

Return of Organization Exempt From Income Tax

2007

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(77)

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

A For the 2007 calendar year, or tax year beginning 2007, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC	D Employer Identification Number 31-0965333
		Number and street (or P O box if mail is not delivered to street addr) Room/suite 350 ERKENBRECHER AVE	E Telephone number (513) 636-7642
		City, town or country CINCINNATI	State ZIP code + 4 OH 45229
		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	

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

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? Yes No
(If 'No,' attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: rmhcincinnati.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.

I Group Exemption Number

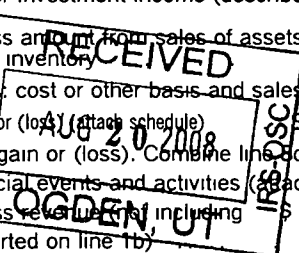
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **16,639,458.**

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

1	Contributions, gifts, grants, and similar amounts received			
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b	12,991,418.	
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ 12,860,623. noncash \$ 130,795.)	1e	12,991,418.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	171,570.	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	57,848.	
5	Dividends and interest from securities	5	157,450.	
6a	Gross rents	6a	7,425.	
b	Less rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	7,425.	
7	Other investment income (describe)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	2,339,391.	8a 0.
b	Less cost or other basis and sales expenses		2,179,854.	8b 4,785.
c	Gain or (loss) (attach schedule) See L-8 Stmt		159,537.	8c -4,785.
d	Net gain or (loss). Combine lines 8c, columns (A) and (B)			8d 154,752.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (net including reported on line 1b) \$ 0. of contributions	9a	770,789.	
b	Less direct expenses other than fundraising expenses	9b	200,736.	
c	Net income or (loss) from special events Subtract line 9b from line 9a		See L-9 Stmt	9c 570,053.
10a	Gross sales of inventory, less returns and allowances	10a	5,888.	
b	Less cost of goods sold	10b	5,417.	
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		See L-10 Stmt	10c 471.
11	Other revenue (from Part VII, line 103)	11	137,679.	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	14,248,666.	
13	Program services (from line 44, column (B))	13	1,430,363.	
14	Management and general (from line 44, column (C))	14	171,059.	
15	Fundraising (from line 44, column (D))	15	414,971.	
16	Payments to affiliates (attach schedule)	16	37,208.	
17	Total expenses. Add lines 16 and 44, column (A)	17	2,053,601.	
18	Excess or (deficit) for the year Subtract line 17 from line 12	18	12,195,065.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	10,071,016.	
20	Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20	258,719.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	22,524,800.	

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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 (See *instruct.*)

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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ 25,000.) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	25,000.	25,000.	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A See L-25a Stmt	25a	92,607.	37,043.	37,043.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c 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)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	499,507.	277,766.	166,444.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	29,183.	13,717.	13,027.
29 Payroll taxes	29	56,122.	29,838.	19,287.
30 Professional fundraising fees	30			
31 Accounting fees	31	15,024.	3,756.	0.
32 Legal fees	32	310.	77.	0.
33 Supplies	33	108,835.	108,835.	0.
34 Telephone	34	13,141.	10,993.	1,074.
35 Postage and shipping	35	18,623.	8,380.	6,518.
36 Occupancy	36	333,306.	333,306.	0.
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40	11,091.	0.	11,091.
41 Interest	41	144,702.	144,702.	0.
42 Depreciation, depletion, etc (attach schedule)	42	265,677.	265,677.	0.
43 Other expenses not covered above (itemize).				
a Insurance - car & general	43a	10,132.	9,119.	1,013.
b Investment Advisor Fee	43b	25,269.	0.	25,269.
c Office Equip/Supplies/Sta	43c	21,967.	7,640.	6,140.
d Publications	43d	19,801.	5,508.	1,377.
e Auto Expense	43e	5,152.	5,152.	0.
f Bank Service Charges	43f	14,269.	0.	14,269.
g See Other Expenses Stmt	43g	306,675.	143,854.	12,346.
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	2,016,393.	1,430,363.	171,059.

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 (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? TEMPORARY HOUSING, MAKING GRANTS All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>To provide and maintain housing in a supportive environment for families of hospitalized children being treated for serious illnesses at Cincinnati Children's Hospital Medical Center and other local hospitals. Families served 866; avg. room occupancy rate 89%; avg. length of stay 18 days; daily statistics: room cost \$79, suggested room rate \$20, avg. actual room rate paid \$10.23. Areas served: 210 Ohio cities, 49 states, 13 foreign countries.</u> (Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	1,405,363.
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"/>	25,000.
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 (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)	1,430,363.

