTOR			
BALTIMORE, MD 21201	40.00	107,692.	0.	0.
SEE STATEMENT B				



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? 82a

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 N/A

83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b

84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A

b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b 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? 85g 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? 85h 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 88

89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.

b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.

d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.

90 a List the states with which a copy of this return is filed MD

b Number of employees employed in the pay period that includes March 12, 2005 90b 19

91 a The books are in care of MARIANNE ROWAN-BRAUN Telephone no. 410-528-1010  
 Located at 635 W. LEXINGTON STREET, BALTIMORE, MD ZIP + 4 21201

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)? 91b

If "Yes," enter the name of the foreign country N/A

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country N/A

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

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

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>GUEST FEES</b>					96,561.
b <b>VENDING</b>					3,495.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	27,605.	
96 Dividends and interest from securities			14	13,924.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	333,175.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>RMH CLOTHING</b>			12	3,872.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		378,576.	100,056.
105 Total (add line 104, columns (B), (D), and (E))					478,632.

**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).
▼	SEE STATEMENT E

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

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

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

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

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

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

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

Please Sign Here: *Keith D. Persinger* Signature of officer, Date: *7/17/06*, Type or print name and title: *Keith D. Persinger; President*

Paid Preparer's Use Only: Preparer's signature: *Steven King*, Date: *9/8/06*, Check if self-employed: , Preparer's SSN or PTIN: *218-52-2858*

Firm's name (or yours if self-employed), address, and ZIP + 4: **ELLIN & TUCKER, CHARTERED**  
**100 S CHARLES ST SUITE 1300**  
**BALTIMORE, MD 21201**

EIN: \_\_\_\_\_ Phone no.: **410-727-5735**

**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 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

**2005**

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES, INC.**

Employer identification number

**52 1184957**

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

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>MARIANNE ROWAN-BRAUN</u>	<u>EXEC DIRECTOR</u> 40.00	107,692.		
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**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 page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
-----		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A	X	
e	Transfer of any part of its income or assets?		X
3 a	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
4 a	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 pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only ONE applicable box.)
- 5  A church, convention of churches, or association of churches. 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) sections 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 page 6 of the instructions.)

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

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

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	784,669.	866,048.	336,136.	761,730.	2,748,583.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	81,792.	88,449.	92,065.	61,202.	323,508.
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	24,703.	15,417.	18,773.	33,450.	92,343.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	891,164.	969,914.	446,974.	856,382.	3,164,434.
24 Line 23 minus line 17	809,372.	881,465.	354,909.	795,180.	2,840,926.
25 Enter 1% of line 23	8,912.	9,699.	4,470.	8,564.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
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 N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
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) 15,694. (2003) 529,331. (2002) 20,000. (2001) 274,833.					
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) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 2,748,583. 16 _____ 17 323,508. 20 _____ 21 _____					27c 3,072,091.
d Add: Line 27a total 839,858. and line 27b total 0.					27d 839,858.
e Public support (line 27c total minus line 27d total)					27e 2,232,233.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 3,164,434.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 70.5413%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 2.9182%

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 page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
	<b>N/A</b>													
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b> Other exempt purpose expenditures	<b>39</b>													
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	<b>41</b>	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>													

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers		<b>X</b>	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines c through h.)		<b>X</b>	
<b>c</b> Media advertisements		<b>X</b>	
<b>d</b> Mailings to members, legislators, or the public		<b>X</b>	
<b>e</b> Publications, or published or broadcast statements		<b>X</b>	
<b>f</b> Grants to other organizations for lobbying purposes		<b>X</b>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		<b>X</b>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		<b>X</b>	
<b>i</b> Total lobbying expenditures (Add lines c through h)			0.

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



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

▶ 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  **X**
  - 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](http://www.irs.gov/efile).

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

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

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

- The books are in the care of ▶ **RONALD MCDONALD HOUSE CHARITIES, INC.**  
 Telephone No. ▶ **410-528-1010** FAX No. ▶ \_\_\_\_\_
- 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 **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - ▶  calendar year **2005** or
  - ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions ..... \$ **N/A**

**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.

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

**RONALD MC DONALD HOUSE CHARITIES, INC.**  
**EIN: 52-1184957**  
**FORM 990**  
**SCHEDULE OF ASSETS**  
**PART IV - LINE 57a & b**  
**YEAR END 12/31/05**

	<b>F/A</b>	<b>F/A</b>
	<b><u>12/31/04</u></b>	<b><u>12/31/05</u></b>
<b><u>PROPERTY &amp; EQUIPMENT</u></b>		
BUILDINGS	1,099,097	1,099,097
BUILDING EXPANSION	1,584,974	1,584,974
LEASEHOLD IMPOROVEMENTS	892,742	892,742
FURNITURE AND FIXTURES	419,421	419,567
MEMORIAL WALL	38,472	47,146
COMPUTERS	116,179	116,034
VEHICLE	25,895	92,988
PLAYGROUND RENOVTION	205,750	199,250
TOTAL ASSETS	<u>4,382,530</u>	<u>4,451,798</u>
	<b>A/D</b>	<b>A/D</b>
	<b><u>12/31/04</u></b>	<b><u>12/31/05</u></b>
<b><u>ACCUMULATED DEPRECIATION</u></b>		
TOTAL	<u>1,927,989</u>	<u>2,097,693</u>
NET ASSETS	<u>2,454,541</u>	<u>2,354,105</u>

