

**Return of Organization Exempt From Income Tax**

**2006**

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2006 calendar year, or tax year beginning** , 2006, 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 GREATER CINCINNATI INC  
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite  
 350 ERKENBRECHER AVE  
 City, town or country State ZIP code + 4  
 CINCINNATI OH 45229

**D Employer Identification Number**  
 31-0965333

**E Telephone number**  
 (513) 636-7642

**F Accounting method.**  Cash  Accrual  
 Other (specify) ▶

**G Web site:** ▶ rnhcincinnati.org

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

**K Check here**  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,812,773.

**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 ▶  
**H (c)** Are all affiliates included? (If 'No,' attach a list. See instructions.)  Yes  No  
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶  
**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

SCANNED SEP 4 2007	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	1,321,964.		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e Total</b> (add lines 1a through 1d) (cash \$ 1,321,964. noncash \$ )	<b>1e</b>			1,321,964.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			161,032.
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			181,730.
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) Subtract line 6b from line 6a	<b>6c</b>			
	<b>7</b> Other investment income (describe )	<b>7</b>			
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		1,505,020.	<b>8a</b>		
		<b>8b</b>			
	<b>b</b> Less: cost or other basis and sales expenses	1,483,816.	<b>8b</b>		
	<b>c</b> Gain or (loss) (attach schedule) .See L-8 Stmt	21,204.	<b>8c</b>		
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>			21,204.
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including \$ 0. of contributions reported on line 1b)	<b>9a</b>	637,543.			
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	150,917.			
<b>c</b> Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>			486,626.	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	5,484.			
<b>b</b> Less. cost of goods sold	<b>10b</b>	5,847.			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>			-363.	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			2,172,193.	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			1,177,225.	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			153,743.	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			349,674.	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			36,297.	
<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>			1,716,939.	
<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>			455,254.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			9,268,332.	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			347,430.	
<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20	<b>21</b>			10,071,016.	

RECEIVED  
 556  
 AUG 20 2007  
 OGDEN, UT  
 IRS-OSC

G17-26833 2A

**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
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (att sch) (cash \$ 25,000. non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>	25,000.	25,000.	
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) See L-25a Stmt	<b>25a</b>	100,232.	30,069.	50,116.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	469,954.	260,649.	160,212.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	22,650.	15,392.	5,545.
<b>29</b> Payroll taxes	<b>29</b>	47,769.	24,885.	17,222.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>	12,849.	3,263.	0.
<b>32</b> Legal fees	<b>32</b>	202.	0.	0.
<b>33</b> Supplies	<b>33</b>	17,448.	17,448.	0.
<b>34</b> Telephone	<b>34</b>	14,774.	10,342.	2,955.
<b>35</b> Postage and shipping	<b>35</b>	20,067.	9,031.	7,023.
<b>36</b> Occupancy	<b>36</b>	238,894.	238,894.	0.
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	4,361.	0.	4,361.
<b>41</b> Interest	<b>41</b>	157,319.	157,319.	0.
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	248,664.	248,664.	0.
<b>43</b> Other expenses not covered above (itemize).				
<b>a</b> <u>Emergency Finl Assistance</u>	<b>43a</b>	2,500.	2,500.	0.
<b>b</b> <u>Insurance - car &amp; general</u>	<b>43b</b>	11,952.	9,562.	2,390.
<b>c</b> <u>Investment Advisor Fee</u>	<b>43c</b>	23,444.	0.	23,444.
<b>d</b> <u>Office Equip/Supplies/Sta</u>	<b>43d</b>	17,382.	5,214.	6,953.
<b>e</b> <u>Publications</u>	<b>43e</b>	35,368.	14,147.	17,684.
<b>f</b> <u>Amortization</u>	<b>43f</b>	39,160.	39,160.	0.
<b>g</b> <u>See Other Expenses Stmt</u>	<b>43g</b>	170,653.	65,686.	81,964.
<b>44</b> Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	1,680,642.	1,177,225.	349,674.

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

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

What is the organization's primary exempt purpose? <b>TEMPORARY HOUSING, MAKING GRANTS</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
<p><b>a</b> <u>To provide and maintain housing in a supportive environment for families of hospitalized children being treated for serious illnesses at Cincinnati Children's Hospital Medical Center and other local hospitals. Families served 1,097; avg. room occupancy rate 97%; avg. length of stay 15 days; daily statistics: room cost \$79, suggested room rate \$20, avg. actual room rate paid \$9.20. Areas served: 136 Ohio cities, 36 states, 11 foreign countries.</u> (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>1,080,654.</p>
<p><b>b</b> <u>Make grants from \$500 to \$5,000 on behalf of McDonald's to tax-exempt Code Section 501(c)(3) organizations which benefit children in the areas of health care, medical research, and safety, civic and social services, and education and the arts. See Exhibits I and II.</u> (Grants and allocations \$ 25,000. ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>27,859.</p>
<p><b>c</b> _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b> _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <input type="checkbox"/></p>	<p>1,108,513.</p>

