

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990 header section A-M containing organization details like name, address, EIN, and tax-exempt status.

Part I Summary

Summary table with columns for line number, description, and amounts for the current year and beginning/end of year.

Part II Signature Block

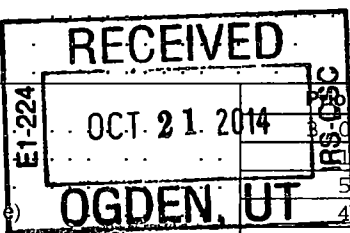
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: Trey Isgrig, Date: 10/11/14, Title: Treasurer

Paid Preparer Use Only: Preparer's name: BRYAN W. STEPHENS, CPA, Date: 8-12-2014, Firm's name: BRYAN W. STEPHENS, CPA

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

Vertical handwritten text on the left margin: 2014, No. 5, 2014



Handwritten notes at the bottom right: 9067, 24

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission
See Schedule O for the description of the mission

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses

4 a (Code ) (Expenses \$ 2,162,322. including grants of \$ 0.) (Revenue \$ 172,543.)
See Schedule O for description of program service accomplishments

4 b (Code ) (Expenses \$ 28,618. including grants of \$ 28,618.) (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 and safety, arts and culture, education and social services. Grants have been given to help fund summer health camps and enrichment programs, equipment purchases, music programs and the arts, health, wellness and counseling programs and other programs that help children within the Greater Cincinnati area.

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

4 d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4 e Total program service expenses 2,190,940.

**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 (see instructions)? . . . . .	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II . . . . .		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, 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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V . . . . .	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI . . . . .	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII . . . . .		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . . .	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII . . . . .	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		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 United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) . . . . .	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . . . . .	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III . . . . .		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . .		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II . . . . .</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III . . . . .</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J . . . . .</i>	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, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a . . . . .</i>		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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II . . . . .</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III . . . . .</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>		X
36 <b>Section 501(c)(3) organizations.</b> 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

BAA

Form 990 (2013)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . <b>1 a</b> 34		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . <b>1 b</b> 0		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . <b>1 c</b>	X	
<b>2 a</b>	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 . . . . . <b>2 a</b> 41		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2 b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3 a</b>		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O . . . . . <b>3 b</b>		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . <b>4 a</b>		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5 a</b>		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5 b</b>		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5 c</b>		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . <b>6 a</b>	X	
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6 b</b>	X	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . <b>7 a</b>	X	
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7 b</b>	X	
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7 c</b>		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . . <b>7 d</b>		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7 e</b>		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7 f</b>		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7 g</b>		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7 h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . <b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>9 a</b>	Did the organization make any taxable distributions under section 4966? . . . . . <b>9 a</b>		
<b>9 b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9 b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10 a</b>		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10 b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders. . . . . <b>11 a</b>		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11 b</b>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12 a</b>		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12 b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13 a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O			
<b>13 b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13 b</b>		
<b>13 c</b>	Enter the amount of reserves on hand . . . . . <b>13 c</b>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14 a</b>		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . . <b>14 b</b>		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI.  X

**Section A. Governing Body and Management**

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 a	27		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
1 b	27		
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 governing documents since the prior Form 990 was filed? . . . . .		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
6	Did the organization have members or stockholders? . . . . .		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .		X
7 b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	X	
8 a			
b	Each committee with authority to act on behalf of the governing body? . . . . .	X	
8 b			
9	Is there any officer, director, 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** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates? . . . . .		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
10 b			
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
12 b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done . . . . .	X	
12 c			
13	Did the organization have a written whistleblower policy? . . . . .	X	
14	Did 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	
15 a			
b	Other officers of key employees of the organization . . . . .		X
15 b			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions )		
16 a	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
16 a			
b	If 'Yes,' did the organization follow 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? . . . . .		
16 b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ See Form 990, Page 6, Line 17 (continued)
- 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     Other (explain in Schedule O)
- 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 during the tax year
- 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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Belletti, Christopher Director	1.00	X					0.	0.	0.	
(2) Berry, Mark Director	1.00	X					0.	0.	0.	
(3) Bonfield, Pam Director	1.00	X					0.	0.	0.	
(4) Cariappa, Padma Director	1.00	X					0.	0.	0.	
(5) Mary Sue Cheeseman Director	1.00	X					0.	0.	0.	
(6) Davies, Vicki Director	1.00	X					0.	0.	0.	
(7) Eklund, Steve Director	1.00	X					0.	0.	0.	
(8) Gruber, Bob Director	1.00	X					0.	0.	0.	
(9) Kilroy, William Director	1.00	X					0.	0.	0.	
(10) Kroeger, David Director	1.00	X					0.	0.	0.	
(11) Molina, Daniel A. Director	1.00	X					0.	0.	0.	
(12) Murphy, Don Director	1.00	X					0.	0.	0.	
(13) Noday, Gloria Director	1.00	X					0.	0.	0.	
(14) Rhein, Marilyn Director	1.00	X					0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) Rinaldi, Vincent D. Director	1.00	X					0.	0.	0.
(16) Sewell, Michael J. Director	1.00	X					0.	0.	0.
(17) Skidmore, Jr., David Director	1.00	X					0.	0.	0.
(18) Stenger, Robert J. Director	1.00	X					0.	0.	0.
(19) Tanner, Teresa Director	1.00	X					0.	0.	0.
(20) Welge, Hal Director	1.00	X					0.	0.	0.
(21) Wevers, Kristen Hall Director	1.00	X					0.	0.	0.
(22) Wymore, Donna Director	1.00	X					0.	0.	0.
(23) Felicia Williams Chair	1.00	X		X			0.	0.	0.
(24) Anning, Robert Vice chair	1.00	X		X			0.	0.	0.
(25) Koncius, Algis Vice chair	1.00	X		X			0.	0.	0.
<b>1 b Sub-total</b>							0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>							171,998.	0.	1,738.
<b>d Total (add lines 1b and 1c)</b>							171,998.	0.	1,738.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns . . . . .	1 a				
	b Membership dues . . . . .	1 b	7,679.			
	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	2,768,757.			
	g Noncash contributions included in lines 1a-1f \$		196,566.			
<b>h Total.</b> Add lines 1a-1f . . . . .		<b>2,776,436.</b>				
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	2 a <u>Third Party (Room) Reimbu</u>	624221	172,543.	172,543.	0.	0.
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .		<b>172,543.</b>				
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts) . . . . .		276,235.	0.	0.	276,235.
	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) . . . . .		292,833.	0.	0.	292,833.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. . . . .	a				
		b Less: direct expenses . . . . .	b	866,257.		
c Net income or (loss) from fundraising events . . . . .			210,351.			
		655,906.		0.	655,906.	
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					
	b Less: cost of goods sold . . . . .	b	20,813.			
	c Net income or (loss) from sales of inventory . . . . .		19,397.			
		1,416.	0.	0.	1,416.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11 a <u>Miscellaneous Income</u>	624221	18,528.	0.	0.	18,528.	
b -----						
c -----						
d All other revenue . . . . .						
e <b>Total.</b> Add lines 11a-11d . . . . .		<b>18,528.</b>				
<b>12 Total revenue.</b> See instructions . . . . .		<b>4,193,897.</b>	<b>172,543.</b>	<b>0.</b>	<b>1,244,918.</b>	

