

Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

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

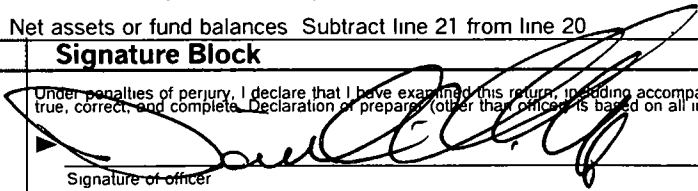
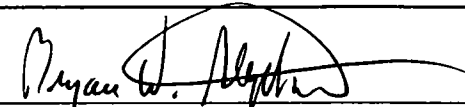
► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

For the 2008 calendar year, or tax year beginning , 2008, 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 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 G Gross receipts \$ 10,023,497.
F Name and address of principal officer David Williams 255 East 5th Street, Su Cincinnati OH 45202-4725		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►	
J Website: ► rmhcincinnati.org		L Year of Formation 1979 M State of legal domicile OH	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			

Part I Summary						
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TEMPORARY HOUSING FOR FAMILIES OF SERIOUSLY ILL CHILDREN</u> <u>MAKING GRANTS TO BENEFIT CHILDREN</u>					
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets					
	3	Number of voting members of the governing body (Part VI, line 1a)	3	29		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29		
	5	Total number of employees (Part V, line 2a)	5	35		
	6	Total number of volunteers (estimate if necessary)	6	1,423		
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a		0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b				
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	12,991,418.	Current Year	3,762,214.
	9	Program service revenue (Part VIII, line 2g)		171,570.		148,946.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		370,050.		-138,256.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		715,628.		-588,515.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,248,666.		3,184,389.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,000.		16,501.
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		677,419.		895,250.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)				68,518.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ► 452,898.				
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,313,974.		1,611,094.	
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		2,016,393.		2,591,363.	
19	Revenue less expenses - Subtract line 18 from line 12		12,232,273.		593,026.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	22,655,792.	End of Year	23,188,845.
	21	Total liabilities (Part X, line 26)		130,992.		71,018.
	22	Net assets or fund balances - Subtract line 21 from line 20		22,524,800.		23,117,827.

Part II Signature Block	
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.	
Sign Here  Signature of officer	Date 8/4/9
David Williams Type or print name and title	
Preparer's signature 	Date 8/3/09
Firm's name (or yours if self-employed), address, and ZIP + 4 BRYAN W. STEPHENS, CPA 11464 LIPPELMAN ROAD, SUITE 100 CINCINNATI OH 45246	
Check if self-employed <input checked="" type="checkbox"/> Preparer's identifying number (see instructions) EIN ► Phone no ► (513) 782-8220	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

TEEA0101 04/23/09 Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TEMPORARY HOUSING FOR FAMILIES OF SERIOUSLY ILL CHILDREN
MAKING GRANTS TO BENEFIT CHILDREN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,519,687. including grants of \$ 0.) (Revenue \$ 6,394,018.)

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 627; avg. room occupancy rate 93%; avg. length of stay 27 days; daily statistics: room costs \$79, suggested room donation \$25, avg. actual room donation paid \$8.00. Areas served: 73 Ohio cities, 41 states, 12 foreign countries.

4b (Code:) (Expenses \$ 16,501. including grants of \$ 16,501.) (Revenue \$ 0.)

Make grants from \$500 to \$5,000 on behalf of McDonald's and RMHC Global 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.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,536,188. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	X	
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X

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Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (See instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		X
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter.		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers of key employees of the organization? Describe the process in Schedule O (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ See States Form 990 Filed In
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶ Mimi Richmond 350 Erkenbrecher Ave Cincinnati OH 45229 (513) 636-5591