BAA

**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	450.	45	450.	
	46 Savings and temporary cash investments	858,260.	46	1,151,277.	
	47a Accounts receivable	192,583.	47a		
	b Less allowance for doubtful accounts		47b		
			97,854.	47c	192,583.
	48a Pledges receivable	339,795.	48a		
	b Less allowance for doubtful accounts		48b		
			409,727.	48c	339,795.
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)		51a		
	b Less allowance for doubtful accounts		51b		
				51c	
	52 Inventories for sale or use		5,384.	52	3,747.
	53 Prepaid expenses and deferred charges		9,128.	53	1,543.
	54a Investments – publicly-traded securities L-54a Stmt <input type="checkbox"/> Cost <input type="checkbox"/> FMV		4,526,646.	54a	4,811,270.
	b Investments – other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
	55a Investments – land, buildings, & equipment basis		55a		
b Less accumulated depreciation (attach schedule)		55b			
			55c		
56 Investments – other (attach schedule)			56		
57a Land, buildings, and equipment basis	9,401,906.	57a			
b Less accumulated depreciation (attach schedule) L-57 Stmt	1,432,041.	57b			
		8,106,093.	57c	7,969,865.	
58 Other assets, including program-related investments (describe ▶ See Line 58 Stmt )		103,683.	58	102,902.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		14,117,225.	59	14,573,432.	
LIABILITIES	60 Accounts payable and accrued expenses	48,893.	60	77,416.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)	4,800,000.	64a	4,425,000.	
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ▶ )		65		
66 <b>Total liabilities.</b> Add lines 60 through 65		4,848,893.	66	4,502,416.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	8,682,216.	67	9,425,363.	
	68 Temporarily restricted	80,866.	68	140,403.	
	69 Permanently restricted	505,250.	69	505,250.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		9,268,332.	73	10,071,016.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		14,117,225.	74	14,573,432.	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	2,620,129.
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b>	223,036.	
	2 Donated services and use of facilities	<b>b2</b>	268,514.	
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>	-1.	
	<u>Rounding</u> _____			
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b> 491,549.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b> 2,128,580.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) <u>Direct Mail expenses \$29,088</u>			
	<u>Donated services: Fundraising expenses \$14,525</u>	<b>d2</b>	43,613.	
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b> 43,613.
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>			<b>e</b> 2,172,193.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,857,817.
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>	169,969.	
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>	-3.	
	<u>Rounding</u> _____			
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b> 169,966.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b> 1,687,851.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) <u>Direct Mail expenses</u>			
	Add lines <b>d1</b> and <b>d2</b>	<b>d2</b>	29,088.	<b>d</b> 29,088.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>			<b>e</b> 1,716,939.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Board of Directors see attached Exhibit III	Director 1	0.	0.	0.
Jennifer Goodin 911 Reily Road, Cincinnati, OH 45215	Exec. Dir 40	94,626.	0.	5,606.
-----				
-----				
-----				
-----				
-----				
-----				



**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>82 b</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.)		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85 a</b>	<b>501(c)(4), (5), or (6) organizations</b> Were substantially all dues nondeductible by members?	N/A	
<b>85 b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
<b>85 c</b>	Dues, assessments, and similar amounts from members	N/A	
<b>85 d</b>	Section 162(e) lobbying and political expenditures	N/A	
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>85 h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
<b>86 a</b>	<b>501(c)(7) organizations</b> Enter: a Initiation fees and capital contributions included on line 12	N/A	
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities	N/A	
<b>87 a</b>	<b>501(c)(12) organizations</b> Enter: a Gross income from members or shareholders	N/A	
<b>87 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
<b>88 b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____; section 4955 <input type="checkbox"/> _____		
<b>89 b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
<b>89 c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0.		
<b>89 d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____		
<b>89 e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89 f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89 g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	n/a	
<b>90 a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> Ohio		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		25
<b>91 a</b>	The books are in care of <input type="checkbox"/> Mimi Richmond Telephone number <input type="checkbox"/> (513) 636-5591 Located at <input type="checkbox"/> 350 Erkenbrecher Ave Cincinnati OH ZIP + 4 <input type="checkbox"/> 45229		
<b>91 b</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 <input type="checkbox"/> _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

**Part VI Other Information** (continued)

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

	Yes	No
91c		X

If 'Yes,' enter the name of the foreign country

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

**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) Exclusion code	(D) Amount	
93 Program service revenue					
a Room Revenues					151,340.
b Vending Income					9,692.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	181,730.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			02		
102 Gross profit or (loss) from sales of inventory			12		
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				181,730.	161,032.
105 Total (add line 104, columns (B), (D), and (E))					342,762.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Fees received from guest families toward the cost of the room
93b	Funds collected from coin laundry

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

N/A

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

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

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes  No

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

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes	No

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

Yes	No

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

Yes	No

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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**

Signature of officer: *David Anderson* Date: Aug 13 07

Type or print name and title: David Anderson - Chairman of the Board

**Paid Preparer's Use Only**

Preparer's signature: *Bryan W. Stephens* Date: 8-10-07 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): P00152386

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

BAA

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

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

OMB No 1545-0047

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

**2006**

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

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC</b>	Employer identification number <b>31-0965333</b>
--	---