BAA

Form 990 (2007)

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)		(B)
		Beginning of year		End of year
45	Cash – non-interest-bearing	450.	45	450.
46	Savings and temporary cash investments	1,151,277.	46	3,558,652.
47a	Accounts receivable	47a 5,360,967.		
b	Less: allowance for doubtful accounts	47b	192,583.	47c 5,360,967.
48a	Pledges receivable	48a 372,232.		
b	Less: allowance for doubtful accounts	48b	339,795.	48c 372,232.
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	3,747.	52	2,846.
53	Prepaid expenses and deferred charges	1,543.	53	3,424.
54a	Investments – publicly-traded securities L-54a Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,811,270.	54a	4,924,977.
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	57a 10,017,821.		
b	Less: accumulated depreciation (attach schedule) L-57 Stmt	57b 1,644,406.	7,969,865.	57c 8,373,415.
58	Other assets, including program-related investments (describe ▶ See Line 58 Stmt)	102,902.	58	58,829.
59	Total assets (must equal line 74) Add lines 45 through 58	14,573,432.	59	22,655,792.
60	Accounts payable and accrued expenses	77,416.	60	130,992.
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)	4,425,000.	64a	0.
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe ▶)		65	
66	Total liabilities. Add lines 60 through 65	4,502,416.	66	130,992.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	9,425,363.	67	15,012,026.
68	Temporarily restricted	140,403.	68	6,940,064.
69	Permanently restricted	505,250.	69	572,710.
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 and column (B) must equal line 21)	10,071,016.	73	22,524,800.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	14,573,432.	74	22,655,792.

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

a	Total revenue, gains, and other support per audited financial statements		a	14,513,952.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2	82,298.	
	3 Recoveries of prior year grants	b3		
	4 Other (specify):			
	<u>In-kind contributions capitalized</u>	b4	258,719.	
	Add lines b1 through b4		b	341,017.
c	Subtract line b from line a		c	14,172,935.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify): <u>Direct Mail expenses \$75,731</u>	d2	75,731.	
	Add lines d1 and d2		d	75,731.
e	Total revenue (Part I, line 12) Add lines c and d		e	14,248,666.

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

a	Total expenses and losses per audited financial statements		a	2,060,169.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1	82,298.	
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify):			
	<u>Rounding</u>	b4	1.	
	Add lines b1 through b4		b	82,299.
c	Subtract line b from line a		c	1,977,870.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) <u>Direct Mail expenses</u>	d2	75,731.	
	Add lines d1 and d2		d	75,731.
e	Total expenses (Part I, line 17). Add lines c and d		e	2,053,601.

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
<u>Board of Directors</u> <u>see attached Exhibit III</u> <u>Cincinnati OH 45229</u>	Director 1.00	0.	0.	0.
<u>Jennifer Goodin</u> <u>911 Reily Road</u> <u>Cincinnati OH 45215</u>	Exec. Dir 40.00	92,607.	0.	0.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82 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.)		82,298.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
85 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			
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		
86 a		N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) organizations Enter: a Gross income from members or shareholders		
87 a		N/A	
87 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	
88 a	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
88 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
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>		
89 b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	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	
90 a	List the states with which a copy of this return is filed <u>See States Filed In</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		23
91 a	The books are in care of <u>Mimi Richmond</u> Telephone number <u>(513) 636-5591</u> Located at <u>350 Erkenbrecher Ave Cincinnati OH</u> ZIP + 4 <u>45229</u>		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

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					162,038.
b Vending Income					9,532.
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			14	57,848.	
96 Dividends & interest from securities			14	157,450.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	7,425.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	154,752.	
101 Net income or (loss) from special events			2	570,053.	
102 Gross profit or (loss) from sales of inventory			12	471.	
103 Other revenue a _____					
b Unrealized gain			18	137,679.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				1,085,678.	171,570.
105 Total (add line 104, columns (B), (D), and (E))					1,257,248.

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	-----			
Totals				

	Yes No	
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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

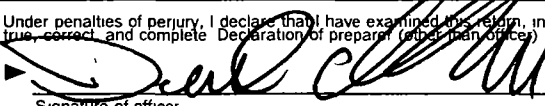
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

	Yes No	
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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?

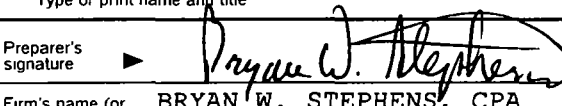
Please Sign Here

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:  Date: 07/31/08

Type or print name and title: **David Williams** Treasurer

Paid Preparer's Use Only

Preparer's signature:  Date: 8/15/08

Check if self-employed: Preparer's SSN or PTIN (See General Instruction X): P00152386

Firm's name (or yours if self-employed), address, and ZIP + 4: **BRYAN W. STEPHENS, CPA**
11464 LIPPELMAN ROAD, SUITE 100
CINCINNATI OH 45246

EIN: 31-1337545 Phone no: (513) 782-8220

SCHEDULE A
(Form 990 or 990-EZ)

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

2007

Name of the organization

RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC

Employer identification number

31-0965333

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Jennifer L. Goodin 911 Reily Rd., Cinti OH 45215	executive 40.00	92,607.	4,386.	2,580.