**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)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	28,618.	28,618.		
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	173,736.	78,181.	43,434.	52,121.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). . . . .				
<b>7</b> Other salaries and wages . . . . .	1,056,198.	599,024.	177,224.	279,950.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . . . .	42,440.	22,060.	8,269.	12,111.
<b>9</b> Other employee benefits . . . . .	110,647.	67,882.	19,664.	23,101.
<b>10</b> Payroll taxes . . . . .	87,913.	48,405.	15,772.	23,736.
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	490.	0.	490.	0.
<b>c</b> Accounting . . . . .	25,561.	0.	25,561.	0.
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17 . . . . .	83,360.			83,360.
<b>f</b> Investment management fees . . . . .	29,720.	0.	29,720.	0.
<b>g</b> Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). . . . .				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	92,321.	44,482.	31,733.	16,106.
<b>14</b> Information technology . . . . .	65,419.	32,710.	22,896.	9,813.
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	145,944.	145,944.	0.	0.
<b>17</b> Travel . . . . .	9,685.	9,685.	0.	0.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	11,799.	0.	11,799.	0.
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	63,883.	0.	63,883.	0.
<b>22</b> Depreciation, depletion, and amortization . . . . .	549,025.	549,025.	0.	0.
<b>23</b> Insurance . . . . .	13,909.	12,518.	1,391.	0.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> <u>House Supplies</u> . . . . .	80,183.	80,183.	0.	0.
<b>b</b> <u>Direct Mail Expenses</u> . . . . .	77,048.	0.	0.	77,048.
<b>c</b> <u>Cleaning Service</u> . . . . .	83,612.	83,612.	0.	0.
<b>d</b> <u>Maintenance - Mechanical</u> . . . . .	88,865.	88,865.	0.	0.
<b>e</b> All other expenses . . . . .	417,787.	299,746.	16,549.	101,492.
<b>25</b> Total functional expenses Add lines 1 through 24e. . . . .	3,338,163.	2,190,940.	468,385.	678,838.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	542,227.	1	581,025.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	733,665.	3	606,295.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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	38,772.	9	46,719.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	19,573,979.		
	10b	Less accumulated depreciation	4,543,201.		
	10c		15,242,856.		15,030,778.
	11	Investments — publicly traded securities	9,869,269.	11	12,001,087.
	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	76,772.	15	87,340.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	26,503,561.	16	28,353,244.	
LIABILITIES	17	Accounts payable and accrued expenses	130,583.	17	92,520.
	18	Grants payable		18	
	19	Deferred revenue	0.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other 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 to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	16,953.	25	17,057.
	26	<b>Total liabilities.</b> Add lines 17 through 25	147,536.	26	109,577.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	25,404,558.	27	27,328,724.
	28	Temporarily restricted net assets	377,757.	28	341,233.
	29	Permanently restricted net assets	573,710.	29	573,710.
	Organizations that do not follow SFAS 117 (ASC 958), 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, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances.</b>	26,356,025.	33	28,243,667.
	34	<b>Total liabilities and net assets/fund balances.</b>	26,503,561.	34	28,353,244.

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,193,897.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,338,163.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	855,734.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	26,356,025.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,031,908.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	28,243,667.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
<b>2 a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2 b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2 c</b>	If 'Yes' to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
<b>3 a</b>	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>3 b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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Form 990 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

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: (For lines 1 through 11, check only one box.)

- 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 a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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)**.
- 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 – Non-functionally integrated
- 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
(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? . . . . .	<b>11 g (i)</b>	
(ii) A family member of a person described in (i) above? . . . . .	<b>11 g (ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	<b>11 g (iii)</b>	

**h Provide the following information about the supported organization(s).**

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') . . . . .	2,368,903.	2,876,009.	3,141,701.	3,081,312.	2,982,816.	14,450,741.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0.	0.	0.	0.	0.	0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .	0.	0.	0.	0.	0.	0.
4 Total. Add lines 1 through 3 . . . . .	2,368,903.	2,876,009.	3,141,701.	3,081,312.	2,982,816.	14,450,741.
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 . . . . .						14,450,741.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .	2,368,903.	2,876,009.	3,141,701.	3,081,312.	2,982,816.	14,450,741.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	172,889.	127,031.	206,377.	314,208.	276,235.	1,096,740.
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) . . . . .	696,589.	860,474.	926,287.	984,311.	625,155.	4,092,816.
11 Total support. Add lines 7 through 10 . . . . .						19,640,297.
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 . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	73.58 %
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	75.16 %

- 16a 33-1/3% support test – 2013. 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 – 2012. 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 – 2013. 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 – 2012. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support.</b> (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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33-1/3% support tests — 2013.** 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 — 2012.** If the organization did not check a box on line 14 or line 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.

**Part IV** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Line 10: Description: Fundraising

Pt II Line 10: 2009: 690686.

Pt II Line 10: 2010: 853690.

Pt II Line 10: 2011: 912523.

Pt II Line 10: 2012: 965460.

Pt II Line 10: 2013: 623739.

Pt II Line 10: Description: Sale of Merchandise

Pt II Line 10: 2009: 5903.

Pt II Line 10: 2010: 6784.

Pt II Line 10: 2011: 13764.

Pt II Line 10: 2012: 18851.

Pt II Line 10: 2013: 1416.

Multiple horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 about fund counts and 5-6 about donor advisement.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 about conservation easement details.

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.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1b and 2a-2b about art and historical treasures.

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

- 3 Using the organization's acquisition, 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 XIII.
- 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 Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a 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 XIII and complete the following table
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the 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
1 a Beginning of year balance	3,327,577.	3,327,056.	572,710.	572,710.	572,710.
b Contributions		521.	2,754,346.		
c Net investment earnings, gains, and losses	1,389,612.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,717,189.	3,327,577.	3,327,056.	572,710.	572,710.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 84.70 %
  - b Permanent endowment ▶ 12.20 %
  - c Temporarily restricted endowment ▶ 3.10 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  | X  |
| (ii) related organizations  | 3a(ii) | X  |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		2,075,467.	██████████	2,075,467.
b Buildings		15,826,512.	3,401,105.	12,425,407.
c Leasehold improvements				
d Equipment		1,625,593.	1,131,268.	494,325.
e Other		46,407.	10,828.	35,579.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,030,778.

