

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **RONALD MCDONALD HOUSE CHARITIES OF ANN ARBOR**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **1600 WASHINGTON HEIGHTS** Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **ANN ARBOR MI 48104**

D Employer identification number: **38-2473817**
E Telephone number: _____
G Gross receipts \$: **2,481,892**

F Name and address of principal officer:
KIMBERLY A. KELLY
1600 WASHINGTON HEIGHTS
ANN ARBOR MI 48104

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u RMHCANNARBOR.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1983** **M** State of legal domicile: **MI**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE FAMILIES OF CHILDREN EXPERIENCING A SERIOUS ILLNESS OR INJURY REQUIRING HOSPITALIZATION OR TREATMENT, A "HOME AWAY FROM HOME" THAT ASSISTS IN ALLEVIATING FAMILIES' EMOTIONAL AND FINANCIAL STRESS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3 23**
4 Number of independent voting members of the governing body (Part VI, line 1b) **4 23**
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) **5 24**
6 Total number of volunteers (estimate if necessary) **6 119**
7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a 0**
7b Net unrelated business taxable income from Form 990-T, line 38 **7b 0**

Revenue	Revenue	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	761,006	1,418,251
9 Program service revenue (Part VIII, line 2g)	33,588	78,596
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	221,339	-10,398
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	215,182	356,823
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,231,115	1,843,272

Expenses	Expenses	
	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,000	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	576,408	736,318
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) u 269,910		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	512,795	688,490
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,094,203	1,424,808
19 Revenue less expenses. Subtract line 18 from line 12	136,912	418,464

Net Assets or Fund Balances	Net Assets or Fund Balances	
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,310,910	5,487,801
21 Total liabilities (Part X, line 26)	69,303	177,402
22 Net assets or fund balances. Subtract line 21 from line 20	5,241,607	5,310,399

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: **KIMBERLY A. KELLY** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only
 Print/Type preparer's name: **Jeffrey R. Stefforia** Preparer's signature: _____ Date: **08/20/19** Check if self-employed PTIN: **P00051354**
 Firm's name: **Stefforia, Petik & Associates, P.C.** Firm's EIN: **20-0436877**
 Firm's address: **2178 S State St Ste D Ann Arbor, MI 48104-8107** Phone no.: **734-747-8863**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE FAMILIES OF CHILDREN EXPERIENCING A SERIOUS ILLNESS OR INJURY REQUIRING HOSPITALIZATION OR TREATMENT, A "HOME AWAY FROM HOME" THAT ASSISTS IN ALLEVIATING FAMILIES' EMOTIONAL AND FINANCIAL STRESS.

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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **999,582** including grants of \$) (Revenue \$)

RONALD MCDONALD HOUSE CHARITIES OF ANN ARBOR OPERATES TWO HOUSES (THE MAIN HOUSE AND MOTT HOUSE) THAT PROVIDE 41 FAMILIES EACH NIGHT WITH A SAFE AND COMFORTABLE "HOME AWAY FROM HOME" WHILE THEIR CHILD IS RECEIVING TREATMENT AT LOCAL HOSPITALS. APPROXIMATELY 1,200 FAMILIES USE ONE OF THESE HOUSES EACH YEAR WHERE THEY RECEIVE A PRIVATE ROOM AND BATHROOM, ACCESS TO COMMON AREAS AND LAUNDRY, AS WELL AS HOME COOKED MEALS. NO FAMILY IS EVER CHARGED FOR THEIR STAY, SOME LASTING MONTHS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

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

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

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

4e Total program service expenses **u 999,582**

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	Section 501(c)(3) organizations. 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
20a	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?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	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	2a	24
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	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)?	4a	X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its 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
7a	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
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

DEEANN PHILLIPS **1600 WASHINGTON HEIGHTS**
ANN ARBOR **MI 48104** **734-994-4442**

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

1a 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) ALAN HARRIS PAST PRESIDENT	0.50 0.00	X		X				0	0	0
(2) LOREE COLLETT PRESIDENT	1.00 0.00	X		X				0	0	0
(3) JAMES GREENE DIRECTOR	0.50 0.00	X						0	0	0
(4) DAVANG SHAH VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(5) ELISSA GAIES, M.D. DIRECTOR	0.50 0.00	X						0	0	0
(6) MARK SLADE TREASURER	1.00 0.00	X		X				0	0	0
(7) SHERI BELCHER SECRETARY	1.00 0.00	X		X				0	0	0
(8) JENNY CARPENTER DIRECTOR	0.50 0.00	X						0	0	0
(9) DENNIS CROWLEY, M.D. DIRECTOR	0.50 0.00	X						0	0	0
(10) MAYURI GUNTUPALLI DIRECTOR	0.50 0.00	X						0	0	0
(11) JOE KRYZA DIRECTOR	0.50 0.00	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	Former			
(12) DOUG MERVIS	0.50									
DIRECTOR	0.00	X					0	0	0	
(13) ROY SEXTON	1.00									
LIAISON	0.00	X					0	0	0	
(14) DEBBIE TIRICO	0.50									
DIRECTOR	0.00	X					0	0	0	
(15) AC GANGER	0.50									
DIRECTOR	0.00	X					0	0	0	
(16) JAMES E. STEWART	0.50									
DIRECTOR	0.00	X					0	0	0	
(17) JACQUELYN LAPINSKI	1.00									
LIAISON	0.00	X					0	0	0	
(18) JOHN ZDANOWSKI	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(19) DAVID PERRY	0.50									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							116,826			
d Total (add lines 1b and 1c)							116,826			

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 **u 1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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 **u**

