

Return of Organization Exempt From Income Tax

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

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

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 OF ALABAMA, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
920 17TH STREET SOUTH
 City or town, state or country, and ZIP + 4
BIRMINGHAM, AL 35205

D Employer identification number
63-0753358

E Telephone number
(205) 933-0692

F Accounting method Cash Accrual
 Other (specify) _____

G Website: **N/A**

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

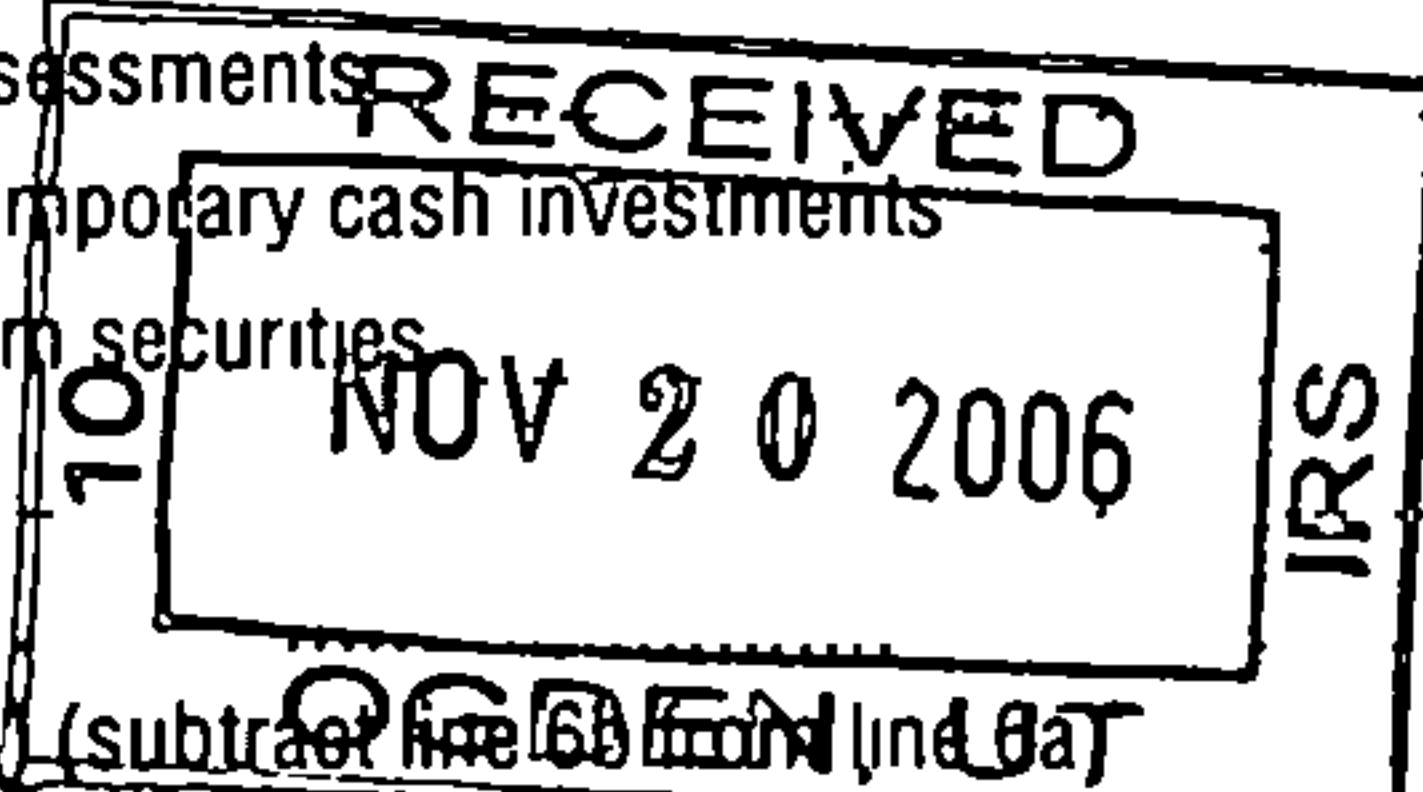
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **6,130,071.**