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Jennifer L. Goodin 911 Reily Rd., Cinti, OH 45215	executive 40	94,626.	0.	5,606.
Sharon D. Hill 202 Acoma Dr., Mason, OH 45040	development director 40	68,937.	0.	0.
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶		None		

**Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

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

**Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

**Part III** Statements About Activities (See instructions.)

**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.)

	Yes	No
<b>1</b>		X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

**2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

**a** Sale, exchange, or leasing of property?

<b>2a</b>		X
-----------	--	---

**b** Lending of money or other extension of credit?

<b>2b</b>		X
-----------	--	---

**c** Furnishing of goods, services, or facilities?

<b>2c</b>	X	
-----------	---	--

See Part V, Form 990

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

<b>2d</b>	X	
-----------	---	--

**e** Transfer of any part of its income or assets?

<b>2e</b>		X
-----------	--	---

**3a** Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)

<b>3a</b>		X
-----------	--	---

**b** Did the organization have a section 403(b) annuity plan for its employees?

<b>3b</b>		X
-----------	--	---

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement

<b>3c</b>		X
-----------	--	---

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

<b>3d</b>		X
-----------	--	---

**4a** Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g

<b>4a</b>		X
-----------	--	---

**b** Did the organization make any taxable distributions under section 4966?

<b>4b</b>		
-----------	--	--

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

<b>4c</b>		
-----------	--	--

**d** Enter the total number of donor advised funds owned at the end of the tax year **▶** \_\_\_\_\_

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year **▶** \_\_\_\_\_

**f** Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts **▶** \_\_\_\_\_ **0**

**g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year **▶** \_\_\_\_\_ **0.**

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

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization ▶

Type I  Type II  Type III-Functionally Integrated  Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants See line 28.)	1,168,183.	809,959.	844,796.	1,266,290.	4,089,228.
16 Membership fees received	0.	0.	0.	0.	0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	732,923.	544,859.	569,916.	304,301.	2,151,999.
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	121,852.	103,421.	82,341.	98,903.	406,517.
19 Net income from unrelated business activities not included in line 18	0.	0.	0.	0.	0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0.	0.	0.	0.	0.
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0.	0.	0.	0.	0.
23 Total of lines 15 through 22	2,022,958.	1,458,239.	1,497,053.	1,669,494.	6,647,744.
24 Line 23 minus line 17	1,290,035.	913,380.	927,137.	1,365,193.	4,495,745.
25 Enter 1% of line 23	20,230.	14,582.	14,971.	16,695.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	89,915.
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)		26c	4,495,745.
d Add Amounts from column (e) for lines	18 406,517. 19 0.	26d	406,517.
	22 0. 26b	26e	4,089,228.
e Public support (line 26c minus line 26d total)		26f	90.96 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

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.	(2005) _____ (2004) _____ (2003) _____ (2002) _____	
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:	(2005) _____ (2004) _____ (2003) _____ (2002) _____		
c Add Amounts from column (e) for lines	15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add Line 27a total and line 27b total		27d	
e Public support (line 27c total minus line 27d total)		27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

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

N/A

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

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

N/A

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

**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –		
<b>If the amount on line 40 is –</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is –</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

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

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:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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



▶ Attach to return

Name RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC	Employer Identification Number 31-0965333
---	--

**Part I, Line 8, Column (A) Securities**

**Public Securities**

Description	Gross Sales Price	Basis	
Publicly Traded Securities	1,505,020.	Cost	1,483,816.
		Selling Expenses	0.
		Basis	1,483,816.

**Nonpublic Securities**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
<b>Total Securities</b>			1,505,020.	1,483,816.
<b>Gain or (Loss) from Sale of Securities</b>				21,204.

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

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

Name as Shown on Return

RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC

Employer Identification No

31-0965333

**Compensation**

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Jennifer Goodin	94,626.	28,387.	18,926.	47,313.
Total Compensation Received	94,626.	28,387.	18,926.	47,313.

**Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans				

**Expense Account and Other Allowances**

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Jennifer Goodin	5,606.	1,682.	1,121.	2,803.
Total Expense Account and Other Allowances	5,606.	1,682.	1,121.	2,803.
Total to Part II, Line 25a ▶	100,232.	30,069.	20,047.	50,116.