0

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 5,702					
	b Membership dues	1b					
	c Fundraising events	1c 62,062					
	d Related organizations	1d 180,821					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,169,666					
	g Noncash contributions included in lines 1a-1f: \$	222,928					
	h Total. Add lines 1a-1f	u 1,418,251					
Program Service Revenue	2a Program Service Revenue	Busn. Code 624100	78,596	78,596			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u 78,596					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u 34,025				34,025	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		400,773	76,690				
	b Less: cost or other basis & sales exps.	376,171	145,715				
	c Gain or (loss)	24,602	-69,025				
	d Net gain or (loss)	u -44,423	-145,715			101,292	
	8a Gross income from fundraising events (not including \$ 62,062 of contributions reported on line 1c). See Part IV, line 18	a 465,556					
		b Less: direct expenses	b 114,618				
c Net income or (loss) from fundraising events		u 350,938					
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a 3,204						
	b Less: cost of goods sold	b 2,116					
	c Net income or (loss) from sales of inventory	u 1,088	1,088				
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS REVENUE			4,797		4,797		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u 4,797						
12 Total revenue. See instructions.	u 1,843,272		-66,031	0	140,114		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	116,826	72,596	15,024	29,206
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	518,136	322,287	66,632	129,217
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,097	8,754	1,819	3,524
9 Other employee benefits	38,397	23,845	4,953	9,599
10 Payroll taxes	48,862	30,387	6,284	12,191
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,921	7,638	8,823	460
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,106		8,106	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	61,295	6,132	6,132	49,031
14 Information technology	11,847	3,949	3,949	3,949
15 Royalties				
16 Occupancy	49,388	39,510	8,890	988
17 Travel	8,682	4,558	2,456	1,668
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,481	5,120	10,241	5,120
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	171,004	171,004		
23 Insurance	11,122	8,416	1,865	841
24 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.)				
a PROGRAM SUPPLIES	223,868	223,868		
b REPAIR AND MAINTENANCE	64,898	60,516	4,382	
c DONOR DEVELOPMENT	23,613	3,707		19,906
d MISCELLANEOUS	10,769	4,260	5,760	749
e All other expenses	6,496	3,035		3,461
25 Total functional expenses. Add lines 1 through 24e	1,424,808	999,582	155,316	269,910
26 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 checked="" 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	331,781	1	512,370
	2	Savings and temporary cash investments	197,799	2	183,718
	3	Pledges and grants receivable, net	28,267	3	308,000
	4	Accounts receivable, net	14,145	4	11,215
	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	3,001	8	2,510
	9	Prepaid expenses and deferred charges	5,970	9	5,970
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,057,659		
	b	Less: accumulated depreciation	10b 2,156,750	10c	2,900,909
	11	Investments—publicly traded securities	1,716,522	11	1,563,109
	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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,310,910	16	5,487,801	
Liabilities	17	Accounts payable and accrued expenses	25,803	17	164,902
	18	Grants payable		18	
	19	Deferred revenue	43,500	19	12,500
	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		25	
	26	Total liabilities. Add lines 17 through 25	69,303	26	177,402
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	4,716,147	27	4,463,010
	28	Temporarily restricted net assets	29,210	28	351,139
	29	Permanently restricted net assets	496,250	29	496,250
	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	Total net assets or fund balances	5,241,607	33	5,310,399	
34	Total liabilities and net assets/fund balances	5,310,910	34	5,487,801	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,843,272
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,424,808
3	Revenue less expenses. Subtract line 2 from line 1	3	418,464
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,241,607
5	Net unrealized gains (losses) on investments	5	-293,250
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-56,422
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,310,399

Part XII Financial Statements and Reporting

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

		Yes	No
1	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.		
2a	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
2b	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	
2c	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
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

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	Former			
(20) MICHELLE CAIRD, M.D. DIRECTOR	0.50 0.00	X						0	0	0
(21) MONIQUE VANN BROWN DIRECTOR	0.50 0.00	X						0	0	0
(22) MICHELLE MCALLISTER DIRECTOR	0.50 0.00	X						0	0	0
(23) MATT DEJANOVICH DIRECTOR	0.50 0.00	X						0	0	0
(24) KIMBERLY A. KELLY EXECUTIVE DIRECTOR	40.00 0.00			X				116,826	0	0
1b Sub-total								116,826		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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 **u**

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF ANN ARBOR	Employer identification number 38-2473817
---	---

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	937,713	1,205,859	1,022,012	761,006	1,418,251	5,344,841
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	937,713	1,205,859	1,022,012	761,006	1,418,251	5,344,841
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)						470,525
6 Public support. Subtract line 5 from line 4						4,874,316

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	937,713	1,205,859	1,022,012	761,006	1,418,251	5,344,841
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,374	25,424	21,493	30,681	34,025	157,997
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,961		2,906	8,598	4,797	21,262
11 Total support. Add lines 7 through 10						5,524,100
12 Gross receipts from related activities, etc. (see instructions)					12	898,072

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	88.24%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	90.31%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and 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—2017. 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—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. 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 VI 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 10 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 year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

MISCELLANEOUS INCOME	\$ 21,262
-----------------------------	------------------

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF ANN ARBOR	Employer identification number 38-2473817
---	---

Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

RONALD MCDONALD HOUSE CHARITIES OF

Employer identification number

38-2473817

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DUFFY FOUNDATION 101 NORTH MAIN STREET SEVENTH FLOOR ANN ARBOR MI 48104	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GERALDINE KILSDONK 375 RED RYDER DRIVE PLYMOUTH MI 48170-2160	\$ 31,958	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MCDONALDS CORPORATION 1 MCDONALDS PLAZA OAK BROOK IL 60523	\$ 180,821	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	MOTT GOLF CLASSIC COMMITTEE 300 N INGALLS ROOM 4B17 ANN ARBOR MI 48109-5474	\$ 450,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THIRTY ONE GIVES 3245 MORSE CROSSING COLUMBUS OH 43219	\$ 110,250	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