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	4,728,361.		
b	Indirect public support	1b	50,041.		
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 4,653,945. noncash \$ 124,457.)	1d	4,778,402.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	60,132.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5	70,438.		
6a	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 _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	93,072.	8a	(B) Other
b	Less: cost or other basis and sales expenses	8b	723,382.		850,000.
c	Gain or (loss) (attach schedule)	8c	93,072.		126,618.
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	219,690.		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	271,003.		
b	Less: direct expenses other than fundraising expenses	9b	61,473.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	209,530.		
10a	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	7,024.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,345,216.		
13	Program services (from line 44, column (B))	13	492,982.		
14	Management and general (from line 44, column (C))	14	86,628.		
15	Fundraising (from line 44, column (D))	15	227,711.		
16	Payments to affiliates (attach schedule)	16	14,188.		
17	Total expenses (add lines 16 and 44, column (A))	17	821,509.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	4,523,707.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,399,570.		
20	Other changes in net assets or fund balances (attach explanation)	20	-52,963.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	7,870,314.		



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**RONALD MCDONALD HOUSE CHARITIES OF
ALABAMA, INC.**

Form 990 (2005)

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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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>14,000</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22	14,000.	14,000.	STATEMENT 8	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc. **	25	85,372.	42,686.	21,343.	21,343.
26 Other salaries and wages	26	180,245.	140,723.	19,761.	19,761.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	24,376.	16,962.	3,707.	3,707.
30 Professional fundraising fees	30				
31 Accounting fees	31	13,270.	441.	8,848.	3,981.
32 Legal fees	32	25.	13.	6.	6.
33 Supplies	33	95,216.	83,566.	2,430.	9,220.
34 Telephone	34	12,203.	11,471.	366.	366.
35 Postage and shipping	35	1,274.	510.	382.	382.
36 Occupancy	36	50,779.	47,633.	1,573.	1,573.
37 Equipment rental and maintenance	37	4,322.	3,026.	648.	648.
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	56,200.	52,718.	1,741.	1,741.
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g SEE STATEMENT 6	43g	270,039.	79,233.	25,823.	164,983.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	807,321.	492,982.	86,628.	227,711.

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

Form 990 (2005)

** SEE STATEMENT 7

RONALD MCDONALD HOUSE CHARITIES OF
ALABAMA, INC.

Form 990 (2005)

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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? SEE ATTACHED STATEMENT	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.)	
a TO PROVIDE A FACILITY FOR USE BY CHILDREN AND THEIR IMMEDIATE FAMILIES NEEDING LOW-COST LODGING DURING EXTENDED MEDICAL TREATMENT IN BIRMINGHAM AREA HOSPITALS. SEE ATTACHED STATEMENT FOR MORE INFORMATION.	
(Grants and allocations \$ 14,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	492,982.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	492,982.

Form 990 (2005)

**RONALD MCDONALD HOUSE CHARITIES OF
ALABAMA, INC.**

Form 990 (2005)

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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	562.	45		
	46 Savings and temporary cash investments	1,078,763.	46	3,127,893.	
	47 a Accounts receivable	17,992.			
	b Less: allowance for doubtful accounts				
			33,837.	47c	17,992.
	48 a Pledges receivable	3,197,711.			
	b Less: allowance for doubtful accounts				
				48c	3,197,711.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55 a Investments - land, buildings, and equipment: basis					
b Less: accumulated depreciation					
			55c		
56 Investments - other	SEE STATEMENT 9	1,499,117.	56	1,420,737.	
57 a Land, buildings, and equipment basis	328,929.				
b Less: accumulated depreciation	146,400.				
		796,585.	57c	182,529.	
58 Other assets (describe ▶ _____)			58		
59 Total assets (must equal line 74) Add lines 45 through 58		3,408,864.	59	7,946,862.	
Liabilities	60 Accounts payable and accrued expenses	9,294.	60	76,548.	
	61 Grants payable		61		
	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 ▶ _____)		65	0.	
66 Total liabilities. Add lines 60 through 65)		9,294.	66	76,548.	
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	2,612,862.	67	2,888,973.	
	68 Temporarily restricted	255,308.	68	4,449,941.	
	69 Permanently restricted	531,400.	69	531,400.	
	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)		3,399,570.	73	7,870,314.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		3,408,864.	74	7,946,862.	