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12)		

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accounts Payable - RMHC Global	17,057.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25)	17,057.

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,231,454.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
	a Net unrealized gains on investments	2 a	1,031,908.	
	b Donated services and use of facilities	2 b	166,055.	
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d	4.	
	e Add lines 2a through 2d	2 e	1,197,967.	
3	Subtract line 2e from line 1		3	4,033,487.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b	160,410.	
	c Add lines 4a and 4b	4 c	160,410.	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,193,897.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,343,812.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	a Donated services and use of facilities	2 a	166,055.	
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d	4.	
	e Add lines 2a through 2d	2 e	166,059.	
3	Subtract line 2e from line 1		3	3,177,753.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b	160,410.	
	c Add lines 4a and 4b	4 c	160,410.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,338,163.

**Part XIII Supplemental Information.**

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Pt XI Line 4b Fundraising expenses - direct mail

Pt XII Line 4b Fundraising expenses - direct mail

Pt V Line 4 Intended uses of Endowments:

Pt V Line 4 2a- Board designated or quasi-endowment-

Pt V Line 4 The Board of Trustees of Ronald McDonald House Charities

Pt V Line 4 of Greater Cincinnati, Inc. established the RMH

Pt V Line 4 Self-Designated Endowment Fund for the purpose of

Pt V Line 4 voluntarily governing restrictions the Board wished

**Part XIII Supplemental Information** (continued)

Pt V Line 4 to place on the current expenditure of a portion of  
Pt V Line 4 its unrestricted investment assets so as to  
Pt V Line 4 (1) help ensure the long-term financial viability and  
Pt V Line 4 stability of RMH; (2) support new programs and  
Pt V Line 4 activities, facility improvements or expansions,  
Pt V Line 4 annual increases in operating expenses or unexpected  
Pt V Line 4 expenses; and (3) provide resources for other future  
Pt V Line 4 and long-term needs of RMH.

Pt V Line 4 2b- The Permanently Restricted Endowment contains  
Pt V Line 4 funds that donors to Ronald McDonald House Charities  
Pt V Line 4 of Greater Cincinnati, Inc. have themselves restricted  
Pt V Line 4 in terms of usage by the House. With due diligence,  
Pt V Line 4 the Board of Trustees of RMH established a policy  
Pt V Line 4 that would govern the receipt and use of endowment  
Pt V Line 4 assets including a permanent general endowment fund  
Pt V Line 4 to provide donors with a vehicle for the long-term  
Pt V Line 4 support of the charitable programs of the House.

Pt V Line 4 A specific portion of the Permanently Restricted  
Pt V Line 4 Endowment is the gift received in 1993 from Mrs. Kroc.  
Pt V Line 4 The Kroc gift is an example of a permanently  
Pt V Line 4 restricted gift which falls outside of our general  
Pt V Line 4 policies. This gift was accepted as such having been  
Pt V Line 4 informed of donor intent. For the Kroc gift, the  
Pt V Line 4 principal (value of stock when donation received) is  
Pt V Line 4 to be held in perpetuity with the investment income available  
Pt V Line 4 for Ronald McDonald House operations, subject to the  
Pt V Line 4 donor and spending policy restrictions. None of the  
Pt V Line 4 proceeds nor the principal are to be used for

**Part XIII** Supplemental Information (continued)

Pt V Line 4 capital expenditures.

Pt XI Line 2d Rounding

Pt XII Line 2d Rounding

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
 ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public Inspection

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

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Lautman Maska Neill & Co., Inc.	Mail		X	324,474.	83,360.	241,114.
2 1730 Rhode Island Ave NW, Suite 301						
3 Washington, DC 20036-3119						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				324,474.	83,360.	241,114.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

- Ohio
- Kentucky
- Florida
- Indiana
- Delaware
- Idaho
- Iowa
- Montana
- Nebraska
- Vermont
- Texas

See Part I, Line 3 List of States Registered or Licensed to Solicit Funds

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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 column (a) through column (c))
REVENUE	1	Gross receipts . . . . .	553,220.	313,287.	866,507.
	2	Less: Charitable contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .	553,220.	313,287.	866,507.
DIRECT EXPENSES	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .		19,487.	19,487.
	6	Rent/facility costs . . . . .		51,900.	51,900.
	7	Food and beverages . . . . .	51,803.	22,440.	74,243.
	8	Entertainment . . . . .	2,000.		2,000.
	9	Other direct expenses . . . . .	83,828.	11,310.	95,138.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			242,768.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶			623,739.

**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 column (a) through column (c))				
REVENUE	1	Gross revenue . . . . .				
	DIRECT EXPENSES	2	Cash prizes . . . . .			
		3	Noncash 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. Subtract line 7 from line 1, 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?  Yes  No  
 b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If 'Yes,' explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2013**



▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I** General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Pt I Line 2 Within one year of grant funding, the recipient organization must

Pt I Line 2 submit written results of their project (pictures recommended) as well

Pt I Line 2 as evidence of grant spending. RMHC requires the organization to

Pt I Line 2 complete a "grant evaluation form" which requests information on

Pt I Line 2 1) Whether the project was successful in meeting objectives

Pt I Line 2 2) How the results were measured

Pt I Line 2 3) What was the impact of the project on the organization and the

Pt I Line 2 children it was designed to serve.

Pt I Line 2 The grant administrator and the grants committee review the correspondence

Pt I Line 2 to determine if the funds were spent in accordance with the proposal

Pt I Line 2 and if followup is necessary.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990. ▶ See separate instructions.  
 ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**Open to Public Inspection**

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 Questions Regarding Compensation**

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? . . . . .

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If 'Yes' to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If 'Yes' to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III . . . . .