RONALD MCDONALD HOUSE CHARITIES OF

Employer identification number

38-2473817

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	HOSPITALITY CART	\$ 5,000	09/12/18
3	AIRLINE TICKETS	\$ 1,600	03/13/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	FAMILY WELCOME BAGS	\$ 110,250	12/06/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF ANN ARBOR

Employer identification number

38-2473817

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

3 Using the organization's 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	496,250	496,250	496,250	496,250	496,250
b Contributions					
c Net investment earnings, gains, and losses		150,935	33,657	2,041	25,762
d Grants or scholarships					
e Other expenditures for facilities and programs		150,935	33,657	2,041	25,762
f Administrative expenses					
g End of year balance	496,250	496,250	496,250	496,250	496,250

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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" on 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
1a Land				
b Buildings		4,568,181	1,847,733	2,720,448
c Leasehold improvements				
d Equipment		489,478	309,017	180,461
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				u 2,900,909

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,613,417
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-293,250
b	Donated services and use of facilities	2b	71,500
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-221,750
3	Subtract line 2e from line 1	3	1,835,167
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	4a	8,105
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	8,105
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,843,272

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,488,203
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	71,500
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	71,500
3	Subtract line 2e from line 1	3	1,416,703
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	4a	8,105
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	8,105
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,424,808

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.

Part X - FIN 48 Footnote

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME, IF ANY, FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

U Attach to Form 990 or Form 990-EZ.

U Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES OF
ANN ARBOR**

Employer identification number

38-2473817

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 10 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 col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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.

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on 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
		RED SHOE AFFAIR (event type)	_____ (event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	439,279		439,279
	2	Less: Contributions	62,062		62,062
	3	Gross income (line 1 minus line 2)	377,217		377,217
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	15,750		15,750
	7	Food and beverages	58,078		58,078
	8	Entertainment	7,487		7,487
	9	Other direct expenses	33,303		33,303
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				262,599

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> 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 conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

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

b If "Yes," explain:

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open To Public
Inspection**

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES OF
ANN ARBOR**

Employer identification number

38-2473817

Part I 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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (FAMILY SUPPLIES)	X	403	222,928	FAIR MARKET VALUE
26 Other u ()				
27 Other u ()				
28 Other u ()				

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**

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

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.

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF ANN ARBOR	Employer identification number 38-2473817
--------------------------	--	--

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

FORM 990 IS REVIEWED BY BOARD FINANCE COMMITTEE PRIOR TO FILING. FULL BOARD APPROVES AND ACCEPTS FORM SUBSEQUENT TO FILING BASED UPON FINANCE COMMITTEE RECOMMENDATION.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

ORGANIZATION DISTRIBUTES COPIES OF THE POLICY ANNUALLY AND REQUIRES A QUESTIONNAIRE TO BE COMPLETED AND RETURNED BY EACH BOARD MEMBER.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. ALL OTHER EMPLOYEES COMPENSATION AND PAY INCREASES ARE RECOMMENDED BY THE EXECUTIVE DIRECTOR AND APPROVED BY THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 15b - Compensation Process for Officers

EMPLOYEE COMPENSATION AND PAY INCREASES OCCUR THROUGH A RECOMMENDATION TO THE BOARD OF DIRECTORS BY THE EXECUTIVE DIRECTOR.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

DOCUMENTS ARE AVAILABLE UPON REQUEST FROM THE ORGANIZATION.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

PRIOR PERIOD ADJUSTMENT \$ -56,422

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

Name(s) shown on return **RONALD MCDONALD HOUSE CHARITIES OF ANN ARBOR**

Identifying number
38-2473817

Business or activity to which this form relates
Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	109,039

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	48,927
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	157,966
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