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.)

	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? See Line 2 Stmt		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.)		X
b Did the organization have a section 403(b) annuity plan for its employees?		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		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g If 'No,' complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		
c Did the organization make a distribution to a donor, donor advisor, or related person?		
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.)
- 11 a 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.)
- 11 b 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	
Total					

- 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,321,964.	1,168,183.	809,959.	844,796.	4,144,902.
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	804,059.	732,923.	544,859.	569,916.	2,651,757.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	181,730.	121,852.	103,421.	82,341.	489,344.
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	2,307,753.	2,022,958.	1,458,239.	1,497,053.	7,286,003.
24 Line 23 minus line 17	1,503,694.	1,290,035.	913,380.	927,137.	4,634,246.
25 Enter 1% of line 23	23,078.	20,230.	14,582.	14,971.	

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 ▶ **26a** 92,685.

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 2003 through 2006 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** 4,634,246.

d Add. Amounts from column (e) for lines:
 18 489,344. 19 0. ▶ **26d** 489,344.
 22 0. 26b ▶ **26e** 4,144,902.

e Public support (line 26c minus line 26d total) ▶ **26f** 89.44 %

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
 (2006) _____ (2005) _____ (2004) _____ (2003) _____

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
 (2006) _____ (2005) _____ (2004) _____ (2003) _____

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 2003 through 2006, 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
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following.		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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.		

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

n/a

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

Limits on Lobbying Expenditures

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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

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

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

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

Supporting Statement of:

Form 990 p 1/Line 1b

Description	Amount
	274,638.
	133,830.
	122,594.
	35,000.
	148,831.
	18,966.
	56,622.
	24,566.
	11,526.
	7,608.
	16,755.
	119,360.
	30,915.
	4,310.
	7,439.
	120,000.
	2,607.
	30,671.
	124,164.
	44,107.
	12,937.
	11,445,718.
	67,460.
	87,225.
	43,570.
	-1.
	<u>12,991,418.</u>

Supporting Statement of:

Form 990 p 2/Line 31 column (C)

Description	Amount
Professional Services	53,334.
Less: Inkind Contributions	-38,000.
Less: Legal	-310.
Less: Program Services	-3,756.
Total	<u>11,268.</u>

Supporting Statement of:

Form 990 p 2/Line 34 column (B)

Description	Amount
Telephone	13,141.

▶ 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	
		Cost	
Publicly Traded Securities	2,339,391.	2,179,854.	
		Selling Expenses	0.
		Basis	2,179,854.

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----

Total Securities	2,339,391.		2,179,854.
Gain or (Loss) from Sale of Securities			159,537.

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	
furniture	10/29/01 purchase	12/31/07 retired	0.	58,098.	
				Depreciation	-53,313.
				Basis	4,785.
				Donation FMV	
-----	-----	-----		Cost	-----
-----	-----	-----		Depreciation	-----
-----	-----	-----		Basis	-----
-----	-----	-----		Donation FMV	-----
-----	-----	-----		Cost	-----
-----	-----	-----		Depreciation	-----
-----	-----	-----		Basis	-----
-----	-----	-----		Donation FMV	-----

Total Other Assets	0.		4,785.
Gain or (Loss) from Sale of Other Assets			-4,785.

Name as Shown on Return RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC	Employer Identification No 31-0965333
--	--

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Board of Directors	<input type="checkbox"/>	0.			
Jennifer Goodin	<input type="checkbox"/>	92,607.	37,043.	18,521.	37,043.
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total Compensation Received		92,607.	37,043.	18,521.	37,043.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Board of Directors	<input type="checkbox"/>	0.			
Jennifer Goodin	<input type="checkbox"/>	0.			
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		0.			

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Board of Directors	<input type="checkbox"/>	0.			
Jennifer Goodin	<input type="checkbox"/>	0.			
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a ▶		92,607.	37,043.	18,521.	37,043.

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 which cares for patients from around the world. 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 2007 was 89% and the average length of stay was 18 days.

Additional Information

Form 990, page 1, Part I, line 1b

On July 12, 2007, Cincinnati Children's Hospital Medical Center (CCHMC) informed RMHC-Cincinnati of its intent to provide financial support for facilities improvement. The financial support is projected to provide up to \$11,000,000 as follows:

- 1) \$4,030,000 for repayment of existing debt
- 2) A maximum of \$6,970,000 to support construction and related costs for the expansion of the facilities to add 30 guest rooms and related parking. If final construction costs are determined at any time to be less than the total support pledged, RMHC-Cincinnati will inform CCHMC of the amount of the final draw on the pledge or refund any overpayments.