**9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

**Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	Goodin, Jennifer Executive Director	(i) 164,016. (ii) 0.	7,982. 0.	0. 0.	8,288. 0.	1,738. 0.	182,024. 0.	0. 0.
2		(i) --- (ii) ---	---	---	---	---	---	---
3		(i) --- (ii) ---	---	---	---	---	---	---
4		(i) --- (ii) ---	---	---	---	---	---	---
5		(i) --- (ii) ---	---	---	---	---	---	---
6		(i) --- (ii) ---	---	---	---	---	---	---
7		(i) --- (ii) ---	---	---	---	---	---	---
8		(i) --- (ii) ---	---	---	---	---	---	---
9		(i) --- (ii) ---	---	---	---	---	---	---
10		(i) --- (ii) ---	---	---	---	---	---	---
11		(i) --- (ii) ---	---	---	---	---	---	---
12		(i) --- (ii) ---	---	---	---	---	---	---
13		(i) --- (ii) ---	---	---	---	---	---	---
14		(i) --- (ii) ---	---	---	---	---	---	---
15		(i) --- (ii) ---	---	---	---	---	---	---
16		(i) --- (ii) ---	---	---	---	---	---	---



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC

31-0965333

**Part II Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art . . . . .				
2 Art – Historical treasures . . . . .				
3 Art – Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		138,339.	donor-declared
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities – Publicly traded . . . . .	X	12	26,706.	market value
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	13	30,389.	donor-declared
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (office supplies) . . . . .	X	4	1,132.	donor-declared
26 Other ▶ ( ) . . . . .				
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

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? . . . . .

	Yes	No
30 a		X
31	X	
32 a	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? . . . . .

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Pt I Line 32b Ronald McDonald House Charities of Greater Cincinnati

Pt I Line 32b is a "partner charity" with One Car One Difference

Pt I Line 32b vehicle donation campaign presented by Insurance

Pt I Line 32b Auto Auctions (IAA) which provides complete donation

Pt I Line 32b processing services for non-profit organizations.

Pt I Line 32b Donated vehicles are auctioned to IAA's mature, global

Pt I Line 32b buyer base in a healthy, competitive bidding

Pt I Line 32b environment which consistently produces exceptional

Pt I Line 32b returns - on average, nearly 80 percent for each

Pt I Line 32b donated unit.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC

Employer identification number

31-0965333

Pt VI, Line 11b A draft of the Form 990 is reviewed in detail by the  
Pt VI, Line 11b Treasurer, Audit Committee and Business Director before  
Pt VI, Line 11b being submitted to the entire Board of Trustees for review and  
Pt VI, Line 11b comments. The draft is then revised, reviewed and  
Pt VI, Line 11b submitted.  
Pt VI, Line 12c All board members are required to sign the conflict of  
Pt VI, Line 12c interest policy annually and disclose any conflicts.  
Pt VI, Line 12c Any board member who has disclosed a conflict recuses  
Pt VI, Line 12c him or herself from the discussion and vote, if  
Pt VI, Line 12c applicable.  
Pt VI, Line 15a Compensation for the Executive Director is recommended  
Pt VI, Line 15a by the Executive Committee after comparable data is  
Pt VI, Line 15a reviewed. The comparable data analyzes local  
Pt VI, Line 15a not-for-profits' Executive Directors' salaries as well as other  
Pt VI, Line 15a Ronald McDonald Houses of comparable size. The  
Pt VI, Line 15a recommendation also occurs after the Executive  
Pt VI, Line 15a Director's job performance is reviewed by the Executive  
Pt VI, Line 15a Committee. The compensation recommendation then goes  
Pt VI, Line 15a before the whole board for discussion and approval.  
Pt VI, Line 19 Copies of the governing documents, policies and financial  
Pt VI, Line 19 statements are maintained in the administrative offices  
Pt VI, Line 19 and are available for viewing by the public. The IRS  
Pt VI, Line 19 Form 990 is also available for viewing and download  
Pt VI, Line 19 through our website ([www.rmhcincinnati.org](http://www.rmhcincinnati.org)) as part of the  
Pt VI, Line 19 "About Us" tab, on the "Our House: Facts and Figures" page. Our  
Pt VI, Line 19 annual report which contains the most recent annual

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

Pt VI, Line 19 audited financial information can be downloaded  
Pt VI, Line 19 and viewed through the "Our House" page of our website.  
Pt VI, Line 17 Kentucky and Florida  
Pt I, Line 6 The 2,714 number of our 2013 volunteers counts the number of individuals  
Pt I, Line 6 who volunteered as Guest Services Volunteers (400), Board  
Pt I, Line 6 Members (28), Board Committee members who are not members  
Pt I, Line 6 of our Board of Trustees (104), and Special Events volunteers  
Pt I, Line 6 who assist staff on special events throughout the year  
Pt I, Line 6 including the Golf Outing and Red Tie Gala (100). The  
Pt I, Line 6 Guest Services volunteers help provide families at Ronald  
Pt I, Line 6 McDonald House with a pleasant and comfortable stay by  
Pt I, Line 6 assisting staff with the daily operations of the House and by  
Pt I, Line 6 providing support to the families as needed. The 2,714 figure  
Pt I, Line 6 also includes the meals (787), activities (687), snack (556)  
Pt I, Line 6 and service groups from area companies, churches, schools, and  
Pt I, Line 6 various other community organizations (52) that come to  
Pt I, Line 6 Ronald McDonald House to prepare home-cooked meals and snacks,  
Pt I, Line 6 perform major cleaning projects or lead special activities  
Pt I, Line 6 ranging from storytelling and musical entertainment,  
Pt I, Line 6 massage and hair cuts, arts and crafts, game nights, and  
Pt I, Line 6 special holiday celebrations. Each group is counted as 1  
Pt I, Line 6 in the aggregate total of 2,714.  
Pt I, Line 6 In actuality, the number of individuals who volunteer their time  
Pt I, Line 6 and talents is much greater. Our meal groups average 11 individuals  
Pt I, Line 6 in each group, bringing this meal group individual volunteer total  
Pt I, Line 6 to 8,657. The activities groups average 5 individuals per group,  
Pt I, Line 6 bringing this individual volunteer total to 3,435. The

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

Pt I, Line 6 snack groups average 5 per group, totaling 2,780. The service  
 Pt I, Line 6 groups average 10 per group, totaling 520. Thus the total of  
 Pt I, Line 6 individuals who gave their time and talents to the House  
 Pt I, Line 6 numbered more than 16,025, with the hours that they gave  
 Pt I, Line 6 totaling more than 80,000 hours.

Pt III, Line 1 Ronald McDonald House Charities of Greater Cincinnati provides a  
 Pt III, Line 1 supportive "home away from home" for families and their children  
 Pt III, Line 1 who are receiving treatment at Cincinnati Children's Hospital Medical  
 Pt III, Line 1 Center or other area hospitals, regardless of their ability to  
 Pt III, Line 1 contribute to their stay. Ronald McDonald House Charities also awards  
 Pt III, Line 1 grants to local not-for-profit organizations serving children  
 Pt III, Line 1 through a portion of donations from McDonald's customers and  
 Pt III, Line 1 Global Ronald McDonald House Charities' matching funds.