Form 990 (2005)

**RONALD MCDONALD HOUSE CHARITIES OF
ALABAMA, INC.**

Form 990 (2005)

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Part VI Other Information <i>(continued)</i>		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	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		
	53,672.		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions 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? 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.	85b		
	N/A		
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		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
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		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a List the states with which a copy of this return is filed <u>AL</u>			
b Number of employees employed in the pay period that includes March 12, 2005	90b		12
91 a The books are in care of <u>DONNA URQUHART</u> Telephone no. <u>(205) 933-0692</u> Located at <u>920 17TH STREET SOUTH, BIRMINGHAM, AL</u> ZIP + 4 <u>35205</u>			
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X
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 <u>N/A</u>	91c		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	92		N/A

**RONALD MCDONALD HOUSE CHARITIES OF
ALABAMA, INC.**

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 ROOM RENTALS					60,132.
b					
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					
96 Dividends and interest from securities			14	70,438.	
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			18	93,072.	126,618.
101 Net income or (loss) from special events			01	209,530.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a VENDING					3,385.
b WASHER & DRYER					2,631.
c NOVELTY ITEMS			01	1,008.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		374,048.	192,766.
105 Total (add line 104, columns (B), (D), and (E))					566,814.

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 11

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).

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: *[Signature]* Date: 11/15/06 Type or print name and title: M1

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 11/15/06 Check if self-employed: Preparer's SSN or PTIN:
 Firm's name (or yours if self-employed), address, and ZIP + 4: LEHMANN, ULLMAN AND BARCLAY LLP
 2908 CLAIRMONT AVENUE
 BIRMINGHAM, AL 35205
 EIN:
 Phone no.: 205-328-5966

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 OF ALABAMA, INC.** Employer identification number **63 0753358**

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
NONE				
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
NONE		
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
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

RONALD MCDONALD HOUSE CHARITIES OF

Part III Statements About Activities (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)?		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.)

RONALD MCDONALD HOUSE CHARITIES OF

Schedule A (Form 990 or 990-EZ) 2005 **ALABAMA, INC.**

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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.)	671,982.	582,264.	189,167.	171,834.	1,615,247.
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	48,286.	48,675.	32,713.	35,627.	165,301.
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	48,298.	41,061.	52,628.	66,243.	208,230.
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	768,566.	672,000.	274,508.	273,704.	1,988,778.
24 Line 23 minus line 17	720,280.	623,325.	241,795.	238,077.	1,823,477.
25 Enter 1% of line 23	7,686.	6,720.	2,745.	2,737.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					36,470.
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					519,025.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					1,823,477.
d Add: Amounts from column (e) for lines: 18 <u>208,230.</u> 19 _____					
22 _____ 26b <u>519,025.</u>					
e Public support (line 26c minus line 26d total)					1,096,222.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					60.1171%
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: N/A					
(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: N/A					
(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 _____					
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
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.					NONE

RONALD MCDONALD HOUSE CHARITIES OF

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?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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	

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
CAPITAL GAIN DIVIDENDS	93,072.	0.	0.	93,072.
TO FORM 990, PART I, LINE 8	93,072.	0.	0.	93,072.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
GAIN ON SALE OF ASSETS	01/01/79	11/16/05	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM	850,000.	721,531.	1,851.	0.	126,618.
TO FM 990, PART I, LN 8	850,000.	721,531.	1,851.	0.	126,618.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FOUNDERS AWARDS DINNER	171,539.		171,539.	39,532.	132,007.
GOLF TOURNEY	80,234.		80,234.	18,004.	62,230.
YLB EVENT	9,746.		9,746.	3,374.	6,372.
RED NOSE RUN	6,832.		6,832.	563.	6,269.
WFS FINANCIAL GOLF INCOME	2,652.		2,652.		2,652.
TO FM 990, PART I, LINE 9	271,003.		271,003.	61,473.	209,530.