---

**Additional Information**

---

Form 990, page 5, Part V-A

---

**Schedule of Directors:**

Anderson, David, chairman	3333 Burnett Ave. ML5007, Cincinnati, OH 45229
Bauer, Charles	1270 Stephanie Drive, Hamilton, OH 45013
Carlisle, Robert W.	936 Squire Oaks Drive, Villa Hills, KY 41017
Corbett, Dorothy	139 East Fourth St., 25th Floor, Cincinnati, OH 45202
Gruber, Bob	3802 Miami Road, Cincinnati, OH 45227
Heitzman, Judd, vice chair	7405 Demar Road, Cincinnati, OH 45243
Kilroy, William	8075 Reading Road, Ste 304, Cincinnati, OH 45237
Koncius, Algis	4340 Willow Hills Ln., Cincinnati, OH 45243
Levy, Beth	7325 Indian Hill Rd., Cincinnati, OH 45243
McEnery, Paul, M.D., secy.	1075 Sunny Slope, Cincinnati, OH 45229
McQuade, Kinnard	2401 Ingleside, Cincinnati, OH 45206
Noday, Gloria	858 Country Club Dr., Cincinnati, OH 45245
Ott, Ronald	3777 Monet's Lane, Cincinnati, OH 45241
Rhein, Marilyn S., vice chair	8200 Kroger Farm Lane, Cincinnati, OH 45243
Rinaldi, Vincent	995 Dalton Street, Cincinnati, OH 45203
Ryckman, Sue, RN, MSN, CPNP	8506 Tennyson Ct., West Chester, OH 45069
Sewell, Michael,	250 E. Fifth Street, Cincinnati, OH 45202
Skidmore, David, Jr., Esq.	2200 PNC Center, 201 E 5th St, Cincinnati, OH 45202
Smitherman, Barbara	1002 Redway Ave., Cincinnati, OH 45229
Thompson, Gary	10685 Medallion Drive, Cincinnati, OH 45241
Weinstein, Barry	11050 Woodlands Way, Cincinnati, OH 45241
Wevers, Kristen	5158 Fishwick Dr., Cincinnati, OH 45216
Welge, Hal	3362 Fiddlers Green, Cincinnati, OH 45248
Wharton, Paula B.	5/3rd Center, MD 1090HB, Cincinnati, OH 45263
Williams, David, treasurer	255 East 5th St, Ste 2600, Cincinnati, OH 45202-4726
Williams, Felicia	Federated, 7 W Seventh St, Cincinnati, OH 45202
Wymore, Donna	644 Linn St., Suite 802, Cincinnati, OH 45203

---

**Additional Information**

---

---

Form 990, page 8, Part VIII

---

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

---

---

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

---

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

---

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Auto Expense	7,541.	7,541.	0.	0.
Bank Service Charges	11,932.	0.	11,932.	0.
Erkenbrecher Properties E	2,108.	2,108.	0.	0.
Garden Project	202.	202.	0.	0.
Information Technology	12,722.	4,453.	6,361.	1,908.
Staff Development	8,874.	3,550.	2,662.	2,662.
Board Functions	4,712.	0.	1,178.	3,534.
Public Relations	8,703.	1,741.	870.	6,092.
Executive Director Budget	0.	0.	0.	0.
Fundraising Expense	29,874.	0.	0.	29,874.
Canister Expense	11,506.	0.	0.	11,506.
Volunteer Services	11,673.	11,673.	0.	0.
Teacher Program	14,237.	14,237.	0.	0.
House Manager's Budget	1,385.	1,385.	0.	0.
Theatre Program	2,450.	2,450.	0.	0.
Direct Mail Expenses	26,388.	0.	0.	26,388.
Miscellaneous Expense	1,846.	1,846.	0.	0.
BWC Settlement	14,500.	14,500.	0.	0.
<b>Total</b>	<b>170,653.</b>	<b>65,686.</b>	<b>23,003.</b>	<b>81,964.</b>

Form 990, Page 1, Part I, Line 9

**Special Events and Activities Statement**

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Gala Event	370,801.	0.	370,801.	58,565.	312,236.
Golf Event	210,830.	0.	210,830.	92,352.	118,478.
other events	55,912.	0.	55,912.	0.	55,912.
<b>Total</b>	<b>637,543.</b>	<b>0.</b>	<b>637,543.</b>	<b>150,917.</b>	<b>486,626.</b>

Form 990, Page 1, Part I, Line 10

**Gross Sales of Inventory Statement**

Description	Gross Sales Less: Returns and Allowances	Less: Cost of Goods Sold	Gross Profit (Loss)
clothing, etc.	5,484.	5,847.	-363.
<b>Total</b>	<b>5,484.</b>	<b>5,847.</b>	<b>-363.</b>

Form 990, Page 4, Part IV, Line 54a

**Investments - Publicly-Traded Securities Statement**

<b>Line 54a – Investments - Publicly-Traded Securities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
5/3rd-Invest-Com'l. Paper	40,249.	178,488.
Putnam Asset Allocation	27,200.	29,025.
U.S. Treasuries and Agency Obligations	1,006,159.	1,103,365.
Corporate Debt Securities - Public	1,161,800.	935,454.
Domestic Common Stock - Public	2,291,238.	2,564,938.
<b>Total</b>	<b><u>4,526,646.</u></b>	<b><u>4,811,270.</u></b>

Form 990, Page 4, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	<b>(a) Cost/Other Basis</b>	<b>(b) Accumulated Depreciation</b>	<b>(c) Book Value</b>
Other Depreciable Propert	1,361,945.	0.	1,361,945.
Accum. Depr.-Furn/Fixture	609,583.	418,557.	191,026.
Accum. Depr.-Automobiles	30,702.	14,219.	16,483.
Accum. Depr.-Building	7,399,676.	999,265.	6,400,411.
<b>Total</b>	<b><u>9,401,906.</u></b>	<b><u>1,432,041.</u></b>	<b><u>7,969,865.</u></b>