CAT77726 RONALD MCDONALD HOUSE CHARITIES OF
 38-2473817
 FYE: 12/31/2018

08/20/2019 12:34 PM

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:										
207	BATHROOM REMODELING Mass Sale: 6/30/18	2/01/05	12,810				12,810	7 HY 200DB	12,810	0
239	PLAYROOM CARPET Mass Sale: 6/30/18	9/26/05	9,598				9,598	7 HY 200DB	9,598	0
240	CONCRETE REPLACEMENT	9/27/05	5,500				5,500	15 HY 150DB	4,688	325
258	WALL HANGING & FRAMES Mass Sale: 6/30/18	5/31/06	106				106	10 HY 200DB	106	0
300	CREATIVE KITCH & BATHRMS Mass Sale: 6/30/18	9/30/07	9,448				9,448	7 HY 200DB	9,448	0
302	BATHROOMS #24 & 25 Mass Sale: 6/30/18	10/15/07	3,572				3,572	7 HY 200DB	3,572	0
303	SHAMROCK FLOORING Mass Sale: 6/30/18	10/05/07	6,696				6,696	7 HY 200DB	6,696	0
304	BATHROOMS #26 & 27 Mass Sale: 6/30/18	10/15/07	3,220				3,220	7 HY 200DB	3,220	0
308	CREATIVE KITCHENS - 24 & 25 Mass Sale: 6/30/18	11/12/07	3,220				3,220	7 HY 200DB	3,220	0
315	CARPETING Mass Sale: 6/30/18	3/11/08	23,281			X	11,640	7 HY 200DB	23,281	0
316	LYKES DESIGNS-NEW WINDOW Mass Sale: 6/30/18	3/21/08	2,234			X	1,117	7 HY 200DB	2,234	0
317	LYKES DESING - WINDOW TREATMEN Mass Sale: 6/30/18	4/07/08	2,234			X	1,117	7 HY 200DB	2,234	0
320	NEW DECK Mass Sale: 6/30/18	6/10/08	6,600			X	3,300	15 HY 150DB	4,457	194
455	COOLING TOWER	6/30/14	28,575			X	14,288	15 HY S/L	17,621	952
456	HVAC	7/15/14	38,882				38,882	39 MMS/L	3,448	997
457	COOLING TOWER CONTROLS	7/28/14	5,425				5,425	39 MMS/L	481	139
458	INSTALL CHEMICAL FEED	8/22/14	5,337				5,337	39 MMS/L	462	137
459	TABLET CHARGING STATION	8/04/14	675			X	337	5 HY 200DB	617	39
460	HOT WATER TANK & LINES	9/16/14	1,198			X	599	7 HY 200DB	1,010	54
461	MTB Interior Design	10/29/14	718				718	39 MMS/L	59	18
462	MTB Interior Design	12/01/14	403				403	39 MMS/L	31	11
463	A&R Total Construction	12/09/14	200,000				200,000	39 MMS/L	15,598	5,129
464	INSTALL CHEMICAL FEED	10/30/14	8,004				8,004	39 MMS/L	658	206
465	BUILDING WIRING	4/23/14	87,920				87,920	39 MMS/L	8,360	2,254
466	LA-Z-BOY LEATHER SIDE CHAIRS - 2	7/28/14	1,050			X	525	7 HY 200DB	886	47
467	2 MAYTAG WASHERS & 1 DRYER Mass Sale: 6/30/18	8/26/14	1,857			X	1,238	7 HY 200DB	619	93
468	HOT WATER TANK	10/02/14	5,001				5,001	39 MMS/L	411	129
469	WATER TOWER	12/01/14	8,103				8,103	39 MMS/L	632	208
470	SYSCO-BATHROOM FIXTURES-TOWEL	2/15/15	654			X	327	7 HY 200DB	511	41
471	MTB-DESIGN CONS & LIGHT FIXTURE	2/13/15	1,139				1,139	39 MMS/L	84	29
472	IKEA-LAMPS, COMF, WASTE BSKTS, P	2/18/15	826			X	413	7 HY 200DB	645	52
473	SHOWER CURTAINS & SHOWER HOOF	2/19/15	645			X	323	7 HY 200DB	504	40
474	WAYFAIR-FURNITURE FOR UPDATED	2/20/15	7,539			X	3,770	7 HY 200DB	5,890	471
475	FURNITURE FOR UPDATED ROOMS	2/24/15	4,194			X	2,097	7 HY 200DB	3,277	262
476	UNITS 26,27,28,29 COMPLETED	3/03/15	100,000				100,000	39 MMS/L	7,158	2,564
477	MTB DESIGN	3/15/15	1,065				1,065	39 MMS/L	76	28
478	ESQUIRE INTERIORS-LINENS	3/31/15	1,887			X	943	7 HY 200DB	1,474	118
479	MTB DESIGN	1/20/15	747				747	39 MMS/L	57	19
480	WAYFAIR	4/07/15	1,519			X	759	7 HY 200DB	1,187	95
481	GLASS SHADES	4/10/15	706			X	353	7 HY 200DB	551	44
482	A&R CONSTRUCTION-UNITS 22-25&NE	4/21/15	175,000				175,000	39 MMS/L	12,153	4,487
483	PLAYGROUND	4/21/15	10,000				10,000	39 MMS/L	694	257
484	HVAC	4/21/15	210,460				210,460	39 MMS/L	14,615	5,397
485	MTB INTERIOR DESIGN	4/28/15	904				904	39 MMS/L	63	23
486	METAL BED FRAMES	4/30/15	4,299			X	2,149	7 HY 200DB	3,359	269
487	NIGHT STANDS	5/13/15	4,579			X	2,289	7 HY 200DB	3,578	286
488	UNITS 18-21 COMPLETED	6/09/15	38,636				38,636	39 MMS/L	2,518	991
489	UPSTAIRS CORRIDOR	6/09/15	50,000				50,000	39 MMS/L	3,259	1,282
490	SKYLIGHTS	6/09/15	8,331				8,331	39 MMS/L	543	214
491	PLANTS, LANDSCAPING	6/15/15	19,057				19,057	39 MMS/L	1,242	489
492	LANDSCAPING	6/25/15	7,800				7,800	39 MMS/L	508	200
493	IKEA	7/02/15	783			X	391	7 HY 200DB	612	49
494	LITTLE TIKES PLAYGROUND EQUIP	7/03/15	765			X	383	7 HY 200DB	598	47
495	MTB INTERIORS	7/07/15	1,117				1,117	39 MMS/L	70	29
496	A&R CONSTRUCTION	7/07/15	48,542				48,542	39 MMS/L	3,060	1,244