As of December 31, 2007, RMHC-Cincinnati's existing mortgage debt has been repaid with the \$4,030,000 payment and CCHMC has provided \$1,742,500 for construction leaving a contingent outstanding balance of \$5,227,500. As of June 26, 2008, RMHC-Cincinnati has received \$3,485,000 of this outstanding balance.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
<u>Erkenbrecher Properties E</u>	4,251.	4,251.	0.	0.
<u>Garden Project</u>	95.	95.	0.	0.
<u>Information Technology</u>	8,351.	3,340.	3,758.	1,253.
<u>Staff Development</u>	13,784.	5,514.	4,135.	4,135.
<u>Board Functions</u>	8,347.	2,087.	2,087.	4,173.
<u>Public Relations</u>	7,064.	2,826.	706.	3,532.
<u>Executive Director Budget</u>	8,300.	3,320.	1,660.	3,320.
<u>Fundraising Expense</u>	36,460.	0.	0.	36,460.
<u>Canister Expense</u>	16,194.	0.	0.	16,194.
<u>Volunteer Services</u>	18,669.	18,669.	0.	0.
<u>Teacher Program</u>	13,080.	13,080.	0.	0.
<u>House Manager's Budget</u>	4,654.	4,654.	0.	0.
<u>Theatre Program</u>	1,015.	1,015.	0.	0.
<u>Direct Mail Expenses</u>	75,731.	0.	0.	75,731.
<u>Miscellaneous Expense</u>	48.	48.	0.	0.
<u>Amortization</u>	84,955.	84,955.	0.	0.
<u>Planned Giving Initiative</u>	5,677.	0.	0.	5,677.
Total	306,675.	143,854.	12,346.	150,475.

Form 990, Part VI, Page 7, Line 90a

States Filed InOhio

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	506,281.	0.	506,281.	101,244.	405,037.
Golf Event	187,068.	0.	187,068.	99,492.	87,576.
other events	77,440.	0.	77,440.	0.	77,440.
Total	770,789.	0.	770,789.	200,736.	570,053.

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.	5,888.	5,417.	471.
Total	5,888.	5,417.	471.

Form 990, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Donations to construction of time, equipment and materials	37,499.
Donation of furniture	221,220.
Total	258,719.

Form 990, Part II, Line 22b

Other Grants and Allocations Approved and Paid

Purpose of Payment costume shop

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	none	Cash Pmt? <input checked="" type="checkbox"/>
	<u>The Carnegie</u>		
	<u>1028 Scott Blvd.</u>		
	<u>Covington KY 41011</u>		<u>2,250.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment music

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	none	Cash Pmt? <input checked="" type="checkbox"/>
	<u>College Hill Fundamental Academy</u>		
	<u>1625 Cedar Ave.</u>		
	<u>Cincinnati OH 45224</u>		<u>1,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990, Part II, Line 22b

Continued

Other Grants and Allocations Approved and Paid

Purpose of Payment tools for schools

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	none	Cash Pmt? <input checked="" type="checkbox"/>
	<u>Feast of Love</u>		
	<u>5742 Hamilton Ave.</u> <u>Cincinnati OH 45224</u>		
			<u>2,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment vision screener

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	none	Cash Pmt? <input checked="" type="checkbox"/>
	<u>The Healthcare Connection</u>		
	<u>1401 Steffen Ave.</u> <u>Cincinnati OH 45215</u>		
			<u>1,550.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment building for inclusion initiative

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	none	Cash Pmt? <input checked="" type="checkbox"/>
	<u>Joy Outdoor Education Center</u>		
	<u>10117 Old 3-C Highway</u> <u>Clarksville OH 45113</u>		
			<u>2,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990, Part II, Line 22b

Continued

Other Grants and Allocations Approved and PaidPurpose of Payment interactive website

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
<u>grant</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Kids Helping Kids</u> <u>6070 Branch Hill-Guinea Pike</u> <u>Milford OH 45150</u>	<u>none</u>	Cash Pmt? <input checked="" type="checkbox"/> <u>2,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment touring season

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
<u>grant</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Madcap Puppet Theater</u> <u>3316 Glenmore Ave.</u> <u>Cincinnati OH 45211</u>	<u>none</u>	Cash Pmt? <input checked="" type="checkbox"/> <u>2,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment toys and furnishings

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
<u>grant</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Mid-Miami Healthcare</u> <u>105 McKnight Drive</u> <u>Middletown OH 45044</u>	<u>none</u>	Cash Pmt? <input checked="" type="checkbox"/> <u>2,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990, Part II, Line 22b

Continued

Other Grants and Allocations Approved and Paid

Purpose of Payment day camp

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> National Multiple Sclerosis Society 4460 Lake Forest Dr., Suite 236 Cincinnati OH 45242	none	Cash Pmt? <input checked="" type="checkbox"/> 1,600.