**RONALD MCDONALD HOUSE CHARITIES  
BOARD MEMBERS  
2005**

**HONORARY BOARD MEMBER**

**Tony Meoli**  
1208 E. MacPhail Road  
Bel Air, MD 21015

**OFFICERS**

**Annette Merz                      President**  
10701 Pot Spring Road  
Cockeysville, MD 21030

**Jimmy Berg**  
5 Stream Court  
Owings Mills, MD 21117

**Keith Persinger                  Vice President**  
University of MD Medical Systems  
22 S. Greene Street  
Baltimore, MD 21201

**Rev. Joe Ehrmann**  
**Grace Fellowship Church**  
9505 Deereco Road  
Timonium, Maryland 21093

**Barry Weiskopf                  Secretary**  
Tydings & Rosenberg LLP  
100 East Pratt Street  
Baltimore, MD 21202

**Bob Foreman**  
6215 Patrick Drive  
Sykesville, MD 21784

**Charles Abbott                  Treasurer**  
**Trigen Energy Baltimore**  
1400 Ridgely Street  
Baltimore, MD 21230

**Sandy Gimelstob**  
1181 Cavalier Road  
Arnold, MD 21012

**Alvin Williams                  Chair, Grantmaking**  
2404 Winding Ridge Road  
Odenton, Maryland 21113

**Robert A. Houck**  
27 Boone Trail  
Severna Park, MD 21146-4501

**Rick Smith                      Chair, House Operations**  
Gary R. Bozel & Associates, PA  
105 W. Chesapeake Avenue, Suite 109  
Towson, Maryland 21204-4710

**Dwight Johnson**  
P.O. Box 47039  
Baltimore, MD 21244

**Scott Reber                      Dev./Chair Communications**  
The L. Warner Companies, Inc.  
9690 Deereco Road, Suite 650  
Timonium, MD 21093

**Robert E. Lee**  
5801 NE Gulf Stream Way, #4908  
Stuart, FL 34996

**Steve J. Paterakis              Im. Past President**  
Northeast Foods  
601 S. Caroline Street      Bill 3081  
Baltimore, MD 21231

**Kyle Miller**  
Ernst & Young LLP  
621 East Pratt Street  
Baltimore, MD 21202

**Tina Baxter**  
28165 Canterbury Court  
Easton, MD 21601-8565

**Anita Nucci**  
5655 Kavon Avenue  
Baltimore, MD 21206

**Dr. Vanessa Paterakis**  
7 Timberpark Court  
Timonium, MD 21093

**Nancy Swartz**  
2471 Sunset Farm Road  
Ellicott City, MD 21042.

**Diana Taylor**  
2906 Calliston Court  
Jarrettsville, MD 21084

**Loretta Lewis Wall**  
11073 Swansfield Road  
Columbia, MD 21044

**Ronald McDonald House Staff 2005**

**Marianne Rowan-Braun**  
**Executive Director**  
Ronald McDonald House  
635 W. Lexington Street  
Baltimore, MD 21201

**Debbie Hood**  
**Development Associate**  
Ronald McDonald House  
635 W. Lexington Street  
Baltimore, MD 21201

**Lisa Miller**  
**House Manager/Family Advocate**  
Ronald McDonald House  
635 W. Lexington Street  
Baltimore, MD 21201

**Brenda Brown**  
**Executive Administrator/Grants Coordinator**  
Ronald McDonald House  
635 W. Lexington Street  
Baltimore, MD 21201

**Susan Moscareillo**  
**Director of Volunteer Services**  
Ronald McDonald House  
635 W. Lexington Street  
Baltimore, MD 21201

**Amy Duke**  
**Manager of Accounting Operations**  
Ronald McDonald House  
635 W. Lexington Street  
Baltimore, MD 21201

**Amanda Dubinsky**  
**Family Coordinator**  
Ronald McDonald House  
635 W. Lexington Street  
Baltimore, MD 21201



**Name:** Pumpkin Theatre of Baltimore, Inc. \$ 1,666.67  
Baltimore, MD

**Relationship to Substantial Contributor:** None

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

**Purpose of Grant:** Funds to subsidize ticket costs for the Kinder Series and Pathway Series School Programs for disadvantaged and underprivileged students

**Name:** Irvine Natural Science Center, Inc. \$ 666.67  
Stevenson, MD

**Relationship to Substantial Contributor:** None

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

**Purpose of Grant:** Funds to purchase supplies for the Natural Connections Program bringing environmental education to students