CAT77726 RONALD MCDONALD HOUSE CHARITIES OF
 38-2473817
 FYE: 12/31/2018

08/20/2019 12:34 PM

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
497	WAYFAIR	7/10/15	2,042			X	1,021	7 HY 200DB	1,596	127
498	HOME DEPOT	7/13/15	742			X	371	7 HY 200DB	580	46
499	HVAC	7/31/15	7,500				7,500	39 MMS/L	473	192
500	A&R CONSTRUCTION	8/04/15	54,595				54,595	39 MMS/L	3,325	1,400
501	DINING TABLES & CHAIRS	8/06/15	10,182			X	5,091	7 HY 200DB	7,956	636
502	MTB INTERIOR DESIGNS	8/07/15	1,258				1,258	39 MMS/L	77	32
503	CONFERENCE TABLE	8/25/15	4,202			X	2,101	7 HY 200DB	3,284	262
504	A&R CONSTRUCTION	9/01/15	133,225				133,225	39 MMS/L	7,828	3,416
505	WAYFAIR-LIGHTING	9/02/15	2,867			X	1,433	7 HY 200DB	2,240	179
506	MTB INTERIOR DESIGN	9/06/15	1,174				1,174	39 MMS/L	69	30
507	MY POP WALL	9/09/15	736			X	368	7 HY 200DB	575	46
508	BDI BALLARD DESIGNS	9/20/15	1,206				1,206	39 MMS/L	71	31
509	HVAC	9/22/15	57,040				57,040	39 MMS/L	3,352	1,462
510	MTB INTERIOR DESIGN	9/25/15	1,230				1,230	39 MMS/L	72	32
511	A&R CONSTRUCTION-MAIN LEVEL	9/29/15	39,477				39,477	39 MMS/L	2,320	1,012
512	POST OFFICE BOX CUBBY	10/20/15	795			X	397	7 HY 200DB	621	50
513	A&R CONSTRUCTION-BASEMENT& PI	11/03/15	13,400				13,400	39 MMS/L	730	344
514	WASHERS & DRYERS(HEYDLAUFF'S)	11/17/15	12,475			X	6,237	7 HY 200DB	9,747	780
515	MTB INTERIOR DESIGN	11/25/15	578				578	39 MMS/L	31	15
516	A&R CONST-BASEMENT, PLAYROOM	12/08/15	39,950				39,950	39 MMS/L	2,091	1,025
517	2 COMPUTERS(ANNA & NICOLE)	12/22/15	1,518			X	759	5 HY 200DB	1,299	88
518	WAYFAIR	1/05/16	6,652				6,652	39 MMS/L	334	171
519	MTB INTERIOR DESIGN	1/10/16	1,277				1,277	39 MMS/L	64	33
521	UNITS 3,4,5,6 & BASEMENT	2/01/16	112,500				112,500	39 MMS/L	5,409	2,884
522	IKEA	2/02/16	1,179				1,179	39 MMS/L	57	30
523	MTB INTERIOR DESIGN	2/14/16	658				658	39 MMS/L	32	17
524	GAME ROOM	3/22/16	25,000				25,000	39 MMS/L	1,149	641
525	POOL TABLE	3/21/16	2,679			X	1,339	7 HY 200DB	1,859	234
526	THE M DEN	3/22/16	499				499	39 MMS/L	23	13
527	IKEA	3/24/16	1,496				1,496	39 MMS/L	69	38
528	GAME ROOM	3/29/16	6,508				6,508	39 MMS/L	299	167
529	DISHWASHER & MICROWAVE	3/09/16	666			X	333	7 HY 200DB	462	58
530	FONTANESI & KANN	12/31/15	15,000				15,000	39 MMS/L	785	385
531	2 LARGE SCREEN TVS	12/31/15	8,790			X	4,395	7 HY 200DB	6,868	549
532	SPORTS BANNERS	5/20/16	2,410			X	1,205	7 HY 200DB	1,672	211
533	A&R CONSTRUCTION	5/24/16	80,807				80,807	39 MMS/L	3,367	2,072
534	SWIVEL CHAIRS	5/26/16	838			X	419	7 HY 200DB	581	74
535	Play House Closet	8/31/16	7,242				7,242	39 MMS/L	255	186
			<u>1,843,254</u>				<u>1,770,039</u>		<u>276,365</u>	<u>48,927</u>

ACRS:

71	JUNGLE GYM	8/15/86	2,517				2,517	5 HY PRE	2,517	0
	Mass Sale: 6/30/18									
	Total ACRS Depreciation		<u>2,517</u>				<u>2,517</u>		<u>2,517</u>	<u>0</u>

Other Depreciation:

1	BUILDING	5/31/86	1,513,522				1,513,522	45 MO S/L	1,083,799	33,634
2	BUILDING IMPROVEMENTS	7/31/86	3,687				3,687	45 MO S/L	2,591	82
4	PARKING LOT DEICER	12/15/89	7,212				7,212	7 MO S/L	7,212	0
5	AIR HEAT EXCHANGER SYSTEM	6/19/90	10,540				10,540	7 MO S/L	10,540	0
6	BATH TUB	7/16/93	320				320	7 MO S/L	320	0
	Mass Sale: 6/30/18									
7	INTERIOR LANDSCAPING	4/07/95	2,263				2,263	7 MO S/L	2,263	0
	Mass Sale: 6/30/18									
8	PARKING LOT IMPROVEMENTS	10/16/95	890				890	7 MO S/L	890	0
	Mass Sale: 6/30/18									
9	FENCE IMPROVEMENTS	3/14/96	900				900	7 MO S/L	900	0
	Mass Sale: 6/30/18									
10	BUILDING IMPROVEMENTS	10/31/96	4,181				4,181	45 MO S/L	1,967	93
11	SIDEWALK ICE-MELTER	12/12/96	8,558				8,558	7 MO S/L	8,558	0
12	STORM WINDOW INSERTS	2/28/97	2,042				2,042	7 MO S/L	2,042	0
	Mass Sale: 6/30/18									
13	NEW WALLPAPER FOR MAIN C	5/30/97	8,696				8,696	7 MO S/L	8,696	0
	Mass Sale: 6/30/18									
14	FENCE - PLAY AREA	12/09/97	1,885				1,885	7 MO S/L	1,885	0
	Mass Sale: 6/30/18									
15	BLDG IMPROVEMENT - HEATING	11/25/97	838				838	10 MO S/L	838	0
16	BLDG IMPROVEMENT - LIMEST	11/25/97	3,000				3,000	10 MO S/L	3,000	0