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 4

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
RONALD MCDONALD HOUSE CHARITIES - NATIONAL	ONE KROC DRIVE, OAKBROOK, IL 60523	14,188.
PURPOSE OF PAYMENT		
REMITTANCE TO AFFILIATE BASED ON 25% OF CANISTER DONATIONS		14,188.
TOTAL TO FORM 990, PART I, LINE 16		14,188.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
NET UNREALIZED GAIN/LOSS ON INVESTMENTS	-52,963.
TOTAL TO FORM 990, PART I, LINE 20	-52,963.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES & SUBSCRIPTIONS	735.		368.	367.
INSURANCE	34,174.	28,602.	2,786.	2,786.
MAINTENANCE, GROUNDS	251.	235.	8.	8.
MAINTENANCE, BUILDING	9,207.	8,637.	285.	285.
MISCELLANEOUS EXPENSES	214.	139.	58.	17.
PAYROLL SERVICE	1,492.	1,044.	224.	224.
PEST CONTROL	333.	313.	10.	10.
WASHER & DRYER SERVICE	1,988.	1,988.		
INVESTMENT EXPENSES	13,139.		13,139.	
TRAINING & DEVELOPMENT	3,047.	1,523.	762.	762.
DONOR, VOLUNT, & STAFF RECOGNITION	3,445.	2,611.	113.	721.
MAINTENANCE, EQUIPMENT	450.	314.	68.	68.

RONALD MCDONALD HOUSE CHARITIES OF ALABA

63-0753358

JANITORIAL SERVICES PERSONNEL	32,839.	30,805.	1,017.	1,017.
RECRUITMENT	162.	114.	24.	24.
BANK SERVICE CHARGES	2,006.	401.	1,605.	
BOARD & COMMITTEE MEETING EXPENSE	135.	67.	34.	34.
FUNDRAISING EXPENSES	1,204.			1,204.
OUTREACH EXPENSE	642.	326.		316.
CONSULTING FEES	9,643.		4,821.	4,822.
SECURITY EXPENSE	1,356.	1,314.	21.	21.
CONFERENCE EXPENSE	80.		80.	
DATA BASE CONVERSION	1,600.	800.	400.	400.
CAPITAL CAMPAIGN EXPENSE	151,897.			151,897.
TOTAL TO FM 990, LN 43	270,039.	79,233.	25,823.	164,983.

FORM 990	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION	VALUATION METHOD	AMOUNT	
ENDOWMENT FUND - UNRESTRICTED	MARKET VALUE	889,337.	
ENDOWMENT FUND - PERMANENTLY RESTRICTED	MARKET VALUE	531,400.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,420,737.	

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DENSON FRANKLIN, III 1819 FIFTH AVENUE NORTH BIRMINGHAM, AL 35203	PRESIDENT/CHAIRMAN 2.00	0.	0.	0.
MATTHEW AIKEN 1901 SIXTH AVENUE NORTH, SUITE 2600 BIRMINGHAM, AL 35203	BOARD VICE PRESIDENT 2.00	0.	0.	0.
TODD SHARLEY, JR. 2501 20TH PLACE SOUTH, SUITE 400 BIRMINGHAM, AL 35223	BOARD VICE PRESIDENT 2.00	0.	0.	0.
SIMS GARRISON 2830 CAHABA ROAD BIRMINGHAM, AL 35223	BOARD TREASURER 2.00	0.	0.	0.
PATRICIA PRITCHETT 500 22ND STREET SOUTH, SUITE 504 BIRMINGHAM, AL 35233	BOARD SECRETARY 2.00	0.	0.	0.
ALAN LOTT 1900 FIFTH AVENUE NORTH BIRMINGHAM, AL 35203	BOARD ASSISTANT SECRETARY 2.00	0.	0.	0.
MAX COOPER 121 SUMMIT PKWY BIRMINGHAM, AL 35209	CHAIRMAN EMERITUS 2.00	0.	0.	0.