**Name:** Madison Square Bucs Inner-City Youth Program, Inc.. \$ 2,333.34  
Baltimore, MD

**Relationship to Substantial Contributor:** None

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

**Purpose of Grant:** Funds to purchase equipment and supplies for the Academic Basketball Clinic

**Name:** Talbot Community Connections, Inc. \$ 2,500.00  
Easton, MD

**Relationship to Substantial Contributor:** None

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

**Purpose of Grant:** Funds to purchase a state of the art video and taping system to benefit children who have been sexually abused

**Name:** Children's Playhouse of Maryland, Inc. \$ 2,500.00  
Baltimore, MD

**Relationship to Substantial Contributor:** None

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

**Purpose of Grant:** Funds to subsidize tickets and participation fees enabling underprivileged children to attend their shows and participate in their programs

**Ronald McDonald House Charities, Inc.**

**EIN: 52-1184957**

**FORM 990**

**Primary Exempt Purpose / Program Service Accomplishments**

**PART III**

**Year End 12/31/05**

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

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

Ronald McDonald House Charities of Baltimore, Inc. owns and operates the Ronald McDonald House. The Baltimore Ronald McDonald House is located in the city of Baltimore. The five hospitals primarily served by the Ronald McDonald House are University of Maryland Medical System, Johns Hopkins Hospital, Sinai Hospital, Mt. Washington Pediatric Hospital and Kennedy Krieger Institute. There are no specific geographic parameters regarding service, as the House serves families from every part of the state of Maryland as well as all corners of the world. To be eligible to stay at the House, a family must have a child age 21 or younger receiving treatment at any one of the area hospitals. The families must be referred by a social worker from the hospital to stay at the House. Families are asked to pay a de minimus rate for the room and the parking garage. The room and parking rate is \$15 per night, which only partly defrays operating costs. However, the social workers determine each family's ability to pay and the room and parking charges can be reduced or waived in their entirety, without affecting eligibility.

The House has 37 rooms, primarily with a double and single bed in each room. There are 2 rooms with single beds only and 2 suites containing a living room and kitchen. The occupancy rate averaged 89% during 2005.

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

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

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

Ronald McDonald House is the cornerstone program of RMHC but can only help 37 families at a time. To meet the broader mission of the organization, RMHC provided grants to other nonprofit organizations in the state of Maryland. Money used for grant making comes from special promotions held by our local McDonald franchises, special designated fundraising activities and the matching grant account funded by the national chapter of RMHC in Oak Brook, Illinois. A list of the 2005 grant recipients is attached (See Statement C)

**Ronald McDonald House Charities, Inc.**

**EIN: 52-1184957**

**FORM 990**

**PART VII - Analysis of Income-Producing Activities**

**Year End 12/31/05**

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

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

**RONALD MC DONALD HOUSE CHARITIES, INC.**

**EIN: 52-1184957**

**FORM 990**

**UNRESTRICTED NET ASSETS**

**PART IV - LINE 67**

**YEAR END 12/31/05**

<b><u>UNRESTRICTED NET ASSETS:</u></b>	<b><u>12/31/04</u></b>	<b><u>12/31/05</u></b>
UNDESIGNATED	1,736,999	2,115,072
PROPERTY AND EQUIPMENT	<u>2,454,541</u>	<u>2,354,105</u>
TOTAL UNRESTRICTED NET ASSETS	<u><u>4,191,540</u></u>	<u><u>4,469,177</u></u>

**RONALD MC DONALD HOUSE CHARITIES, INC.**  
**EIN: 52-1184957**  
**FORM 990**  
**RELATED DIRECTORS**  
**PART V-A, LINE b**  
**YEAR END 12/31/05**

Steve J Paterakis, Im. Past President and Dr. Vanessa Paterakis are siblings.

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
PRO AM GOLF, GALA, EVENTS, ETC.	428,572.		428,572.	95,397.	333,175.
TO FM 990, PART I, LINE 9	428,572.		428,572.	95,397.	333,175.

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 2

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
RMHC NATIONAL	OAK BROOK, IL	
PURPOSE OF PAYMENT		AMOUNT
ROYALTY PAID FOR NATIONAL PROMOTION		21,412.
TOTAL TO FORM 990, PART I, LINE 16		21,412.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
GAIN FROM INVESTMENTS	62,697.
TOTAL TO FORM 990, PART I, LINE 20	62,697.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	2,832.		2,832.	
COMMUNITY COMMUNICATION	2,933.	2,933.		
DESIGNATED NEEDS	2,843.	2,843.		
DUES AND SUBSCRIPTIONS	1,197.	1,197.		
FAMILY EXPENSES	7,731.	7,731.		
INSURANCE	36,816.	36,816.		
SPECIAL EVENTS	34,490.			34,490.
OPERATING EXPENSE	12,678.	104.	12,574.	
MAINTENANCE AND REPAIRS	64,463.	64,463.		
UTILITIES	67,270.	67,270.		
PROFESSIONAL DEVELOPMENT	7,054.	6,964.	90.	
TOTAL TO FM 990, LN 43	240,307.	190,321.	15,496.	34,490.