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment training manuals and supplies

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> ProKids 2320 Kemper Lane Cincinnati OH 45206	none	Cash Pmt? <input checked="" type="checkbox"/> 1,908.

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment bridging the digital divide

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Salvation Army 114 E. Central Parkway Cincinnati OH 45201	none	Cash Pmt? <input checked="" type="checkbox"/> 1,250.

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990, Part II, Line 22b

Continued

Other Grants and Allocations Approved and Paid

Purpose of Payment medical assistance program

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Vineyard Ministries	none	Cash Pmt? <input checked="" type="checkbox"/> 2,500.
	3638 Saratoga Drive Hamilton OH 45011		

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment trip to Beijing

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Winton Woods Educational Center	none	Cash Pmt? <input checked="" type="checkbox"/> 4,621.
	1215 West Kemper Road Cincinnati OH 45240		

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment family fun fund

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Women's Crisis Center	none	Cash Pmt? <input checked="" type="checkbox"/> 500.
	835 Madison Ave. Covington KY 41014		

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990, Part II, Line 22b

Continued

Other Grants and Allocations Approved and Paid

Purpose of Payment summer food enrichment program

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> World Outreach Christian Church	done	Cash Pmt? <input checked="" type="checkbox"/> 1,000.
	7030 Reading Road Cincinnati OH 45237		

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment refund from prior year

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Family Nurturing Center	none	Cash Pmt? <input checked="" type="checkbox"/> -6,179.
	7990 Dixie Hwy Florence KY 41042		

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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

Investments - Publicly-Traded Securities Statement

Description	Cost or FMV	Beginning of Year	End of Year
5/3rd-Invest-Com'l. Paper	FMV	178,488.	272,640.
Putnam Asset Allocation	FMV	29,025.	29,573.
U.S. Treasuries and Agency Obligations	FMV	1,103,365.	885,293.
Corporate Debt Securities - Public	FMV	935,454.	835,992.
Domestic Common Stock - Public	FMV	2,564,938.	2,901,479.
Total		<u>4,811,270.</u>	<u>4,924,977.</u>

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

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Other Depreciable Propert	1,814,738.	0.	1,814,738.
Program Furniture & Fixtu	772,705.	434,516.	338,189.
Automobiles	30,702.	19,156.	11,546.
Building & Improvements	7,399,676.	1,190,734.	6,208,942.
Total	<u>10,017,821.</u>	<u>1,644,406.</u>	<u>8,373,415.</u>

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Accrued Interest/Dividend	17,799.	19,301.
Deposit-BWC	138.	138.
Letter of Credit Fee	14,197.	0.
Unamortized Bond Expenses	38,052.	0.
Cash Surrender Value - Li	32,715.	39,389.
Rounding	1.	1.
Total	<u>102,902.</u>	<u>58,829.</u>

Explanation Statement

Form/Line: Schedule A, Page 2, Part III

Line 2

Explanation of: Directly or Indirectly Engage in Certain ActivitiesLine 2c-

Messer Construction: RMHC board member is an employee of Messer who was awarded the construction contract for the current expansion. The contract was on a competitive bidding basis and the board member abstained from participating in vote. \$40,333

Frost Brown Todd, LLC: RMHC board member is a member of a law firm which provided legal services. \$2,911

Prestige Audio Visual: RMHC board member owns company which provided videos for fund raising events. \$8,010

Continued

Supporting Statement of:

Form 990 p 2/Line 34 column (B)

Description	Amount
Less: Management & General	-1,074.
Less: Fundraising	-1,074.
Total	<u>10,993.</u>

Supporting Statement of:

Form 990 p 2/Line 35 column (B)

Description	Amount
Postage	18,623.
Less: Management & General	-3,725.
Less: Fundraising	-6,518.
Total	<u>8,380.</u>

Supporting Statement of:

Form 990 p 2/Line 36 column (B)

Description	Amount
Cleaning Service	23,199.
Less: Inkind Contributions	-22,303.
Maintenance - Housekeepin	40,903.
Maintenance - Mechanical	46,808.
Refurbishing	137,269.
Utilities	94,286.
Water & Sewage	13,144.
Total	<u>333,306.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-1

Description	Amount
Insurance - car & general	14,332.
Less: Inkind Contributions	-4,200.
Less: Management & General	-1,013.
Total	<u>9,119.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-3

Description	Amount
Office Equip/Supplies/Sta	21,967.
Less: Management & General	-6,140.
Less: Fundraising	-8,187.
Total	<u>7,640.</u>

Supporting Statement of:

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

Description	Amount
Publications	19,801.
Less: Program Expenses	-5,508.
Less: Management & General	-1,377.
Total	<u>12,916.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-9