CAT77726 RONALD MCDONALD HOUSE CHARITIES OF
 38-2473817
 FYE: 12/31/2018

08/20/2019 12:34 PM

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
19	MAINTENANCE CLOSET - SINK Mass Sale: 6/30/18	4/14/98	978			978	7 MO S/L	978	0
20	WATER HEATER	4/14/98	3,300			3,300	7 MO S/L	3,300	0
22	NEW ELEVATOR CURTAIN	9/19/94	1,300			1,300	7 MO S/L	1,300	0
23	MICHIGAN SIGNS Mass Sale: 6/30/18	6/25/98	1,644			1,644	7 MO S/L	1,644	0
35	PHONE SYSTEM UPGRADE Mass Sale: 6/30/18	9/19/96	1,346			1,346	7 MO S/L	1,346	0
37	PLAYCENTER Mass Sale: 6/30/18	9/25/97	2,272			2,272	7 MO S/L	2,272	0
38	FLOOR CLEANER BUFFER Mass Sale: 6/30/18	6/24/97	1,200			1,200	7 MO S/L	1,200	0
39	GSA WATER HEATER	6/16/98	1,240			1,240	7 MO S/L	1,240	0
43	EXPANSION TANK	11/30/98	333			333	7 MO S/L	333	0
47	ARCHITECT FEES ON NEW BUI	6/01/91	31,984			31,984	45 MO S/L	18,894	711
48	BUILDING ADDITION	4/27/92	621,537			621,537	45 MO S/L	355,657	13,812
49	BUILDING ADDITIONS	1/01/93	28,237			28,237	45 MO S/L	15,687	628
50	BUILDING IMPROVEMENTS	8/11/97	2,392			2,392	40 MO S/L	2,392	0
51	FURNITURE & FIXTURES Mass Sale: 6/30/18	5/31/86	206,483			206,483	12 MO S/L	206,483	0
52	INTERIOR DEVELOPMENT Mass Sale: 6/30/18	4/27/92	62,067			62,067	10 MO S/L	62,067	0
54	DONATED LTD EDITION PRINT	1/04/94	1,200			1,200	10 MO S/L	1,200	0
60	WINDOW TREATMENT-MGR Mass Sale: 6/30/18	1/30/98	452			452	5 MO S/L	452	0
61	WALLPAPER-GAME & TV ROOM Mass Sale: 6/30/18	4/22/98	972			972	5 MO S/L	972	0
62	WALLPAPER Mass Sale: 6/30/18	5/26/98	950			950	5 MO S/L	950	0
63	FLOORING-LAUNDRY RM Mass Sale: 6/30/18	6/25/98	3,264			3,264	7 MO S/L	3,264	0
64	WOODWORK REPAIR	7/31/98	1,945			1,945	7 MO S/L	1,945	0
70	EQUIPMENT & APPLIANCES Mass Sale: 6/30/18	5/31/86	24,529			24,529	12 MO S/L	24,529	0
75	PHONE SYSTEM Mass Sale: 6/30/18	10/31/91	7,190			7,190	7 MO S/L	7,190	0
84	FIRE PROOF FILE CABINET Mass Sale: 6/30/18	7/07/92	300			300	7 MO S/L	300	0
86	AIRCOIL PUMP	6/15/93	490			490	7 MO S/L	490	0
88	ART FAIR BOOTH Mass Sale: 6/30/18	5/31/95	8,265			8,265	7 MO S/L	8,265	0
90	POOL TABLE Mass Sale: 6/30/18	2/08/95	1,400			1,400	7 MO S/L	1,400	0
92	DRIVEWAY DE-ICER	10/31/99	5,780			5,780	7 MO S/L	5,780	0
95	WALL MURAL Mass Sale: 6/30/18	12/29/99	3,500			3,500	7 MO S/L	3,500	0
98	WALL & FLOOR COVERINGS Mass Sale: 6/30/18	2/21/00	5,026			5,026	7 MO S/L	5,026	0
99	ROOF DE-ICER	2/29/00	2,400			2,400	7 MO S/L	2,400	0
104	TV STAND Mass Sale: 6/30/18	3/13/00	100			100	7 MO S/L	100	0
106	FABRIC WALL COVERING Mass Sale: 6/30/18	4/10/00	135			135	7 MO S/L	135	0
113	PHONE SYSTEM Mass Sale: 6/30/18	9/25/00	13,500			13,500	7 MO S/L	13,500	0
114	CARLSON COMMUNICATION Mass Sale: 6/30/18	10/30/00	10,000			10,000	7 MO S/L	10,000	0
117	CARLSON COMMUNICATIONS Mass Sale: 6/30/18	12/11/00	4,800			4,800	7 MO S/L	4,800	0
118	RUG CLEANER/EXTRACTOR	1/30/01	2,559			2,559	7 MO S/L	2,559	0
120	NEW BOILER PARTS	3/31/01	3,099			3,099	7 MO S/L	3,099	0
123	LANDSCAPING Mass Sale: 6/30/18	6/30/01	21,141			21,141	15 MO S/L	21,141	0
124	LANDSCAPING Mass Sale: 6/30/18	8/13/01	4,167			4,167	15 MO S/L	4,167	0
127	RESIDENT MGR'S APT RENOVATION Mass Sale: 6/30/18	12/10/01	10,491			10,491	39 MO S/L	4,315	135
128	RUBBER ROOF/SKYLINE REP.	12/17/01	5,419			5,419	39 MO S/L	2,229	139
129	SMALL REFRIGERATORS (2) FOR MEDS Mass Sale: 6/30/18	3/18/02	221			221	5 MO S/L	221	0
130	CARPETING FOR 2 BEDROOMS	4/19/02	1,337			1,337	7 MO S/L	1,337	0