Form 990, Page 4, Part IV, Line 58

**Other Assets Statement**

<b>Line 58 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Accrued Interest/Dividend	18,920.	17,799.
Deposit-BWC	138.	138.
Letter of Credit Fee	14,805.	14,197.
Unamortized Bond Expenses	42,540.	38,052.
Cash Surrender Value - Li	27,279.	32,715.
Rounding	1.	1.
<b>Total</b>	<b><u>103,683.</u></b>	<b><u>102,902.</u></b>



**Supporting Statement of:**

Form 990 p 2/Line 26 column (B)

Description	Amount
Management Salaries	555,373.
Bonus Contribution	9,207.
Less: Officer Compensation	-94,626.
Less: Management and General	-49,093.
Less: Fund Raising	-160,212.
Total	<u>260,649.</u>

**Supporting Statement of:**

Form 990 p 2/Line 28 column (B)

Description	Amount
Benefits	22,650.
Less: Management and General	-1,713.
Less: Fund Raising	-5,545.
Total	<u>15,392.</u>

**Supporting Statement of:**

Form 990 p 2/Line 29 column (B)

Description	Amount
Payroll Taxes	47,769.
Less: Management and General	-5,662.
Less: Fund Raising	-17,222.
Total	<u>24,885.</u>

**Supporting Statement of:**

Form 990 p 2/Line 31 column (C)

Description	Amount
Professional Services	32,251.
Less Legal-Fees-- - - - -	-10,202.
Less in-kind donations	-9,200.
Less: Program Services	-3,263.
Total	<u>9,586.</u>

**Supporting Statement of:**

Form 990 p 2/Line 32 column (C)

Description	Amount
Legal Fees	10,202.
Less: In-kind donations	-10,000.
Total	<u>202.</u>

**Supporting Statement of:**

Form 990 p 2/Line 33 column (B)

Description	Amount
House Supplies	37,540.
Food & Beverages	28,502.
Household Equipment	25,993.
Less in-kind donations of House Supplies	-24,432.
Less in-kind donations of food and beverages	-11,623.
Less in-kind donations of beverages for House	-15,533.
Less in-kind donations of household equipment	-22,999.
Total	<u>17,448.</u>

**Supporting Statement of:**

Form 990 p 2/Line 34 column (B)

Description	Amount
Telephone	17,174.
Less in-kind donations	-2,400.
Less: Management and General	-1,477.
Less: Fund Raising	-2,955.
Total	<u>10,342.</u>

**Supporting Statement of:**

Form 990 p 2/Line 35 column (B)

Description	Amount
Postage	20,067.
Less: Management and General	-4,013.
Less: Fund Raising	-7,023.
Total	<u>9,031.</u>

**Supporting Statement of:**

Form 990 p 2/Line 36 column (B)

Description	Amount
Maintenance - Housekeepin	34,341.
Maintenance - Mechanical	38,654.
Refurbishing	94,554.
Utilities	79,869.
Water & Sewage	11,984.
Less in-kind donations: Maintenance-Housekeeping	-20,177.
Less in-kind donations: Maintenance-Mechanical	-331.
Total	<u>238,894.</u>

**Supporting Statement of:**

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

Description	Amount
Insurance - car & general	16,152.
Less in-kind donations	-4,200.
Less: Management and General	-2,390.
Total	<u>9,562.</u>

**Supporting Statement of:**

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

Description	Amount
Office Equip/Supplies/Sta	19,082.
Less in-kind donations	-1,700.
Less: Management and General	-5,215.
Less: Fund Raising	-6,953.
Total	<u>5,214.</u>

**Supporting Statement of:**

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

Description	Amount
Publications	39,678.
Less in-kind donations	-4,310.
Less: Program Services	-14,147.
Less: Management and General	-3,537.
Total	<u>17,684.</u>

**Supporting Statement of:**

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

Description	Amount
Information Technology	15,022.
Less in-kind donations	-2,300.
Less: Management and General	-6,361.
Less: Fund Raising	-1,908.
Total	<u>4,453.</u>

**Supporting Statement of:**

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

Description	Amount
Staff Development	8,874.
Less: Management and General	-2,662.
Less: Fund Raising	-2,662.
Total	<u>3,550.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (B)-13

Description	Amount
Board Functions	4,712.
Less: Management and General	-1,178.
Less: Fund Raising	-3,534.
Total	<u>0.</u>

**Supporting Statement of:**

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

Description	Amount
Public Relations	39,843.
Less in-kind donations	-31,140.
Less: Management and General	-870.
Less: Fund Raising	-6,092.
Total	<u>1,741.</u>

**Supporting Statement of:**

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

Description	Amount
Executive Director Budget	5,606.
Less: Reclassified to Line 25a	-5,606.
Total	<u>0.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (D)-16

Description	Amount
Fundraising Expense	35,644.
Less in-kind donations	-5,770.
Total	<u>29,874.</u>

**Supporting Statement of:**

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

Description	Amount
House Manager's Budget	2,538.
Less in-kind donations	-1,153.
Total	<u>1,385.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (D)-22

Description	Amount
Direct Mail Expenses	29,088.
Less in-kind donations	-2,700.
Total	<u>26,388.</u>

**Supporting Statement of:**

Form 990 p 4/Line 60, column (B)

Description	Amount
Accounts Payable	23,253.