RONALD MCDONALD HOUSE CHARITIES OF ALABA

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ROBERTA SHAPIRO 920 17TH STREET SOUTH BIRMINGHAM, AL 35205	ROBERTA SHAPIRO 45.00	85,372.	0.	0.
CYNTHIA BARGINERE 1813 6TH AVENUE SOUTH 300 MEB BIRMINGHAM, AL 35249	BOARD MEMBER 2.00	0.	0.	0.
ELEANOR BARNES 1600 7TH AVENUE SOUTH BIRMINGHAM, AL 35233	BOARD MEMBER 2.00	0.	0.	0.
SUSAN B. BROUILLETTE 4752 HIGHWAY 280 EAST BIRMINGHAM, AL 35242	BOARD MEMBER 2.00	0.	0.	0.
DR. PAMELA G. BURKS UNIV. ALABAMA BIRMINGHAM STATION MT 419, ZIP 4410 BIRMINGHAM, AL 35294	BOARD MEMBER 2.00	0.	0.	0.
DR. ELI CAPILOUTO 1530 3RD AVE. SOUTH, AB 1064 BIRMINGHAM, AL 35294-0110	BOARD MEMBER 2.00	0.	0.	0.
DR. WALDEMAR CARLO NEW HILLMAN BUILDING, 620 20TH STREET SOUTH BIRMINGHAM, AL 35233	BOARD MEMBER 2.00	0.	0.	0.
CHARLES COLLAT, JR. 3405 4TH AVENUE SOUTH BIRMINGHAM, AL 35222	BOARD MEMBER 2.00	0.	0.	0.
LORI EWOLDSSEN 1600 7TH AVENUE SOUTH BIRMINGHAM, AL 35233	BOARD MEMBER 2.00	0.	0.	0.
WENDY L. FILLER 2904 CAHABA BROOK LANE BIRMINGHAM, AL 35243	BOARD MEMBER 2.00	0.	0.	0.
MAYO FLYNT 600 NORTH 19TH STREET, SUITE 8 BIRMINGHAM, AL 35243	BOARD MEMBER 2.00	0.	0.	0.
CHIP GARDNER P. O. BOX 130579 BIRMINGHAM, AL 35213	BOARD MEMBER 2.00	0.	0.	0.

RONALD MCDONALD HOUSE CHARITIES OF ALABA

63-0753358

LEISHA HARRIS 800 MONTHCLAIR ROAD BIRMINGHAM, AL 35213	BOARD MEMBER 2.00	0.	0.	0.
ROBERT HALPERN 1732 VALLEY VIEW DRIVE BIRMINGHAM, AL 35209	BOARD MEMBER 2.00	0.	0.	0.
MICHAEL HILL 1640 PANORAMA DRIVE BIRMINGHAM, AL 35216	BOARD MEMBER 2.00	0.	0.	0.
GREG HODGES 2829 SECOND AVENUE SOUTH, SUITE 300 BIRMINGHAM, AL 35233	BOARD MEMBER 2.00	0.	0.	0.
DAVID HOIDAL 500 22ND STREET SOUTH, SUITE 504 BIRMINGHAM, AL 35223	BOARD MEMBER 2.00	0.	0.	0.
JIMMY HOLLOWAY 1904 FIRST AVENUE NORTH, SUITE 300 BIRMINGHAM, AL 35203	BOARD MEMBER 2.00	0.	0.	0.
DEBBIE KIKER 121 SUMMIT PARKWAY BIRMINGHAM, AL 35209	BOARD MEMBER 2.00	0.	0.	0.
BRIAN KURLANDER 2031 11TH AVENUE SOUTH BIRMINGHAM, AL 35205	BOARD MEMBER 2.00	0.	0.	0.
JACKIE MARTINEK 2010 BROOKWOOD MEDICAL CENTER DRIVE BIRMINGHAM, AL 35209	BOARD MEMBER 2.00	0.	0.	0.
LOUISE MCPHILLIPS 3715 OLD LEEDS ROAD BIRMINGHAM, AL 35213	BOARD MEMBER 2.00	0.	0.	0.
DONNA URQUHART 3201 4TH AVENUE SOUTH BIRMINGHAM, AL 35205	BOARD MEMBER 2.00	0.	0.	0.
ROBERT WASON IV 1200 URBAN CENTER PARKWAY BIRMINGHAM, AL 35242	BOARD MEMBER 2.00	0.	0.	0.

BEN WEIL 331 FIRST AVENUE NORTH BIRMINGHAM, AL 35204	BOARD MEMBER 2.00	0.	0.	0.
MARIANNE SHARBEL 3 OFFICE PARK CIRCLE, SUITE 116 BIRMINGHAM, AL 35223	HONORARY BOARD MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		85,372.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 11

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE ORGANIZATION PROVIDES A "HOME AWAY FROM HOME" FOR FAMILIES OF SERIOUSLY ILL CHILDREN WHO TRAVEL TO BIRMINGHAM FOR MEDICAL TREATMENT OF A SICK CHILD. THOSE FAMILIES WHO ARE FINANCIALLY ABLE ARE ASKED TO PAY A NOMINAL ROOM RENTAL FEE FOR EACH NIGHT STAY AT THE HOUSE.
103A	SOFT DRINK MACHINES ARE THERE PRIMARILY FOR THE CONVENIENCE OF THE HOUSE GUESTS AND ARE NOT USED AS A MONEY-MAKING VENTURE.
103B	WASHERS & DRYERS ARE THERE PRIMARILY FOR THE CONVENIENCE OF THE HOUSE GUESTS AND ARE NOT USED AS A MONEY-MAKING VENTURE.

PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

What is the organization's primary exempt purpose? *The primary mission of Ronald McDonald House Charities of Alabama (RMHCA) is to provide a safe, affordable, supportive "home-away-from-home" for sick children and/or their families when they travel to Birmingham for medical care.*

Alabama has one of the nation's highest infant mortality rates and one of the highest child death rates. In addition, Alabama has a poor, largely rural population and a centralized (in Birmingham) system of pediatric care. Therefore, Birmingham's health facilities serve a large number of children who travel significant distances to receive care. Many of these families arrive in Birmingham struggling not only with the emotional stress of caring for a seriously ill child, but also struggling with the financial stress of a child's illness.

In 2005, for a charge of just **\$5-10 per family per night** (less if family circumstances warrant), 1166 Ronald McDonald House Charities of Alabama guest families received services that cost more than \$50 per night to provide. Families frequently tell us that were it not for the Ronald McDonald House, they would be sleeping in their cars, hospital lobbies, or worse yet, separated from their sick child.

In addition to providing affordable lodging, RMHCA has from time to time made grants and contributions to qualified charitable, scientific or educational organizations and programs that to benefit children. After 2003, however, RMHCA's Board agreed to suspend its community grant program pending development and completion of a new Ronald McDonald House, replacing its current 80 and 50 year old facilities. In 2005, however, a grant of \$14,000 was made to Children's Health System for development of a playground for Children's Hospital and its clients, including the Ronald McDonald House. This new playground will be more accessible to RMHCA's guests when the organization moves to its new facility near Children's Hospital. The Organization also may undertake other activities that are consistent with applicable laws, the Organization's bylaws and within the terms of its Licensee Agreement with Ronald McDonald House Charities.

Describe exempt purpose achievements:

Ronald McDonald House Charities of Alabama Programs

Ronald McDonald House

As of year-end, the Ronald McDonald House in Birmingham had provided more than 26,000 guest stays for families of seriously ill or injured children, including 1,166 family stays in 2005.

- Guests come from all over Alabama, from throughout the U.S. and even from Europe and South America. Current guidelines call for guests to:
 - Live outside of Jefferson County.
 - Have a child (under 18 years of age) who is receiving inpatient care, or intensive outpatient services, at any Birmingham medical facility.
- The Birmingham House provides lodging, cooking, recreational, laundry and internet facilities, frequent dinners donated by individuals, businesses and community groups, emotional support from other families facing similar challenges and assistance transportation.

PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (continued)

Although originally dedicated to housing the families of cancer patients hospitalized at Children's Hospital, today the Birmingham House *welcomes families of sick or injured infants and children regardless of diagnosis and regardless of medical provider.*

- In 2005, *1,166 families stayed at the Birmingham Ronald McDonald House, for a total of over 3,000 individual guests.*
- *56% of RMHC guest families have income less than \$20,000 per year; 83% have family incomes under \$40,000.*
- *Approximately 48% of guests reported that their child was a member of a minority racial or ethnic group.*
- *In 2005, 409 pediatric patients stayed at the House during outpatient treatment or while recovering from an inpatient stay.*
- *The average length of stay was up to 8 days. However, families staying more than three weeks consume more than 50% of the available nights of service. The longest stay family in 2005 spent 251 continuous nights at the House.*
- *Almost 80% of families surveyed who stayed at the Ronald McDonald House in 2005 told us that the availability of the House was important to their decision to bring their child to Birmingham for care.*
- *45% of those surveyed said that they would stay in a Hospital Lobby or Lounge if the Ronald McDonald House was not available.*

The Ronald McDonald House helps make *access to care easier, more affordable and more compassionate.*

Geographic Region Served: In 2005, guest families came from 65 Alabama counties, 11 other states and Puerto Rico.

Key 2005 Results

Guest/Provider Services

- 1,166 guest stays were provided.
- Guest and referral source satisfaction surveys indicated ongoing improvements in already high levels of satisfaction, but also provided several actionable suggestions to RMHCA to event better serve its constituencies.
- 82% of guests completing the exit survey in 2005 rated the "overall quality of their stay" as "very good."