Pt III, Line 4a To provide and maintain a supportive "home away from home" for families  
 Pt III, Line 4a of seriously ill children receiving treatment at Cincinnati Children's  
 Pt III, Line 4a Hospital Medical Center or other area hospitals. Families can  
 Pt III, Line 4a contribute the suggested daily donation of \$25 to the House, but no one is  
 Pt III, Line 4a ever turned away for an inability to contribute. (The actual cost  
 Pt III, Line 4a to provide a room and all the amenities is \$99 per day.) In 2013,  
 Pt III, Line 4a we cared for 1,525 families with an average length of stay of 18 days  
 Pt III, Line 4a and an occupancy rate of 96%. With the expansion wing that opened in  
 Pt III, Line 4a May 2009, Ronald McDonald House now offers safe and comfortable residential  
 Pt III, Line 4a accommodations for 78 families each night. Located next door to Cincinnati  
 Pt III, Line 4a Children's Hospital Medical Center (which cares for families from all over the world),  
 Pt III, Line 4a Ronald McDonald House offers families a private bedroom and bathroom, as  
 Pt III, Line 4a well as large common kitchens with home-cooked meals, laundry facilities,  
 Pt III, Line 4a play rooms, and special family activities. Without our House, these

Name of the organization

Employer identification number

RONALD McDONALD HOUSE CHARITIES OF GREATER CINCINNATI INC

31-0965333

Pt III, Line 4a families would usually sleep in the hospital waiting rooms, their

Pt III, Line 4a child's room, or even their cars, as most families could not afford a

Pt III, Line 4a hotel for weeks or months. Our House serves all ages, socioeconomic levels

Pt III, Line 4a and races, welcoming all families who need a warm, caring

Pt III, Line 4a environment in which to rest so they can better support their children's healing.

Pt VIII, Line 2a Families can contribute the suggested daily donation of \$25

Pt VIII, Line 2a to support the House, but no one is ever turned away for an

Pt VIII, Line 2a inability to contribute. These contributions are included in

Pt VIII, Line 2a Part VIII, Line 1f. Third-party organizations are billed the

Pt VIII, Line 2a de minimus room rate of \$25 per day. These collected room

Pt VIII, Line 2a reimbursements appear as program service revenue in Part VIII, Line 2a.

Pt XI, Line 5 Change in unrealized gain on investments

Sch G, Pt I, Line 3 Nevada, South Dakota, Wyoming

Schedule O (Form 990), Supplemental Information to Form 990  
**Form 990, Page 6, Line 17 (continued)**

Kentucky

Florida

Schedule G (Form 990 or Form 990-EZ), Supplemental Information Regarding Fundraising or Gaming Activities  
**Part I, Line 3 List of States Registered or Licensed to Solicit Funds**

Nevada

South Dakota

Wyoming

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990, Page 10, Line 24e All Other Expenses (continued)**

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Fundraising Expense	14,343.			14,343.
Planned Giving Initiative	13,072.			13,072.
Board Functions	8,262.		4,131.	4,131.
Volunteer Services	34,358.	34,358.		
Public Relations	15,536.	4,661.	3,107.	7,768.
Community Relations	431.	129.	86.	216.
Publications	17,240.	5,172.	1,724.	10,344.
Maintenance - Housekeepin	24,783.	24,783.		
Executive Director's Budget	7,520.	3,760.	752.	3,008.
Fobs	-556.	-556.		
Refurbishing	71,308.	71,308.		
Food & Beverages	52,888.	52,888.		
Teacher Program	33,799.	33,799.		
Guest Activities	15,515.	15,515.		
Emergency Funds	300.	300.		
Development Director'	4,364.			4,364.
Guest Services	20,560.	20,560.		
Staff Development	16,719.	11,703.	1,672.	3,344.
Household Equipment	12,501.	12,501.		
Erkenbrecher Properties E	4,959.	4,959.		
Donation Box Expense	40,902.			40,902.
Red Shoe Crew	5,077.		5,077.	
Miscellaneous	6.	6.		
Garden Project	3,900.	3,900.		

**Supporting Statement of:**

Form 990 p 9/Other amt. not included

Description	Amount
Room Donations	145,023.
Individual (Unrestricted)	76,193.
Community/Foundation	55,000.
Room Sponsorship	245,098.
Adopt-a-Family	257,197.
Corporate	209,589.
McDonald's Canister Recei	292,412.
Local McDonald's Cooperat	125,000.
McDonald's Global Partner	33,329.
McDonalds' Local Fundrais	340.
Individual	146,350.
Individual Board	7,241.
Corporate/Corporate Match	48,848.
Community/Foundation	30,531.
Outside Group Fundraiser	96,280.
Newsletter Remittance	16,211.
Pop Tab Income	27,866.
Adopt-A-Tree	3,500.
Vending Income	13,530.
Individual	67,061.
Corporate/Corporate Match	10,887.
Community/Foundation	3,352.
CCHMC Donation	20,000.
Donated Products/Services	307,400.
Coca-Cola Deposits	19,058.
Acquisition Appeal	48,634.
Renewal Appeals	266,887.
Share-A-Night Spillover	8,953.
Major Gift-Found. (Restri	426,338.
Major Gift-Ind. (Restrict	86,241.
Discount of Contributions	1,697.
Decrease in Temporarily Restricted Assets	-156,234.
Less: Donated Services	-166,055.
Uncollectible Promises to	-5,000.
<b>Total</b>	<b><u>2,768,757.</u></b>

**Supporting Statement of:**

Form 990 p 10/Line 11b col (C)

Description	Amount
Legal Fees	10,490.
Less: Donated Services	-10,000.
<b>Total</b>	<b><u>490.</u></b>

**Supporting Statement of:**

Form 990 p 10/Line 11c col (C)

Description	Amount
Professional Services	17,969.
Accounting Fees	24,279.
Less: Donated Services	-5,000.
Less: Donated Services	-11,687.
<b>Total</b>	<b><u>25,561.</u></b>

**Supporting Statement of:**

Form 990 p 10/Line 14 col (B)

Description	Amount
Information Technology	71,487.
Less: Management & General	-25,020.
Less: Fundraising	-10,723.
Less: Donated Services	-3,034.
<b>Total</b>	<b><u>32,710.</u></b>

**Supporting Statement of:**

Form 990 p 10/Line 14 col (C)

Description	Amount
IT	25,020.
Less: Donated Services	-2,124.
<b>Total</b>	<b><u>22,896.</u></b>

**Supporting Statement of:**

Form 990 p 10/Line 14 col (D)

Description	Amount
IT	10,723.
Less: Donated Services	-910.
<b>Total</b>	<b><u>9,813.</u></b>

**Supporting Statement of:**

Form 990 p 10/Line 17 col (B)

Description	Amount
Auto Expense	14,485.
Less: Donated Services	-4,800.
Total	<u>9,685.</u>