Continued

**Supporting Statement of:**

Form 990 p 4/Line 60, column (B)

Description	Amount
Employee FSA 125 Funds	738.
Accounts Payable-Oakbrook	9,818.
Accrued Workers' Comp.	1,093.
Accrued Interest	13,756.
Accrued Payroll Expense	10,389.
Accrued Newsletter Expens	12,500.
Other Accrued Expenses	5,867.
Rounding	2.
<b>Total</b>	<b>77,416.</b>

**Supporting Statement of:**

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

Description	Amount
Form 990 p 4/Line 64a, column (A)	
Mortgage Note Payable	
County of Hamilton, Ohio Adjustable Rate Demand	
Healthcare Facilities Revenue Bonds, Series 2000	
a) to build a 48-unit guest residence	
b) outstanding amount: \$4,800,000	
c) unexpended proceeds: \$-0-	
d) space used by a third party: 0%	
e) maturity date: May 1, 2015	
f) annual principal payments due each May 1	
g) interest is paid monthly, rate was 3.58% at 12-31-05	
h) secured by house and land	
Bond Debt	4,800,000.
<b>Total</b>	<b>4,800,000.</b>

**Supporting Statement of:**

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

Description	Amount
Form 990 p 4/Line 64a, column (B)	
Mortgage Note Payable	
County of Hamilton, Ohio Adjusted Rate Demand	
Healthcare Facilities Revenue Bonds, Series 2000	
a) to build a 48-unit guest residence	
b) outstanding amount: \$4,425,000	
c) unexpended proceeds: \$-0-	
d) space used by a third party: 0%	
e) maturity date: May 1, 2015	
f) annual principal payments due each May 1	

Continued

**Supporting Statement of:**

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

Description	Amount
g) interest paid monthly, rate was 3.99% at 12-31-06	
h) secured by house and land	
Bond Debt	4,425,000.
Total	<u>4,425,000.</u>

**Supporting Statement of:**

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

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

**Supporting Statement of:**

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

Description	Amount
Total donated products and services	268,514.
Less fundraising	-14,525.
Less fixed assets	-84,020.
Total	<u>169,969.</u>

**Supporting Statement of:**

Form 990 p 8/Line 96(D)

Description	Amount
Interest/Dividend Income-	163,430.
Investment Income released from restrictions	18,300.
Total	<u>181,730.</u>

**Supporting Statement of:**

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

Description	Amount
Gala Event Expense	69,984.
Less in-kind donations	-11,419.
Total	<u>58,565.</u>

**Supporting Statement of:**

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

Description	Amount
Golf Classic Expenses	95,458.
Less in-kind donations	-3,106.
Total	<u>92,352.</u>

Sch. B-Part I (Page 1): Contributors

<b>General Information Smart Worksheet</b>	
A Description for this copy of Schedule B, Part I	<u>Page 1</u>

Sch. B-Part I (Page 2): Contributors

<b>General Information Smart Worksheet</b>	
A Description for this copy of Schedule B, Part I	<u>Page 2</u>

Sch. B-Part I (Page 3): Contributors

<b>General Information Smart Worksheet</b>	
A Description for this copy of Schedule B, Part I	<u>Page 3</u>

Sch. B-Part I (Page 4): Contributors

<b>General Information Smart Worksheet</b>	
A Description for this copy of Schedule B, Part I	<u>Page 4</u>

Sch. B-Part I (Page 5): Contributors

<b>General Information Smart Worksheet</b>	
A Description for this copy of Schedule B, Part I	<u>Page 5</u>

Sch. B-Part I (Page 6): Contributors

<b>General Information Smart Worksheet</b>	
A Description for this copy of Schedule B, Part I	<u>Page 6</u>

Sch. B-Part I (Page 7): Contributors

<b>General Information Smart Worksheet</b>	
A Description for this copy of Schedule B, Part I	<u>Page 7</u>