Resource Development/Finances

- Despite increased prices for utilities, insurance and other key items, RMHCA held 2005 expenses at 2004 levels.
- RMHCA continued to generate significant financial surpluses that are being directed toward a critically needed replacement for its 80-year old and 50-year old facilities.
- Also, prior to initiating a formal capital campaign, RMHCA raised \$3.9 million in pledges toward its facilities replacement project.
- The current facility was sold to UAB in 2005, and a lease agreement was entered into with Children's Hospital for a 40 year lease on property closer to both Children's and UAB's hospitals.

Awareness

RMHCA was featured in nearly 100 print, radio and TV stories in 2005, creating greater awareness of its programs and services.

RMHCA was a finalist in the "Best in Business Awards" from the Birmingham Business Journal for 2005.

PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (continued)

Facilities

The year 2005 witnessed enormous progress toward the objective of opening, by May 2007, a replacement facility for RMHCA's current aging, inefficient and undersized facility. Some of the "landmarks" included:

- The current RMHCA property was sold to UAB, with rent-free status for 18 months.
- Brice Building Company was hired to be the general contractors for the new building and Construction Drawings were produced.
- The capital campaign work began, with a Capital Campaign Consultant hired to help raise funds for the new facility. Almost \$4 million in lead gifts were pledged or received in 2005, prior to officially launching the campaign.
- A commitment for interim, construction financing was secured, to bridge the potential gap between receipt of capital campaign proceeds and construction funding requirements.

FORM 990 - Part IV, Line 57: Land, Buildings and Equipment

	<u>Basis</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Construction in Progress - New Building	\$ 125,682	\$ -	\$ 125,682
Furniture & Fixtures	134,860	104,557	30,303
Equipment	42,314	39,847	2,467
Computer Software	26,073	1,996	24,077
Total to Form 990, Part IV, Line 57	<u>\$ 328,929</u>	<u>\$ 146,400</u>	<u>\$ 182,529</u>

Note: Depreciation is provided principally by MACRS and the straight-line method over the estimated useful lives of the related assets

FORM 990 - Part IV: NET ASSETS

	<u>12/31/2004</u>	<u>12/31/2005</u>
Unrestricted net assets:		
Operating	\$ 666,277	\$ 1,556,444
Board designated for endowment, capital expenditures and replacement reserve	650,000	650,000
Board designated for Facilities Redevelopment	500,000	500,000
Land, building and equipment	<u>796,585</u>	<u>182,529</u>
Total unrestricted net assets (Line 67)	2,612,862	2,888,973
Temporarily restricted net assets (Line 68)	255,308	4,449,941
Permanently restricted net assets (Line 69)	<u>531,400</u>	<u>531,400</u>
Total net assets (Line 73)	<u>\$ 3,399,570</u>	<u>\$ 7,870,314</u>

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return See instructions	Name of Exempt Organization RONALD MCDONALD HOUSE CHARITIES OF ALABAMA, INC.	Employer identification number 63-0753358
	Number, street, and room or suite no. If a P O box, see instructions. 920 17TH STREET SOUTH	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BIRMINGHAM, AL 35205	

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

Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870

Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

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

- The books are in the care of **▶ DONNA UROUHART**
Telephone No. **▶ (205) 933-0692** 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 is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2006.**

5 For calendar year **2005**, or other tax year beginning _____ and ending _____.

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

7 State in detail why you need the extension **SEE STATEMENT 4**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

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

Signature **▶ Henry J. Barclay** Title **▶ CPA** Date **▶ 8/1/06**

Notice to Applicant - To Be Completed by the IRS

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

Director _____ By: _____ Date _____

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

Type or print	Name LEHMANN, ULLMAN AND BARCLAY LLP	EXTENSION APPROVED AUG 31 2006 FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN
	Number and street (include suite, room, or apt. no.) or a P.O. box number 2908 CLAIRMONT AVENUE	
	City or town, province or state, and country (including postal or ZIP code) BIRMINGHAM, AL 35205	

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT

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EXPLANATION

ADDITIONAL TIME IS NEEDED FOR TAXPAYER AND ITS INCOME TAX PREPARER TO ASSIMILATE THE INFORMATION NECESSARY TO THE PROPER COMPLETION OF AN ACCURATE RETURN.