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 3,762,214.				
	g Noncash contribns included in lns 1a-1f	\$				
	h Total. Add lines 1a-1f		3,762,214.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a Room Donations	N/A	140,325.	140,325.	0.	0.
	b Vending Income	N/A	8,621.	8,621.	0.	0.
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
g Total. Add lines 2a-2f		148,946.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		265,159.	265,159.	0.	0.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		-403,415.	-403,415.	0.	0.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	519,108.			
		b Less direct expenses	b 181,039.			
c Net income or (loss) from fundraising events			338,069.	338,069.	0.	0.
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	8,207.				
	b Less cost of goods sold	b 7,261.				
	c Net income or (loss) from sales of inventory		946.	946.	0.	0.
Miscellaneous Revenue		Business Code				
11 a Unrealized Gain on Invest	N/A	-927,530.	-927,530.	0.	0.	
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d		-927,530.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		3,184,389.	-577,825.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	16,501.	16,501.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	125,874.	62,937.	25,175.	37,762.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages	622,187.	433,617.	74,867.	113,703.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,905.	1,037.	358.	510.
9 Other employee benefits	60,128.	28,886.	10,666.	20,576.
10 Payroll taxes	85,156.	63,951.	10,569.	10,636.
11 Fees for services (non-employees)				
a Management				
b Legal	17,246.	0.	17,246.	0.
c Accounting	49,822.	0.	49,822.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17	68,518.			68,518.
f Investment management fees	27,160.	0.	27,160.	0.
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	387,344.	387,344.	0.	0.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,672.	0.	3,672.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	331,365.	331,365.	0.	0.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Insurance - car & general</u>	14,931.	13,438.	1,493.	0.
b <u>Postage</u>	13,800.	6,210.	2,760.	4,830.
c <u>Office Equip/Supplies/Sta</u>	27,443.	13,721.	6,861.	6,861.
d <u>Publications</u>	19,051.	7,621.	1,905.	9,525.
e <u>Auto Expense</u>	9,632.	9,632.	0.	0.
f All other expenses	709,628.	159,928.	369,723.	179,977.
25 Total functional expenses. Add lines 1 through 24f	2,591,363.	1,536,188.	602,277.	452,898.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
ASSETS	1 Cash – non-interest-bearing	3,559,102.	1	500,257.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	5,733,199.	3	2,669,689.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	6,408.	9	49,427.	
	10a Land, buildings, and equipment: cost basis	10a 14,727,536.			
	b Less: accumulated depreciation Complete Part VI of Schedule D	10b 1,975,770.	8,373,415.	10c	12,751,766.
	11 Investments – publicly-traded securities	4,924,978.	11	7,161,015.	
	12 Investments – other securities See Part IV, line 11		12		
	13 Investments – program-related See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	58,690.	15	56,691.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,655,792.	16	23,188,845.		
LIABILITIES	17 Accounts payable and accrued expenses	130,992.	17	71,018.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow account liability Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable		24		
	25 Other liabilities Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	130,992.	26	71,018.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27 Unrestricted net assets	15,012,026.	27	18,807,282.	
	28 Temporarily restricted net assets	6,940,064.	28	3,737,835.	
	29 Permanently restricted net assets	572,710.	29	572,710.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, and equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances.	22,524,800.	33	23,117,827.	
	34 Total liabilities and net assets/fund balances	22,655,792.	34	23,188,845.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits?		

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization **RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC** Employer identification number **31-0965333**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	809,959.	1,168,183.	1,321,964.	2,162,988.	3,911,160.	9,374,254.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.	0.
3 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.	0.
4 Total. Add lines 1-3	809,959.	1,168,183.	1,321,964.	2,162,988.	3,911,160.	9,374,254.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						9,374,254.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	809,959.	1,168,183.	1,321,964.	2,162,988.	3,911,160.	9,374,254.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	103,421.	121,852.	181,730.	222,723.	267,184.	896,910.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						10,271,164.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	91.27%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	89.44%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

**Attach to Form 990. To be completed by organizations that
answered 'Yes' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

**Open to Public
Inspection**

Name of the organization

Employer identification number

RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC

31-0965333

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Yes No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
- Protection of natural habitat Preservation of certified historic structure
- Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Yes No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land	1,647,017.			1,647,017.
b Buildings	11,973,686.		1,384,503.	10,589,183.
c Leasehold improvements				
d Equipment	1,106,833.		591,267.	515,566.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				12,751,766.

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		

Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. Column (b) should equal Form 990, Part X, Col. (B) line 13.) ▶		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Accrued Interest/Dividend	18,073.
Cash Surrender Value - Li	38,618.
Total. Column (b) Total (should equal Form 990, Part X, col.(B), line 15) ▶	56,691.