CAT77726 RONALD MCDONALD HOUSE CHARITIES OF
 38-2473817
 FYE: 12/31/2018

08/20/2019 12:34 PM

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
131	Mass Sale: 6/30/18 GUTTER ICE MELTING	4/02/02	6,030			6,030	7 MO S/L	6,030	0
132	NEW FLOORING & DOORS FOR 6 BATHS	4/02/02	6,247			6,247	39 MO S/L	2,523	80
138	Mass Sale: 6/30/18 HEAT PUMP REPLACEMENT -1 OF 10	7/15/02	2,457			2,457	10 MO S/L	2,457	0
139	Mass Sale: 6/30/18 HEAT PUMP REPLACEMENT - 2 OF 10	7/15/02	2,457			2,457	10 MO S/L	2,457	0
140	Mass Sale: 6/30/18 HEAT PUMP REPLACEMENT -3 OF 10	7/15/02	2,457			2,457	10 MO S/L	2,457	0
141	Mass Sale: 6/30/18 HEAT PUMP REPLACEMENT -4 OF 10	7/15/02	2,457			2,457	10 MO S/L	2,457	0
142	Mass Sale: 6/30/18 HEAT PUMP REPLACEMENT -5 OF 10	7/15/02	2,457			2,457	10 MO S/L	2,457	0
143	Mass Sale: 6/30/18 HEAT PUMP REPLACEMENT-6 OF 10	7/15/02	2,457			2,457	10 MO S/L	2,457	0
144	Mass Sale: 6/30/18 HEAT PUMP REPLACEMENT-7 OF 10	7/15/02	2,457			2,457	10 MO S/L	2,457	0
145	Mass Sale: 6/30/18 HEAT PUMP REPLACEMENT-8 OF 10	7/15/02	2,457			2,457	10 MO S/L	2,457	0
146	Mass Sale: 6/30/18 HEAT PUMP REPLACEMENT-9 OF 10	7/15/02	2,457			2,457	10 MO S/L	2,457	0
147	Mass Sale: 6/30/18 HEAT PUMP REPLACEMENT-10 OF 10	7/15/02	2,457			2,457	10 MO S/L	2,457	0
149	DESIGN/ENGINEERING FOR ACCESSIBILITY	8/23/02	2,268			2,268	39 MO S/L	892	58
153	4 CERAMIC LIGHT FIXTURES-STAIRWELL	1/13/03	475			475	7 MO S/L	475	0
156	ISLAND CONSTRUCTION	4/28/03	10,857			10,857	39 MO S/L	4,083	278
157	LYON MECHANICAL, INC	5/23/03	7,601			7,601	39 MO S/L	2,842	195
158	GROSS ELECTRIC INC	5/19/03	907			907	7 MO S/L	907	0
159	Mass Sale: 6/30/18 MERKEL FURNITURE ONE	5/21/03	1,650			1,650	5 MO S/L	1,650	0
160	Mass Sale: 6/30/18 LYON MECHANICAL, INC	6/19/03	14,088			14,088	39 MO S/L	5,238	361
161	HEAT PUMP	7/11/03	25,745			25,745	39 MO S/L	9,572	330
162	Mass Sale: 6/30/18 HEAT PUMP SURROUNDING FIXTURE	7/24/03	2,318			2,318	39 MO S/L	857	30
166	Mass Sale: 6/30/18 FOLDING LUGGAGE RACK	8/28/03	419			419	7 MO S/L	419	0
169	Mass Sale: 6/30/18 HEAT PUMP	10/07/03	2,858			2,858	39 MO S/L	1,044	37
170	Mass Sale: 6/30/18 TILE FLOORING	10/07/03	10,016			10,016	39 MO S/L	3,660	128
171	Mass Sale: 6/30/18 HEAT PUMP	10/29/03	3,177			3,177	39 MO S/L	1,154	41
172	ATTIC INSULATIONS	11/10/03	5,672			5,672	39 MO S/L	2,060	146
173	ROOFING	11/11/03	4,800			4,800	39 MO S/L	1,744	123
174	LANDSCAPING	12/02/03	4,275			4,275	15 MO S/L	4,014	261
175	FURNITURE FOR RELIEF MANAGER'S OFFICE	12/22/03	560			560	7 MO S/L	560	0
176	Mass Sale: 6/30/18 DETROIT DOOR AND HARDWARE	12/15/03	5,451			5,451	7 MO S/L	5,451	0
177	LYON MECHANICAL	12/31/03	3,207			3,207	39 MO S/L	1,151	82
178	HEAT PUMP REPLACEMENT-MANAGER'S OFFICE	2/16/04	1,597			1,597	39 MO S/L	567	41
179	HEAT PUMP	2/16/04	3,362			3,362	39 MO S/L	1,193	43
180	Mass Sale: 6/30/18 HEAT PUMP - LIVING ROOM	2/26/04	4,229			4,229	39 MO S/L	1,500	54
181	Mass Sale: 6/30/18 HEAT PUMP	3/01/04	3,362			3,362	39 MO S/L	1,193	43
184	SNOW SENSOR	2/16/04	411			411	7 MO200DB	411	0
192	HEAT PUMP	7/08/04	4,239			4,239	39 MO S/L	1,467	55
193	Mass Sale: 6/30/18 PLAYCENTER PLAYHOUSE	7/13/04	310			310	7 MO200DB	310	0
195	Mass Sale: 6/30/18 PLAYROOM CARPET	8/26/04	3,062			3,062	7 MO200DB	3,062	0
196	Mass Sale: 6/30/18 BATHROOM REMODELING	8/27/04	3,750			3,750	7 MO200DB	3,750	0
197	Mass Sale: 6/30/18 PLAYROOM REMODELING	9/22/04	1,816			1,816	7 MO200DB	1,816	0