Sch. B-Part I (Page 8): Contributors

**General Information Smart Worksheet**

**A** Description for this copy of Schedule B, Part I . Page 8

Sch. B-Part I (Page 9): Contributors

**General Information Smart Worksheet**

**A** Description for this copy of Schedule B, Part I Page 9

**RMHC of Greater Cincinnati, Inc.  
Acct. #616 - Grants Made (2006)**

<b>Date</b>	<b>Organization Receiving Funding</b>	<b>RMHC Paid</b>
2/22/06	Next Level Mentoring Program - Invoice 02-21-06	1,000.00
2/22/06	Economics Center-Education & R - Invoice 02-21-06	1,500.00
3/20/06	Starfire Council of Gr Cincin - Invoice 03-17-06	2,300.00
4/17/06	Cinti Children's Hospital Med (Mother's Milk Fund) - Invoice 2006	1,842.00
5/9/06	Families Forward - Invoice Grant # 302	2,000.00
5/9/06	Reaching Out for Kids, Inc - Invoice: Grant # 303	2,050.00
6/7/06	The Baby Basket Inc. - Invoice Grant #301	2,000.00
8/16/06	School for Creative & Perform - Invoice 08-14-06	2,000.00
8/16/06	Shriners Hospitals for Child. - Invoice 08-14-06	2,150.00
8/16/06	Winners Walk Tall - Invoice 08-14-06	2,000.00
11/6/06	Cincinnati Arts Association - Invoice 11-03-06	250.00
11/6/06	Girls!Can - Invoice: 11-3-06	1,927.50
11/6/06	Learning Through Art, Inc - Invoice: 11-03-06	1,500.00
11/6/06	Parachute Butler Co CASA - Invoice 11-3-06	790.50
11/6/06	S O.A R Konnect Mentoring Pro - Invoice 11-03-06	1,250.00
11/8/06	Council on Child Abuse - Invoice. 11-3-06	440.00
		<b>25,000.00</b>

## RONALD MCDONALD HOUSE CHARITIES CHECKLIST

(Organizations must submit this checklist with the application.)

*Send 2 copies of the following:*

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

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

**RONALD MCDONALD HOUSE CHARITIES**  
**2005 GRANT APPLICATION FORM**  
(This form may be reproduced on the organization's computer.)

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

**I. Organization**

Name of Organization:  
Project Title:  
Address:  
City/State/Zip Code:  
Telephone #:  
Contact/Title:

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

Are you currently working with a McDonald's representative?

Yes No

If yes, please answer the following items:

McDonald's Contact:

Title/Position:

Address:

City:

Telephone #:

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

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

Are you currently working with a Ronald McDonald House representative?

Yes No

If yes, please name:

EXHIBIT II P. 2056  
PART III LINE B

## **II. History**

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

## **III. Target Population**

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

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

EXHIBIT II P. 3 OF 6  
PART III LINE 6

**IV. Summary of Grant Proposal**

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

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

EXHIBIT II p. 4 of 6  
LINE b PART III

**I. Budget**

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

Specific amount requested from RMHC: \$

Necessary Attachments:

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

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

Ronald McDonald House Charities of Greater Cincinnati does NOT fund:

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

EXHIBIT II P. 5066  
PART III LINE 6

**VI. Evaluation**

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

Examples:

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

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

Please return the application to the following address:

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

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

---

**Additional Information**

---

Form 990, page 5, Part V-A

---

## Schedule of Directors:

Anderson, David, chairman	3333 Burnett Ave. ML5007, Cincinnati, OH 45229
Bauer, Charles	1270 Stephanie Drive, Hamilton, OH 45013
Carlisle, Robert W.	936 Squire Oaks Drive, Villa Hills, KY 41017
Corbett, Dorothy	139 East Fourth St., 25th Floor, Cincinnati, OH 45202
Gruber, Bob	3802 Miami Road, Cincinnati, OH 45227
Heitzman, Judd, vice chair	7405 Demar Road, Cincinnati, OH 45243
Kilroy, William	8075 Reading Road, Ste 304, Cincinnati, OH 45237
Koncius, Algis	4340 Willow Hills Ln., Cincinnati, OH 45243
Levy, Beth	7325 Indian Hill Rd., Cincinnati, OH 45243
McEnergy, Paul, M.D., secy.	1075 Sunny Slope, Cincinnati, OH 45229
McQuade, Kinnard	2401 Ingleside, Cincinnati, OH 45206
Noday, Gloria	858 Country Club Dr., Cincinnati, OH 45245
Ott, Ronald	3777 Monet's Lane, Cincinnati, OH 45241
Rhein, Marilyn S., vice chair	8200 Kroger Farm Lane, Cincinnati, OH 45243
Rinaldi, Vincent	995 Dalton Street, Cincinnati, OH 45203
Ryckman, Sue, RN, MSN, CPNP	8506 Tennyson Ct., West Chester, OH 45069
Sewell, Michael,	250 E. Fifth Street, Cincinnati, OH 45202
Skidmore, David, Jr., Esq.	2200 PNC Center, 201 E 5th St, Cincinnati, OH 45202
Smitherman, Barbara	1002 Redway Ave., Cincinnati, OH 45229
Thompson, Gary	10685 Medallion Drive, Cincinnati, OH 45241
Weinstein, Barry	11050 Woodlands Way, Cincinnati, OH 45241
Wevers, Kristen	5158 Fishwick Dr., Cincinnati, OH 45216
Welge, Hal	3362 Fiddlers Green, Cincinnati, OH 45248
Wharton, Paula B.	5/3rd Center, MD 1090HB, Cincinnati, OH 45263
Williams, David, treasurer	255 East 5th St, Ste 2600, Cincinnati, OH 45202-4726
Williams, Felicia	Federated, 7 W Seventh St, Cincinnati, OH 45202
Wymore, Donna	644 Linn St., Suite 802, Cincinnati, OH 45203

---

**Additional Information**

---

---

Form 990, page 8, Part VIII

---

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

---

---

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

---

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

---

EXHIBIT IV  
SCHEDULE A, PART III LINE 2e  
PART VIII, LINES 93a + 93b



**25 YEARS**  
of caring for families

**RONALD MCDONALD  
HOUSE CHARITIES**  
OF GREATER CINCINNATI

# Facts & Figures 2006

OUR MISSION: Ronald McDonald House Charities of Greater Cincinnati provides a supportive "home away from home" for families and their children who are receiving treatment at Cincinnati Children's Hospital Medical Center or other area hospitals, regardless of their ability to pay.