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		3,184,389.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2,591,363.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		593,026.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		593,026.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	2,718,697.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d	43,808.	
e	Add lines 2a through 2d	2e		43,808.
3	Subtract line 2e from line 1	3		2,674,889.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b	509,500.	
c	Add lines 4a and 4b	4c		509,500.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5		3,184,389.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	2,125,670.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d	43,808.	
e	Add lines 2a through 2d	2e		43,808.
3	Subtract line 2e from line 1	3		2,081,862.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b	509,501.	
c	Add lines 4a and 4b	4c		509,501.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5		2,591,363.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

- Pt XII Line 2d Payments to RMHC Global \$43,808
- Pt XIII Line 2d Payments to RMHC Global \$43,808
- Pt XII Line 4b Direct mail expenses \$165,435
- Pt XIII Line 4b Direct mail expenses \$165,435
- Pt XII Line 4b Change in discount of contributions \$102,267
- Pt XIII Line 4b Change in discount of contributions \$102,267
- Pt XII Line 4b Allowance for uncollectible promises to give \$241,799
- Pt XIII Line 4b Allowance for uncollectible promises to give \$241,799

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Gala (event type)	Golf (event type)	NONE (total number)	(Add col. (a) through col. (c))
REVENUE	1	Gross receipts	316,413.	202,695.	519,108.
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	316,413.	202,695.	519,108.
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	96,059.	84,980.	181,039.
	8	Direct expense summary Add lines 4- through 7 in column (d)			181,039.
	9	Net income summary. Combine lines 3 and 8 in column (d)			338,069.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
		(Add col. (a) through col. (c))			
REVENUE	1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?
 b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
 b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in

a The organization's facility

b An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name: ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If 'Yes,' enter name and address:

Name: ▶ _____

Address ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

	YES	NO
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE M
(Form 990)**

Non-Cash Contributions

OMB No 1545-0047

2008

**Open to Public
Inspection**

► To be completed by organizations that answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC

31-0965333

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	185,503.	market
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	20,841.	supplier
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (supplies)	X	1	28,423.	supplier
26 Other ► (construction/furnishings)	X	18	442,150.	suppliers
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

Form 990, Page 6, Line 17

States Form 990 Filed In

Ohio

Kentucky

Florida

Additional Information

Form 990, page 7, Part VII, Section A

Schedule of Directors:

Bauer, Charles	1270 Stephanie Drive, Hamilton, OH 45013
Carlisle, Robert W.	936 Squire Oaks Drive, Villa Hills, KY 41017
Carter, Lee	1240 Rookwood Dr., Cincinnati, OH 45208
Corbett, Dorothy	139 East Fourth St., 25th Floor, Cincinnati, OH 45202
Eklund, Steve	3777 West Fork Road, Cincinnati, OH 45247
Fay, Daniel T.	100 E. RiverCenter Blvd., #1050, Covington, KY 41011
Gruber, Bob	7815 Shawnee Run Road, Cincinnati, OH 45243
Heitzman, Judd	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	4835 Para Drive, Cincinnati, OH 45237
Noday, Gloria	858 Country Club Dr., Cincinnati, OH 45245
Ott, Ronald	3777 Monet's Lane, Cincinnati, OH 45241
Rhein, Marilyn S., chair	8200 Kroger Farm Lane, Cincinnati, OH 45243
Rinaldi, Vincent	995 Dalton Street, Cincinnati, OH 45203
Ryckman, Sue, RN	8506 Tennyson Ct., West Chester, OH 45069
Sathe, Robert	50 East RiverCenter Blvd., Suite 300, Covington, KY 41011
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
Wevers, Kristen, vice chair	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, vice chair	Federated, 7 W Seventh St, Cincinnati, OH 45202
Wymore, Donna	644 Linn St., Suite 802, Cincinnati, OH 45203

Additional Information

Form 990, page 9, Part VIII

Lines 2a - 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 donations 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 2008 was 93% and the average length of stay was 27 days. A new wing with 30 additional rooms was under construction in 2008.

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
Individual (Unrestricted)	299,748.
Community/Foundation	510,500.
Room Sponsorship	166,813.
Mail Appeal Sponsorships	45,000.
McDonald's Canister Recei	210,442.
Payments to Global RMHC	-43,808.
Local McDonald's Cooperat	138,195.
McDonald's Global Partner	14,957.
McDonalds' Local Fundrais	200.
Individual	51,922.
Corporate/Corporate Match	38,856.
Community/Foundation	23,580.
Outside Group Fundraiser	61,538.
Newsletter Remittance	3,520.
Pop Tab Income	15,589.
Realized Planned Giving I	9,229.
Individual	47,565.
Corporate/Corporate Match	8,082.
Community/Foundation	5,936.
CCHMC Donation	120,000.
Donated Products/Services	668,678.
Miscellaneous Income	7.
Acquisition Appeal	87,823.
Share A Night Appeal	72,562.
Renewal Appeals	80,366.
Share-A-Night Spillover	6,680.
Board of Trustees	39,250.
Erkenbrecher Parking	2,025.
Temporarily restricted contributions-foundations	727,694.
Temporarily restricted contributions-individuals	336,265.
Temporarily restricted contributions-endowments	13,000.
Total	<u>3,762,214.</u>