**Supporting Statement of:**

Form 990 p 10/Line 23 col (B)

Description	Amount
Insurance - car & general	23,909.
Less: Management & General	-2,391.
Less: Donated Services	-9,000.
Total	<u>12,518.</u>

**Supporting Statement of:**

Form 990 p 10/Line 23 col (C)

Description	Amount
Insurance	2,391.
Less: Donated Services	-1,000.
Total	<u>1,391.</u>

**Supporting Statement of:**

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

Description	Amount
Cleaning Service	93,312.
Less: donated services	-9,700.
Total	<u>83,612.</u>

**Supporting Statement of:**

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

Description	Amount
Maintenance - Mechanical	98,705.
Less: donated services	-9,840.
Total	<u>88,865.</u>

**Supporting Statement of:**

All Other Expenses/Line 24e col (B) -4

Description	Amount
Volunteer Services	35,733.
Less: Donated Services	-1,375.
Total	<u>34,358.</u>

**Supporting Statement of:**

All Other Expenses/Line 24e col (B) -5

Description	Amount
Public Relations	65,892.
Less: Management & General	-13,178.
Less: Fundraising	-32,946.
Less: Donated Services	-15,107.
Total	<u>4,661.</u>

**Supporting Statement of:**

All Other Expenses/Line 24e col (C) -5

Description	Amount
Public Relations	13,178.
Less: Donated Services	-10,071.
Total	<u>3,107.</u>

**Supporting Statement of:**

All Other Expenses/Line 24e col (D) -5

Description	Amount
Public Relations	32,946.
Less: Donated Services	-25,178.
Total	<u>7,768.</u>

**Supporting Statement of:**

All Other Expenses/Line 24e col (B) -8

Description	Amount
Maintenance - Housekeepin	57,072.
Less: Donated Services	-32,289.
Total	<u>24,783.</u>

**Supporting Statement of:**

All Other Expenses/Line 24e col (B) -11

Description	Amount
Refurbishing	84,748.
Less: Donated Services	-13,440.
Total	<u>71,308.</u>

**Supporting Statement of:**

All Other Expenses/Line 24e col (B) -17

Description	Amount
Guest Services	22,060.
Less: Donated Services	-1,500.
Total	<u>20,560.</u>

Form 990 p 7: Part VII Compensation of Officers etc.

**Smart Worksheet for Officers, Directors, Trustees, Key Employees and Highest Compensated Employees**

**Note:** Enter all the information below for Part VII, Section A. The first 14 entries will be placed on the appropriate lines on page 7. , The next 10 entries will be placed on the appropriate lines on page 8 If more than 25 items are entered, the remainder will be placed on continuation sheets for Part VII.

(A) Name and Title	Ck if B u s i n e s s	(B) Avg hrs/wk (list hrs for related orgs below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compn from the organi- zation (W-2/ 1099-MISC)	(E)	(F) Est amt of oth compn from org and related orgs
			C1 - Indiv trustee or dir	C2 - Institutional trustee	C3 - Officer	C4 - Key employee	C5 - Highest compensated employee	C6 - Former			
(1) <u>Belletti, Christopher</u> Director	<input type="checkbox"/>	<u>1.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(2) <u>Berry, Mark</u> --- Director	<input type="checkbox"/>	<u>1.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(3) <u>Bonfield, Pam</u> -- Director	<input type="checkbox"/>	<u>1.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(4) <u>Cariappa, Padma</u> Director	<input type="checkbox"/>	<u>1.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(5) <u>Mary Sue Cheeseman</u> Director	<input type="checkbox"/>	<u>1.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(6) <u>Davies, Vicki</u> -- Director	<input type="checkbox"/>	<u>1.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(7) <u>Eklund, Steve</u> -- Director	<input type="checkbox"/>	<u>1.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(8) <u>Gruber, Bob</u> --- Director	<input type="checkbox"/>	<u>1.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(9) <u>Kilroy, William</u> Director	<input type="checkbox"/>	<u>1.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(10) <u>See COMPSW</u> ----	<input type="checkbox"/>	----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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
<b>A</b> Depreciation . . . . .	549,025.	549,025.	0.	0.
<b>B</b> Depletion . . . . .				
<b>C</b> Amortization . . . . .				

Part VII Cont. (Copy No. 1): Form 990, Part VII, Section A, Compensation (continued)

**General Information**

**Note:** Enter all the information for Part VII, Section A on the Smart Worksheet on Form 990, page 7. The first 14 entries will be placed on the appropriate lines on Form 990, page 7. Entries 15 through 25 will be placed on the appropriate lines on Form 990, page 8. If more than 25 items are entered, the remainder will be placed on the continuation sheets for Part VII.

**A** Description for this copy of Continuation Sheet for form 990, Part VII, Section A. . . . . Copy No. 1 \_\_\_\_\_


QuickZoom to Smart Worksheet on page 7 . . . . . ▶ \_\_\_\_\_





Sch D, page 5 (Copy No. 2): Part XIII Supplemental Information

**Supplemental Information Smart Worksheet**

Description of this copy of Schedule D, page 5. . . . Copy No. 2  
**QuickZoom** here to another copy of Schedule D, page 5. . . . . 

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

**Supplemental Information Smart Worksheet**

**Note:** Enter the explanation required in Part I, line 2, regarding monitoring of funds, and in Part III, column (b) regarding how the organization estimated the number of recipients for each type of grant or assistance. The line number references and descriptions entered here are automatically included in Part IV - Supplemental Information below..

**Line Number**

Pt I Line 2 Within one year of grant funding, the recipient organization must submit written results of their project (pictures recommended) as well as evidence of grant spending. RMHC requires the organization to complete a "grant evaluation form" which requests information on 1) Whether the project was successful in meeting objectives

**Explanation**

**Note:** Enter the line number and description for lines other than Part I, line 2 and Part III, column (b) here. The line number references and descriptions entered here are automatically included in Part IV - Supplemental Information below..

**Line Number**

Pt I Line 2 2) How the results were measured  
 Pt I Line 2 3) What was the impact of the project on the organization and the children it was designed to serve.  
 Pt I Line 2 The grant administrator and the grants committee review the correspondence  
 See Supplemental Information Smart Worksheet - Other

**Explanation**



Sch. M, page 2: Non-Cash Contributions, Part II, Supplemental Information

**Supplemental Information Smart Worksheet**

**Note:** Enter information specific to Part I, column (b) and lines 30b, 32b, or 33 here. Choose a specific line number from the Line Number picklist and enter an explanation. The line number reference and explanation entered here are automatically included in the lines below the Smart Worksheet.