## STATISTICAL HIGHLIGHTS

Total families served .....	1,092
Average room occupancy rate .....	(decrease due to room renovations) 92%
Average length of stay .....	15 days
Geographic area served .....	260 Ohio cities, 45 other states, 15 other countries
Actual daily cost of providing a room .....	\$79.00
Amount families are asked to contribute per day .....	\$20.00
Average amount families were able to pay per day .....	\$9.78

## MOST FREQUENT MEDICAL PROBLEMS SERVED

1. Trachea Procedures / Airway Reconstruction
2. Bone Marrow Transplants / Hematology / Oncology
3. Liver Transplant / Gastroenterology
4. Colorectal Procedures
5. Cardiothoracic Surgery / Cardiology

## OPERATING REVENUES AND EXPENSES

(Note: these are preliminary, unaudited figures)

### Operating Revenues (excluding investment gains/losses)

Individual Contributions .....	\$534,763	(25%)
Special Events (net) .....	\$430,713	(20%)
McDonald's Support .....	\$264,059	(12%)
Foundation/Civic .....	\$237,173	(11%)
Interest and Dividends .....	\$189,873	(9%)
Room Revenues .....	\$151,340	(7%)
Donated Products & Services .....	\$130,000	(6%)
Cincinnati Children's .....	\$120,000	(6%)
Corporate .....	\$88,113	(4%)
	<u>\$2,146,034</u>	

### Operating Expenses

House Operations .....	\$1,226,880	(68%)
Fundraising .....	\$360,329	(20%)
General and Administrative .....	\$195,757	(11%)
Grantmaking .....	\$27,834	(1%)
	<u>\$1,810,800</u>	



350 Erkenbrecher Avenue Cincinnati, OH 45229 Phone: 513.636.7642 Fax: 513.636.4887

Email: [jillmiller@fuse.net](mailto:jillmiller@fuse.net) [www.rmhcincinnati.org](http://www.rmhcincinnati.org)





**25 YEARS**  
of caring for families

**RONALD MCDONALD  
HOUSE CHARITIES  
OF GREATER CINCINNATI**

# Facts & Figures 2006

Ronald McDonald House of Greater Cincinnati opened in 1982 and has cared for over 18,000 families with critically ill children hospitalized at Cincinnati Children's Hospital Medical Center. Today, we are one of 258 Ronald McDonald Houses in 28 countries and the largest House to serve a single hospital. Our House is staffed 24 hours a day, 365 days a year by 9 full-time employees, 19 part-time staff and over 200 volunteers who dedicate more than 20,000 hours each year.



## Cincinnati's Ronald McDonald House Wins Two Prestigious Awards in 2006



The Cincinnati USA Regional Chamber named Ronald McDonald House as 2006 "Non-Profit of the Year." Winners of the Chamber's award were judged on the following criteria: innovativeness, financial performance, workplace excellence, sustainability of the business, and community involvement.



The Better Business Bureau presented Cincinnati's Ronald McDonald House with the 2006 Torch Award in the small non-profit category, which recognizes superior ethical standards.

## Ronald McDonald House of Greater Cincinnati . . .

- includes 48 bedrooms with private baths, several living rooms, indoor and outdoor play areas, a large kitchen and dining room, laundry facilities, a meditation room, exercise room, arts and crafts room, classroom and family theater
- admits families on a first-come, first-served basis and has a long waiting list each night
- is financially supported primarily through tax-deductible contributions from local individuals and businesses
- has more than doubled in size and occupancy in the past five years, growing from a 20-bedroom House to a 48-bedroom House serving over 1,000 families per year
- is not owned or fully funded by Cincinnati Children's Hospital Medical Center or McDonald's
- has flexible giving options that allow you to give now or in the future through gifts of cash, securities, bequests, trusts, property, retirement assets, life insurance or gift annuities



*"As a mother of a daughter with airway problems who has waited 4 1/2 years to hear her child laugh, I had tears of joy streaming down my face as I watched Amelia having so much fun. I will always remember the Ronald McDonald House's children's theater as the place where I first heard Amelia's laughter."*

- Heidi Sawyer, House Guest

Please remember  
Ronald McDonald  
House Charities of  
Greater Cincinnati  
in your Estate Plans.

350 Erkenbrecher Avenue Cincinnati, OH 45229 Phone: 513.636.7642 Fax: 513.636.4887  
Email: [jillmiller@fuse.net](mailto:jillmiller@fuse.net) [www.rmhcincinnati.org](http://www.rmhcincinnati.org)

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

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

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

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

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

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and 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) and click on *e-file for Charities & Nonprofits*

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

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

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

- The books are in the care of ▶ Mimi Richmond

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

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

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until Aug 15, 2007, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:  
▶  calendar year 2006 or  
▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0.
c <b>Balance Due.</b> 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	<b>3c</b>	\$	0.

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

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