Supporting Statement of:

Form 990 p 10/Line 24 col (B)-1

Description	Amount
Insurance - car & general	14,931.
Less: General and Administrative	-1,493.
Total	<u>13,438.</u>

Supporting Statement of:

Form 990 p 10/Line 24 col (B)-2

Description	Amount
Postage	13,800.
Less: G&A	-2,760.
Less: Fundraising	-4,830.
Total	<u>6,210.</u>

Supporting Statement of:

Form 990 p 10/Line 24 col (B)-3

Description	Amount
Office Equip/Supplies/Sta	27,443.
Less: General and Administrative	-6,861.
Less: Fundraising	-6,861.
Total	<u>13,721.</u>

Supporting Statement of:

Form 990 p 10/Line 24 col (B)-4

Description	Amount
Publications	19,051.
Less: General and Administrative	-1,905.
Less: Fundraising	-9,525.
Total	<u>7,621.</u>

Supporting Statement of:

Form 990 p 10/Line 24f col (B) -3

Description	Amount
Telephone	20,366.
Less: G&A	-1,018.
Less: Fundraising	-1,018.
Total	<u>18,330.</u>

Supporting Statement of:

Form 990 p 10/Line 24f col (B) -4

Description	Amount
Information Technology	36,364.
Less: General and Administrative	-12,728.
Less: Fundraising	-5,455.
Total	<u>18,181.</u>

Supporting Statement of:

Form 990 p 10/Line 24f col (B) -5

Description	Amount
Staff Development	15,239.
Less: General and Administrative	-1,524.
Less: Fundraising	-3,048.
Total	<u>10,667.</u>

Supporting Statement of:

Form 990 p 10/Line 24f col (B) -6

Description	Amount
Board Functions	6,372.
Less: General and Administrative	-1,274.
Less: Fundraising	-1,274.
Total	<u>3,824.</u>

Supporting Statement of:

Form 990 p 10/Line 24f col (B) -7

Description	Amount
Public Relations	11,302.
Less: G&A	-1,130.
Less: Fundraising	-5,651.
Total	<u>4,521.</u>

Supporting Statement of:

Form 990 p 10/Line 24f col (B) -8

Description	Amount
Executive Director Budget	7,054.
Less: General and Administrative	-1,411.
Less: Fundraising	-2,822.
Total	<u>2,821.</u>

Supporting Statement of:

Form 990 p 10/Line 24f col (D) -15

Description	Amount
Direct Mail Expenses	141,935.
Lautman Direct Mail	23,500.
Less: professional fees	-68,518.
Total	<u>96,917.</u>

Supporting Statement of:

Form 990 p 11/Line 3, column (B)

Description	Amount
Pledges Receivable - Capi	302,949.
Discount of Pledges-Capit	-6,720.
Allowance for Uncollectib	-241,799.
Accounts Receivable	37,680.
Expansion - CCHMC Investm	1,742,500.
Pledges Receivable - McDo	56,267.
Pledges Receivable - Othe	849,725.
Discount of Pledges-Other	-70,914.
Rounding	1.
Total	<u>2,669,689.</u>

Supporting Statement of:

Form 990 p 11/Line 11, column (A)

Description	Amount
Unrestricted	4,352,268.
Permanently Restricted	572,710.
Total	<u>4,924,978.</u>




Supporting Statement of:

Form 990 p 11/Line 11, column (B)

Description	Amount
Unrestricted	5,449,716.
Temporarily Restricted	1,138,589.
Permanently Restricted	572,710.
Total	<u>7,161,015.</u>

Form 990 p 10: Part IX Statement of Functional Expenses

Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet

To enter assets, **QuickZoom** to Asset Entry Worksheet → 
 To view a calculated report of all depreciation information for Form 990,
QuickZoom to the Depreciation/Amortization Report → 
QuickZoom to Form 4562 for Form 990 → 

The following items carry to line 22 below:

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
A Depreciation	331,365.	331,365.	0.	0.
B Depletion				
C Amortization				

Form 990 p 10: Part IX Statement of Functional Expenses

Line 24f - All Other Expenses Smart Worksheet

The total of the following items carry to line 24f below:

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<u>Bank Service Charges</u>	6,572.	0.	6,572.	0.
<u>Erkenbrecher Properties E</u>	4,170.	4,170.	0.	0.
<u>Telephone</u>	20,366.	18,330.	1,018.	1,018.
<u>Information Technology</u>	36,364.	18,181.	12,728.	5,455.
See See All Other Expenses Smart Worksheet	642,156.	119,247.	349,405.	173,504.