Line Number	Explanation
Pt I Line 32b	Ronald McDonald House Charities of Greater Cincinnati
Pt I Line 32b	is a "partner charity" with One Car One Difference
Pt I Line 32b	vehicle donation campaign presented by Insurance
Pt I Line 32b	Auto Auctions (IAA) which provides complete donation
See Supplemental Information Smart Worksheet	

**Note:** Enter the line number and explanation for lines not mentioned above here. The line number reference and explanation entered here are automatically included in the lines below the Smart Worksheet.

Line Number	Explanation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Schedule O: Supplemental Information to Form 990

**Supplemental Information Smart Worksheet**

QuickZoom here to Schedule O, page 2. . . . . →

**Specific Information for Form 990-EZ, Parts I, II, III and V**

**Note: The following lines for 990-EZ have their own supplemental overflow statement. If information is required for these lines, enter the information on the appropriate supplemental overflow statement:**

- Form 990-EZ, Part I, Line 8 QuickZoom to Part I, Line 8 . . . . . ▶ \_\_\_\_\_
- Form 990-EZ, Part I, Line 10 QuickZoom to Part I, Line 10 . . . . . ▶ \_\_\_\_\_
- Form 990-EZ, Part I, Line 16 QuickZoom to Part I, Line 16 . . . . . ▶ \_\_\_\_\_
- Form 990-EZ, Part I, Line 20 QuickZoom to Part I, Line 20 . . . . . ▶ \_\_\_\_\_
- Form 990-EZ, Part II, Line 24 QuickZoom to Part II, Line 24 . . . . . ▶ \_\_\_\_\_
- Form 990-EZ, Part II, Line 26 QuickZoom to Part II, Line 26 . . . . . ▶ \_\_\_\_\_

**Note: Enter information specific to any of the following lines below:**

- Form 990-EZ, Part III, Line 31 (Description of other program services)
- Form 990-EZ, Part IV (Officer, Directors, Trustees, Key Employees additional information)
- Form 990-EZ, Part V, Personal Benefit Contract(s)
- Form 990-EZ, Part V, Line 33 (Response to Yes for Question 33)
- Form 990-EZ, Part V, Line 34 (Response to Yes for Question 34)
- Form 990-EZ, Part V, Line 35b (Why organization did not report unrelated business income)
- Form 990-EZ, Part V, Line 44d (Response to No for Question 44d)
- Form 990-EZ, Part VI, Line 50 or Line 51 (HCE and Independent Contractors)

**Specific Information for Form 990, Parts III, V, VI, VII, IX, XI and XII**

**Note: The following lines for 990 have their own supplemental overflow statement. If information is required for these lines, enter the information on the appropriate supplemental overflow statement:**

- Form 990, Page 2, Part III, Line 4d QuickZoom to Part III, Line 4d . . . . . ▶ \_\_\_\_\_
- Form 990, Page 6, Part VI, Section A, Line 9 QuickZoom to Part VI, Line 9 . . . . . ▶ \_\_\_\_\_
- Form 990, Page 6, Part VI, Section C, Line 17 QuickZoom to Part VI, Line 17 . . . . . ▶ \_\_\_\_\_
- Form 990, Page 10, Part IX, Line 11g QuickZoom to Line 11g Stmt . . . . . ▶ \_\_\_\_\_
- Form 990, Page 10, Part IX, Line 24e QuickZoom to Line 24e Stmt . . . . . ▶ \_\_\_\_\_

**Note: Enter information specific to any of the following below:**

- Form 990, Page 2, Part III, Line 2, or Line 3.
- Form 990, Page 5, Part V, Line 3b, 13a or 14b
- Form 990, Page 6, Part VI, Section A, Lines 1a, 2-7b, 8a, or 8b.
- Form 990, Page 6, Part VI, Section B, Lines 10b, 11b, 12c, 15a, or 15b
- Form 990, Page 6, Part VI, Section C, Line 18, or 19
- Form 990, Page 7, Part VII, Column (E) or Column (F)
- Form 990, Page 9, Part VIII
- Form 990, Page 11, Part X
- Form 990, Page 12, Part XI
- Form 990, Page 12, Part XII, Line 1, 2c or 3b

Choose a specific line number from the Line Number picklist and enter an explanation. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O page 2 if needed.

Line Number	Explanation
Pt VI, Line 11b	A draft of the Form 990 is reviewed in detail by the
Pt VI, Line 11b	Treasurer, Audit Committee and Business Director before
Pt VI, Line 11b	being submitted to the entire Board of Trustees for review and
Pt VI, Line 11b	comments. The draft is then revised, reviewed and
Pt VI, Line 11b	submitted.
Pt VI, Line 12c	All board members are required to sign the conflict of
Pt VI, Line 12c	interest policy annually and disclose any conflicts.
Pt VI, Line 12c	Any board member who has disclosed a conflict recuses
Pt VI, Line 12c	him or herself from the discussion and vote, if
Pt VI, Line 12c	applicable.
Pt VI, Line 15a	Compensation for the Executive Director is recommended
Pt VI, Line 15a	by the Executive Committee after comparable data is
Pt VI, Line 15a	reviewed. The comparable data analyzes local
Pt VI, Line 15a	not-for-profits' Executive Directors' salaries as well as other
See Supplemental	Information Smart Worksheet

**Note: Enter the line number and explanation for lines not mentioned above here. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O, page 2 if needed.**

Line Number	Explanation
Pt VI, Line 17	Kentucky and Florida
Pt I, Line 6	The 2,714 number of our 2013 volunteers counts the number of individuals
Pt I, Line 6	who volunteered as Guest Services Volunteers (400), Board
Pt I, Line 6	Members (28), Board Committee members who are not members
Pt I, Line 6	of our Board of Trustees (104), and Special Events volunteers
Pt I, Line 6	who assist staff on special events throughout the year
Pt I, Line 6	including the Golf Outing and Red Tie Gala (100). The
Pt I, Line 6	Guest Services volunteers help provide families at Ronald
Pt I, Line 6	McDonald House with a pleasant and comfortable stay by
Pt I, Line 6	assisting staff with the daily operations of the House and by
Pt I, Line 6	providing support to the families as needed. The 2,714 figure
Pt I, Line 6	also includes the meals (787), activities(687), snack(556)
Pt I, Line 6	and service groups from area companies, churches, schools, and
Pt I, Line 6	various other community organizations(52) that come to
See Supplemental	Information Smart Worksheet - Other

Sch O, page 2 (Copy No. 1): Supplemental Information to Form 990

<b>Supplemental Information Smart Worksheet</b>
Description of this copy of Schedule O, page 2 . . . <u>Copy No. 1</u>
<b>QuickZoom</b> here to another copy of Schedule O, page 2. . . . . <b>→</b>

Sch O, page 2 (Copy No. 2): Supplemental Information to Form 990

<b>Supplemental Information Smart Worksheet</b>
Description of this copy of Schedule O, page 2 . . . <u>Copy No. 2</u>
<b>QuickZoom</b> here to another copy of Schedule O, page 2. . . . . <b>→</b>

Sch O, page 2 (Copy No. 3): Supplemental Information to Form 990

<b>Supplemental Information Smart Worksheet</b>
Description of this copy of Schedule O, page 2 . . . <u>Copy No. 3</u>
<b>QuickZoom</b> here to another copy of Schedule O, page 2. . . . . <b>→</b>





Schedule I, Page 2, Part IV

**Supplemental Information Smart Worksheet - Other**

Pt I Line 2 \_\_\_\_\_ to determine if the funds were spent in accordance with the proposal

Pt I Line 2 \_\_\_\_\_ and if followup is necessary.