Description	Amount
Information Technology	10,976.
Less: Inkind Contributions	-2,625.
Less: Management & General	-3,758.
Less: Fundraising	-1,253.
Total	<u>3,340.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-10

Description	Amount
Staff Development	13,784.
Less: Management & General	-4,135.
Less: Fundraising	-4,135.
Total	<u>5,514.</u>

Supporting Statement of:

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

Description	Amount
Board Functions	8,347.
Less: General & Management	-2,087.
Less: Fundraising	-4,173.
Total	<u>2,087.</u>

Supporting Statement of:

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

Description	Amount
Public Relations	22,234.
Less: Inkind Contributions	-15,170.
Less: General & Management	-706.
Less: Fundraising	-3,532.
Total	<u>2,826.</u>

Supporting Statement of:

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

Description	Amount
Executive Director Budget	8,300.
Less: Management & General	-1,660.
Less: Fundraising	-3,320.
Total	<u>3,320.</u>

Supporting Statement of:

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

Description	Amount
Accounts Payable	23,253.
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.

Continued

Supporting Statement of:

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

Description	Amount
Total	<u>77,416.</u>

Supporting Statement of:

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

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	
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>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

General Information Smart WorksheetA Description for this copy of Schedule B, Part I Page 8

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

General Information Smart WorksheetA Description for this copy of Schedule B, Part I Page 9

Sch. B-Part I (Page 10): Contributors

General Information Smart WorksheetA Description for this copy of Schedule B, Part I Page 10

Sch. B-Part I (Page 11): Contributors

General Information Smart WorksheetA Description for this copy of Schedule B, Part I Page 11

Sch. B-Part I (Page 12): Contributors

General Information Smart WorksheetA Description for this copy of Schedule B, Part I Page 12

Sch. B-Part II (Copy 1): Noncash Property

General Information Smart WorksheetA Description for this copy of Schedule B, Part II Copy 1



Facts & Figures 2007

Health, hope and a home away from home

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.

OUR VISION: To offer all the comforts of home to every family with a hospitalized child.

STATISTICAL HIGHLIGHTS

Total families served	866
Average room occupancy rate	(decrease due to room renovations) 89%
Average length of stay	18 days
Geographic area served	210 Ohio cities, 49 other states, 13 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	\$10.23

MOST FREQUENT MEDICAL PROBLEMS SERVED

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

OPERATING REVENUES AND EXPENSES

(Note: these are unaudited figures)

Operating Revenues (excluding investment gains/losses)

Individual Contributions	\$793,374	(28%)
Special Events (net)	\$545,516	(19%)
Foundation/Civic	\$443,465	(16%)
Donated Products & Services	\$430,071	(15%)
McDonald's Support	\$230,645	(8%)
Room Revenues	\$162,038	(6%)
Cincinnati Children's	\$120,000	(4%)
Corporate	\$91,184	(3%)
Other	\$42,206	(1%)
	\$2,858,499	(100%)

Operating Expenses

Program	\$1,449,211	(72%)
Fundraising	\$372,830	(18%)
General and Administrative	\$202,706	(10%)
	\$2,024,747	(100%)



Facts & Figures 2007



Health, hope and a home away from home

Ronald McDonald House of Greater Cincinnati opened in 1982 and has cared for more than 18,000 families with critically ill children seeking medical treatment at Cincinnati Children's Hospital Medical Center. Today, we are one of 274 Ronald McDonald Houses in 30 countries and are the largest House to serve a single hospital. Our House is staffed 24 hours per day, 365 days a year, by 10 full-time employees, 22 part-time staff members and more than 200 volunteers who dedicate more than 20,000 hours each year.

25 YEARS AND GROWING...

On November 14, 2007, Ronald McDonald House celebrated 25 years of providing a "home away from home" for families with critically ill children. To add to the celebration, RMHC staff, board members, volunteers and guest families all took part in the ceremonial groundbreaking of the House's 30-room expansion project. Scheduled to open Spring 2009, this expansion will enable our House to serve an additional 500 families each year.

We are a 2007 recipient of the *Business Courier's* Organizations of Noteworthy Excellence (ONE) Award. Our House received a ONE Award in the performance category.

Ronald McDonald House of Greater Cincinnati . . .

- Includes 48 bedrooms with private baths, several common living areas, indoor and outdoor play areas, a large kitchen and dining room, laundry facilities, meditation room, library, exercise room, arts and crafts room, classroom and a family theater.
- Admits families on a first-come, first-served basis. No family is ever turned away due to an inability to pay.
- Has more than doubled in size and occupancy. In 2001, our original 21-bedroom House was replaced with our current 48-bedroom House. In Spring 2009, the new wing will open - bringing our total to 78 bedrooms, half of which will be long-term transplant suites.
- Is financially supported primarily through tax-deductible contributions from local individuals, businesses and foundations.
- Are neither owned nor fully funded by Cincinnati Children's Hospital Medical Center or McDonald's. We value the strong partnership we have with each organization. In 2007, Cincinnati Children's made a significant investment in the expansion of Ronald McDonald House.
- Is not a United Way agency and receives no city, state or federal grant funds.
- Has flexible giving options that allow you to give now or in the future through gifts of cash, stock, bequests, trusts, property, retirement assets or life insurance policies.