Form 990, Page 10, Line 24f

See All Other Expenses Smart Worksheet

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Staff Development	15,239.	10,667.	1,524.	3,048.
Board Functions	6,372.	3,824.	1,274.	1,274.
Public Relations	11,302.	4,521.	1,130.	5,651.
Executive Director Budget	7,054.	2,821.	1,411.	2,822.
Fundraising Expense	13,296.			13,296.
Canister Expense	40,805.			40,805.
Volunteer Services	27,861.	27,861.		
Teacher Program	15,932.	15,932.		
Guest Services	3,335.	3,335.		
Development Director'	1,845.			1,845.
Lautman Direct Mail	96,917.			96,917.
Household Equipment	5,333.	5,333.		
Planned Giving Initiative	7,846.			7,846.
Emergency Finl Assistance	2,067.	2,067.		
Guest Activities	3,545.	3,545.		
Garden Project	1,994.	1,994.		
Food & Beverages	37,347.	37,347.		
Discount of Contributions	102,267.		102,267.	
Uncollectible Promises to	241,799.		241,799.	

Sch I, page 2 Grants and Other Assist to Individuals in the U S.

Supplemental Information Smart Worksheet

Note: Enter explanation for the organization's procedures for monitoring the use of grant funds in the U S here for Part I, line 2. The line number reference automatically calculates for you Your entries will automatically flow to the Smart Worksheet below

Line Number

Pt I Line 2

Grants are followed up and expenditures are verified.



Note: Enter the line number and description for lines other than Part I, line 2 here The line number references and descriptions entered here are automatically included in the lines below the Smart Worksheet

Line Number

Explanation

Line Number	Explanation



RONALD MCDONALD
HOUSE CHARITIES
OF GREATER CINCINNATI

Facts & Figures 2008

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 receiving medical treatment at Cincinnati Children’s Hospital Medical Center, regardless of their ability to pay. Ronald McDonald House Charities also awards grants to local not-for-profit organizations serving children through a portion of donations from McDonald’s customers and matching funds from Ronald McDonald House Charities Global.

STATISTICAL HIGHLIGHTS

Total families served	627
Average room occupancy rate	(decrease due to room renovations) 93%
Average length of stay	27 days
Geographic area served	73 Ohio cities, 41 other states, 12 other countries
Actual daily cost of providing a room	\$97.00
Amount families are asked to contribute per day	\$25.00
Average amount families were able to pay per day	\$8.00

MOST FREQUENT MEDICAL CONDITIONS SERVED

1. Hematology / Oncology / BMT
2. Trachea Procedures / Airway Reconstruction
3. Colorectal Procedures
4. Liver Transplant / Gastroenterology
5. NICU / ICU

OPERATING REVENUES AND EXPENSES

(Note: these are preliminary, unaudited figures)

Operating Revenues (excluding investment gains/losses)

Foundation/Civic	\$930,649	(27%)
Individual Contributions	\$781,443	(23%)
Donated Products & Services	\$449,080	(13%)
Special Events (net)	\$356,173	(10%)
Interest and Dividends	\$275,620	(8%)
McDonald’s Support	\$248,291	(7%)
Corporate Contributions	\$144,284	(4%)
Room Revenues	\$140,325	(4%)
Cincinnati Children’s	\$120,000	(4%)
Total	\$3,445,864*	(100%)

* Includes one-time capital contributions of \$537,854 as well as \$591,208 in pledges to be paid over multiple years.

Operating Expenses

Program	\$1,430,472	(70%)
Fundraising	\$367,161	(18%)
Administrative	\$248,189	(12%)
Total	\$2,045,822	(100%)





RONALD McDONALD
HOUSE CHARITIES
OF GREATER CINCINNATI



Health, Hope and a Home Away from Home

Ronald McDonald House Charities of Greater Cincinnati opened in 1982 and has cared for more than 19,000 families who have come to Cincinnati Children's Hospital Medical Center seeking medical treatment for their critically ill children. Today, we are one of 284 Ronald McDonald Houses in 31 countries. Our House is staffed 24 hours per day, 365 days a year, by 12 full-time employees, 17 part-time staff members and more than 250 volunteers, who dedicate in excess of 20,000 hours each year.