## Schedule M, Page 2

**Supplemental Information Smart Worksheet**

Line Number	Explanation
Pt I Line 32b	processing services for non-profit organizations.
Pt I Line 32b	Donated vehicles are auctioned to IAA's mature, global
Pt I Line 32b	buyer base in a healthy, competitive bidding
Pt I Line 32b	environment which consistently produces exceptional
Pt I Line 32b	returns - on average, nearly 80 percent for each
Pt I Line 32b	donated unit.

## Schedule O, Page 1

**Supplemental Information Smart Worksheet**

Line Number	Explanation
Pt VI, Line 15a	Ronald McDonald Houses of comparable size. The
Pt VI, Line 15a	recommendation also occurs after the Executive
Pt VI, Line 15a	Director's job performance is reviewed by the Executive
Pt VI, Line 15a	Committee. The compensation recommendation then goes
Pt VI, Line 15a	before the whole board for discussion and approval.
Pt VI, Line 19	Copies of the governing documents, policies and financial
Pt VI, Line 19	statements are maintained in the administrative offices
Pt VI, Line 19	and are available for viewing by the public. The IRS
Pt VI, Line 19	Form 990 is also available for viewing and download
Pt VI, Line 19	through our website ( <a href="http://www.rmhcincinnati.org">www.rmhcincinnati.org</a> ) as part of the
Pt VI, Line 19	"About Us" tab, on the "Our House: Facts and Figures" page. Our
Pt VI, Line 19	annual report which contains the most recent annual
Pt VI, Line 19	audited financial information can be downloaded
Pt VI, Line 19	and viewed through the "Our House" page of our website.

## Schedule O, Page 1

**Supplemental Information Smart Worksheet - Other**

Pt I, Line 6	Ronald McDonald House to prepare home-cooked meals and snacks,
Pt I, Line 6	perform major cleaning projects or lead special activities
Pt I, Line 6	ranging from storytelling and musical entertainment,
Pt I, Line 6	massage and hair cuts, arts and crafts, game nights, and
Pt I, Line 6	special holiday celebrations. Each group is counted as 1
Pt I, Line 6	in the aggregate total of 2,714.
Pt I, Line 6	In actuality, the number of individuals who volunteer their time
Pt I, Line 6	and talents is much greater. Our meal groups average 11 individuals
Pt I, Line 6	in each group, bringing this meal group individual volunteer total
Pt I, Line 6	to 8,657. The activities groups average 5 individuals per group,
Pt I, Line 6	bringing this individual volunteer total to 3,435. The
Pt I, Line 6	snack groups average 5 per group, totaling 2,780. The service
Pt I, Line 6	groups average 10 per group, totaling 520. Thus the total of
Pt I, Line 6	individuals who gave their time and talents to the House
Pt I, Line 6	numbered more than 16,025, with the hours that they gave
Pt I, Line 6	totaling more than 80,000 hours.
Pt III, Line 1	Ronald McDonald House Charities of Greater Cincinnati provides a
Pt III, Line 1	supportive "home away from home" for families and their children
Pt III, Line 1	who are receiving treatment at Cincinnati Children's Hospital Medical
Pt III, Line 1	Center or other area hospitals, regardless of their ability to
Pt III, Line 1	contribute to their stay. Ronald McDonald House Charities also awards
Pt III, Line 1	grants to local not-for-profit organizations serving children

Schedule 0, Page 1

Continued

**Supplemental Information Smart Worksheet - Other**

Pt III, Line 1 through a portion of donations from McDonald's customers and  
Pt III, Line 1 Global Ronald McDonald House Charities' matching funds.  
Pt III, Line 4a To provide and maintain a supportive "home away from home" for families  
Pt III, Line 4a of seriously ill children receiving treatment at Cincinnati Children's  
Pt III, Line 4a Hospital Medical Center or other area hospitals. Families can  
Pt III, Line 4a contribute the suggested daily donation of \$25 to the House, but no one is  
Pt III, Line 4a ever turned away for an inability to contribute. (The actual cost  
Pt III, Line 4a to provide a room and all the amenities is \$99 per day.) In 2013,  
Pt III, Line 4a we cared for 1,525 families with an average length of stay of 18 days  
Pt III, Line 4a and an occupancy rate of 96%. With the expansion wing that opened in  
Pt III, Line 4a May 2009, Ronald McDonald House now offers safe and comfortable residential  
Pt III, Line 4a accommodations for 78 families each night. Located next door to Cincinnati  
Pt III, Line 4a Children's Hospital Medical Center (which cares for families from all over the world),  
Pt III, Line 4a Ronald McDonald House offers families a private bedroom and bathroom, as  
Pt III, Line 4a well as large common kitchens with home-cooked meals, laundry facilities,  
Pt III, Line 4a play rooms, and special family activities. Without our House, these  
Pt III, Line 4a families would usually sleep in the hospital waiting rooms, their  
Pt III, Line 4a child's room, or even their cars, as most families could not afford a  
Pt III, Line 4a hotel for weeks or months. Our House serves all ages, socioeconomic levels  
Pt III, Line 4a and races, welcoming all families who need a warm, caring  
Pt III, Line 4a environment in which to rest so they can better support their children's healing.  
Pt VIII, Line 2a Families can contribute the suggested daily donation of \$25  
Pt VIII, Line 2a to support the House, but no one is ever turned away for an  
Pt VIII, Line 2a inability to contribute. These contributions are included in  
Pt VIII, Line 2a Part VIII, Line 1f. Third-party organizations are billed the  
Pt VIII, Line 2a de minimus room rate of \$25 per day. These collected room  
Pt VIII, Line 2a reimbursements appear as program service revenue in Part VIII, Line 2a.  
Pt XI, Line 5 Change in unrealized gain on investments  
Sch G, Pt I, Line 3 Nevada, South Dakota, Wyoming