"This House gives me strength. I remember, just when I thought I was the only one on earth whose child was so ill, meeting a family from Africa who had come to see Dr. Peña for the same thing. We drew such strength from each other. We've utilized Ronald McDonald House all through Bria's life. They were just always there."

- Guest Mother Brenda Merrion; Jamaica, New York

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

**Ronald McDonald House Charities of
Greater Cincinnati
Grantmaking Program
Application**

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

I. History

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

II. 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, 30% African American, 8% Asian and 2% Pacific Islander.

III. Summary of Grant Proposal

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

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

IV. Budget

Ronald McDonald House Charities of Greater Cincinnati can only consider grant requests of \$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 budget, income statement and balance sheet from your organization for the past year.

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 request for funding will not be processed.

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's one-time fee to come teach a class, or give a performance to children, but cannot fund a permanent or temporary staff position.)
- **Travel expenses** (RMHC can fund the transportation of a child to and/or from a site but cannot fund the transportation of staff members.
- **Scholarships or funding to individuals**
- **Intermediary funding agencies**
- **General and administrative (i.e. operating) costs;**
- **Advertising or fundraising drives;**
- **Capital or endowment campaigns;**
- **Requests that do not follow the outlined process;**
- **Organizations which have been funded within two calendar years of current request.**



V. 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 4 on a 5 point scale will indicate success of the program.

VI. Recognition

How does your organization plan to recognize Ronald McDonald House Charities as a funder of this project?

VII. Organizations must submit the RMHC checklist and 2 unbound copies of all the information requested on 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 results of their project (pictures also welcome) as well as evidence of grant spending. (See Grant Evaluation form)



Grant Evaluation Form

This report must be submitted no later than one year from receipt of the grant. Failure to complete this report will result in exclusion from additional funds in the future.

- 1. Has the need you identified been met or the problem solved? Please include information about the project (number served, new programs or opportunities, etc.)**
- 2. Has the project been modified since the proposal was submitted to RMHC? If so, in what way?**
- 3. What have been your methods of evaluating the success of this project? What are your measurable results?**
- 4. What was the impact of the project on your organization and on those it was designed to serve? Has the project led to development of similar projects in other organizations?**
- 5. Include a financial reporting of the grant expenditures.**
- 6. How did this grant make a difference in the lives of children?**

(Any photographic documentation of your project is also welcomed.)



EXHIBIT II



Ronald McDonald House Charities of Greater Cincinnati Grantmaking Program

Philosophy

Because the focus of Ronald McDonald House Charities (RMHC) is the welfare of children, grants are awarded to not-for-profit organizations that help children within the Greater Cincinnati area.

Through this funding it is our hope that children will live happier, healthier, more productive lives and that Greater Cincinnati will be a safe and friendly community for families and children.

Where does the money come from?

RMHC is able to award grants to not-for-profit organizations serving the needs of children in our community through a portion of donations received from McDonald's customers via their in-store and drive-thru canisters. Global Ronald McDonald House Charities also matches a portion of these donations to allow us to provide this valuable service to the community.

General Guidelines

Grants will only be made to not-for-profit, charitable organizations as described in Section 501 (c) (3) of the Internal Revenue Code. Generally, RMHC of Greater Cincinnati awards grants up to \$5,000. Funded organizations must wait at least two full years before applying for another grant.

The areas of concentration are:

- Health and safety;
- Arts and culture;
- Education;
- Social service.

RMHC seeks to expand awareness of its mission and purpose through funding diverse grants to a wide variety of organizations. In order to increase awareness of the RMHC's grant making, organizations are requested to acknowledge RMHC's support as appropriate.



RMHC funds programs which:

- ♥ Directly improve the health and well being of children age birth to 18 years;
- ♥ Serve children in the Greater Cincinnati area;
- ♥ Demonstrate the ability to respond to needs and yield a measurable result;
- ♥ Have a broad base of funding support;
- ♥ Have management capacity to effectively execute the project;
- ♥ Have a clear, concise plan for project evaluation with outcome measurements.

RMHC does not fund:

- ♥ Partisan, political or denominational programs;
- ♥ General and administrative (i.e. operating) costs;
- ♥ Advertising or fundraising drives;
- ♥ Salaries, stipends or travel expenses;
- ♥ Intermediary funding agencies;
- ♥ Individuals or provide scholarships;
- ♥ Capital or endowment campaigns;
- ♥ Requests that do not follow the outlined process;
- ♥ Organizations which have been funded within the past two calendar years of current request.