2008: A YEAR OF TREMENDOUS GROWTH

In February 2008, Cincinnati's Ronald McDonald House broke ground on our new 30-room expansion. On target to open April 2009, this expansion will bring our total number of rooms to 78 and will enable us to serve an additional 500 families each year and will greatly reduce our waiting list of more than 40 families each night. In addition, this expansion will make Cincinnati's House the fourth-largest Ronald McDonald House in the world and the largest House to serve one single hospital. In order to better serve the increased number of families, we embarked on a successful campaign to raise the funds necessary to renovate and expand our existing kitchen and dining areas.



Cincinnati's Ronald McDonald House . . .

- Offers 48 bedrooms with private baths, several common living areas, indoor and outdoor play areas, a large kitchen and dining room, laundry facilities, a 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.
- Is financially supported primarily through tax-deductible contributions from individuals, corporations and foundations.
- Is neither owned nor fully funded by Cincinnati Children's Hospital Medical Center or McDonald's.
- Is not a United Way agency and receives no local, state or federal grant funds.
- 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 policies or gift annuities.



10-month-old Nevaeh
at Ronald McDonald House

*"Thanks to Ronald McDonald House, our family had a
'home away from home' during a very difficult time.*

This House will always be a part of all of us.

Thank you to everyone who supports Ronald McDonald House."

- Melissa Newman, Mother of Nevaeh
St. Paris, Ohio

Please remember
Ronald McDonald
House Charities of
Greater Cincinnati
in your estate plans.

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

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

Email: jmiller@rmhouse.org www.rmhcincinnati.org

FEIN 31-0965333

EXH I
p. 2 of 2

[About Our House](#)[Family Stories](#)[Ways to Volunteer](#)[Our Supporters](#)[Ways to Donate](#)

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

Download Application

Application Process

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

[Download Application](#)

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 will visit your facility to gather more information about your specific project for which you seek funding.

Responsibilities of Grant Recipients

The recipients of any grant from RMHC must use the funds for the purpose for which they were originally intended. Any funds not used for the requested project must be returned. Any request for a revision to the application must be submitted in writing to RMHC and in turn receive written approval from RMHC. If you accept a grant from RMHC, you agree to allow RMHC to use your organization's name and project information in public relations material including press 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 six months from the award date. The report should include an evaluation of the project, measurable outcomes and any available photographs. Organizations which do not return an evaluation will be excluded from receiving funding in the future. Please refer to the Grant Evaluation Form for reporting details.

Helpful hints for your application:

- Submit a cover letter explaining the background of the organization and the 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 represent the organization.
- The Grants Committee meets four times a year and reviews applications received for that period. The committee generally meets on the first Mondays of January, April, July and October. Applications must be submitted no later than six weeks before the review session. You may call for deadline confirmation.
- The applicant will be notified of the committee's decision within four weeks of the application deadline.

FCIN 31-0965333

EXH. II
0.1062

- 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

- Within one year of funding, recipients are expected to program and evidence of grant implementation.

If you have any questions about the Ronald McDonald House Cincinnati grant application process, please call Shawnie Duke email sdukes@rmhouse.org.

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.

Session	Deadline
January	December 15, 2008
April	March 16, 2009
July	June 15, 2009
October	September 14, 2009

Ronald McDonald House Charities of Greater Cincinnati | 350 Erkenbrecher Avenue | Cincinnati, Ohio 45229 | 513 636 7642
 Privacy Policy | Events Calendar | News | Contact Us



FEIN 31-0965333
 EXH II
 P. 2 of 2



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

(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.

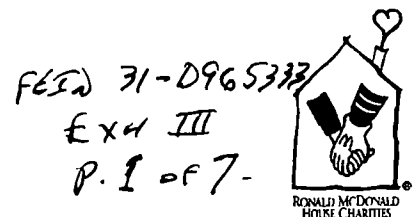
Check list:

- 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?

FLIN 31-0965333
EXH III
p. 2 of 7



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

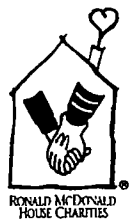
_____ % Other

How many children will be served by this project? _____

Age Range: _____

Counties Served: _____

FREN 31-0965333
EXH III
P. 3 of 7



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).

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- 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.**

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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)

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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.)

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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).

A corporation 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 a corporation 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 and click on *e-file for Charities & Nonprofits*

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

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

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

• The books are in the care of ▶ Mimi Richmond -----

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

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 2009, to file the exempt organization return for the organization named above.
 The extension is for the organization's return for
 ▶ calendar year 2008 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	3a	\$	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	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	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.