Application Deadlines:

Grant applications are reviewed at quarterly Grants Committee meetings. Deadlines for applications are scheduled approximately six weeks prior to the meeting to allow for site visits and complete review by the Grants Committee. Submitting an application on or near the deadline is not advised, as any applications which are incomplete may be held until the next review session.

<u>Session</u>	<u>Deadline</u>
January	December 17, 2007
April	March 17, 2008
July	June 16, 2008
October	September 15, 2008

Application Process

To be considered for funding, include two unbound copies of the grant application and mail it along with all necessary attachments to: Ronald McDonald House Charities, Attention: Grants Committee, 350 Erkenbrecher Avenue, Cincinnati, Ohio 45229.

Site Visits

If your application passes the initial screening process, a member of the Grants Committee may contact you to schedule a site visit. A member may arrange to meet with you at your facility to gather more information about your agency and the specific project for which you seek funding.



Responsibilities of Grant Recipients

The recipients of any grant from RMHC must use the funds awarded for the specific purpose for which they were originally intended. Any funds not used for the requested project must be returned. Any request for a revision in use of funds must be submitted in writing to RMHC and in turn receive written approval. By accepting a grant from RMHC, you agree to allow RMHC to use your organization's name and the project information in public relations material including but not limited to news releases, RMHC's website and newsletters.

Evaluation

Your final written accounting and evaluation of the use of funds must be submitted to Ronald McDonald House Charities of Greater Cincinnati no later than twelve months from the award date. The report should include an evaluation of the success of the project, measurable outcomes and any available photographs or receipts. Organizations which do not return an evaluation will be excluded from additional funding in the future. Please refer to the Grant Evaluation Form for required reporting details.

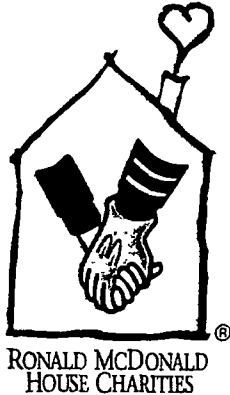
Helpful hints for your application:

- ♥ Submit a cover letter explaining the background of the organization and nature of the grant proposal along with two unbound copies of the completed grant application. The RMHC checklist must be included with the application. Incomplete applications will not be considered.
- ♥ The individual submitting the grant must be authorized to do so on behalf of the organization.
- ♥ The Grants Committee meets four times a year and reviews all grants received for that period. The committee generally meets on the fourth Mondays of January, April, July and October. Applications must be submitted no later than six weeks before the review session or it will be held until the next session. You may call for deadline confirmation.
- ♥ The applicant will be notified of the committee's decision by mail within six weeks of the application deadline.
- ♥ Within one year of funding, recipients are expected to share results of their program and evidence of grant implementation.

If you have any questions about the Ronald McDonald House Charities of Greater Cincinnati grant application process, please call Shawnie Dukes at 513-636-7642 or email sdukes@fuse.net.



EXHIBIT II



Ronald McDonald House Charities of Greater Cincinnati Grantmaking Program Application

*(This form may be reproduced on the organization's
computer or downloaded at www.rmhcincinnati.org.)*

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.

Check list:

- Cover letter on organization's letterhead briefly outlining proposal and signed by Executive Director or Board President
- Completed application
- IRS 501(c)(3) determination letter
- Detailed project budget, itemizing how RMHC funds will be used
- Current year financial statement including income statement, organizational budget and balance sheet
- Past donors over the last 12 months
- Current Board of Directors listing
- McDonald's representative's endorsement (if applicable)
- Two unbound copies of completed application with attachments
- This check list *(please include)*

Has this organization received funding from Ronald McDonald House Charities of Greater Cincinnati before? If yes, please indicate exact date funding was granted and dollar amount.

Date: _____ Amount: _____ Project: _____



GRANT SUMMARY

Organization Name: _____

Name & Title of Senior Official: _____

Project Title: _____

Address: _____

City, State Zip _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

(1) Area of Concentration:

_____ Arts and Culture

_____ Health and Safety

_____ Education

_____ Civic and Social Services

(2) Specific Amount Requested: \$ _____

(3) Funding is needed by: (date) _____

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

(5) Are you currently working with a McDonald's representative?

Yes

No

If yes, please answer the following items:

a) McDonald's Contact:

b) Telephone #:

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

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



EXHIBIT III

If yes, please name:

(6) Demographics: Please include the approximate demographics of children who will be served by this project.

_____ % Caucasian

_____ % Native American

_____ % African- American

_____ % Hispanic-American

_____ % Appalachian

_____ % Asian-American/Pacific Islander

_____ % Other

How many children will be served by this project? _____

Age Range: _____

Counties Served: _____



EXHIBIT III