CAT77726 RONALD MCDONALD HOUSE CHARITIES OF
 38-2473817
 FYE: 12/31/2018

08/20/2019 12:34 PM

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
276	BATHROOM REMODELING 28 Mass Sale: 6/30/18	11/30/06	2,476			2,476	39 MO S/L	706	32
277	ALL STATE BILLIARDS Mass Sale: 6/30/18	11/01/06	713			713	7 MO200DB	713	0
278	TABLES & CHAIRS - HARRY'S Mass Sale: 6/30/18	11/06/06	1,098			1,098	7 MO200DB	1,098	0
279	ALL STATE BILLIARDS Mass Sale: 6/30/18	11/16/06	441			441	7 MO200DB	441	0
280	PLAYROOM SCREENING Mass Sale: 6/30/18	11/26/06	2,400			2,400	7 MO200DB	2,400	0
281	BATHROOM REMODELING Mass Sale: 6/30/18	12/15/06	3,999			3,999	39 MO S/L	1,132	51
284	DVD PLAYER-CIRCUIT CITY Mass Sale: 6/30/18	3/23/07	95			95	5 MO200DB	95	0
285	CREATIVE KITCHENS #20 Mass Sale: 6/30/18	4/04/07	1,400			1,400	10 MO200DB	1,400	0
286	CREATIVE KITCHENS # 21 Mass Sale: 6/30/18	4/04/07	1,400			1,400	10 MO200DB	1,400	0
287	CREATIVE KITCHEN - BATHROOM Mass Sale: 6/30/18	5/08/07	1,400			1,400	7 MO200DB	1,400	0
288	CREATIVE KITCHENS-BATHROOMS Mass Sale: 6/30/18	5/08/07	1,400			1,400	7 MO200DB	1,400	0
290	BATHROOMS # 20 & #21 Mass Sale: 6/30/18	6/11/07	1,545			1,545	39 MO S/L	418	19
291	12 LAMPS-AMERICAN HEALTH Mass Sale: 6/30/18	6/01/07	420			420	7 MO200DB	420	0
292	2 HIGHCHAIRS - TARGET Mass Sale: 6/30/18	6/22/07	130			130	7 MO200DB	130	0
293	DVD/VCR Mass Sale: 6/30/18	6/08/07	89			89	5 MO200DB	89	0
294	CREATIVE KITCHENS #11 & # Mass Sale: 6/30/18	7/11/07	2,800			2,800	7 MO200DB	2,800	0
296	M PECK-FRAMES & POSTERS Mass Sale: 6/30/18	7/25/07	421			421	7 MO200DB	421	0
297	BATHROOM #11 Mass Sale: 6/30/18	8/21/07	2,400			2,400	39 MO S/L	638	31
298	BATHROOM # 19 Mass Sale: 6/30/18	8/21/07	2,400			2,400	39 MO S/L	638	31
301	MIDWEST DOOR & WINDOW	9/13/07	2,321			2,321	39 MO S/L	612	60
305	LAZY BOY RECLINER Mass Sale: 6/30/18	10/11/07	374			374	7 MO200DB	374	0
307	MIDWEST DOOR & WINDOW Mass Sale: 6/30/18	11/05/07	2,321			2,321	39 MO S/L	602	30
311	2 NEW HEAT PUMPS Mass Sale: 6/30/18	1/02/08	8,802			8,802	10 MO S/L	8,802	0
314	QUICKBOOKS Mass Sale: 6/30/18	2/01/08	684			684	5 MO200DB	684	0
318	FIRE EXTINGUISHERS	4/10/08	971			971	7 MO200DB	971	0
321	TELEPHONE SYSTEM Mass Sale: 6/30/18	1/08/08	1,190			1,190	7 MO S/L	1,190	0
322	KITCHEN REDESIGN Mass Sale: 6/30/18	11/19/08	1,500			1,500	39 MO S/L	351	19
324	TWO PHONES FOR ROOMS Mass Sale: 6/30/18	12/21/08	250			250	7 MO200DB	250	0
336	LYON MECHANICAL Mass Sale: 6/30/18	7/24/09	2,433			2,433	7 MO S/L	2,433	0
339	GUTTER HEAT TAPE	10/20/09	2,200			2,200	7 MO S/L	2,200	0
342	CONCRETE REPAIR	12/01/09	3,850			3,850	15 MO S/L	2,075	256
343	TELOSA SOFTWARE EQUIP	2/28/10	1,000			1,000	5 MO S/L	1,000	0
344	TELOSA SOFTWARE	2/28/10	5,633			5,633	5 MO S/L	5,633	0
345	SERVER PROJECT Mass Sale: 6/30/18	3/17/10	1,680			1,680	5 MO S/L	1,680	0
347	KITCHEN RENOVATION	3/05/10	141,078			141,078	45 MO S/L	24,558	3,135
357	LAZBOY FURNITURE - DONATI	8/01/09	2,614			2,614	7 MO S/L	2,614	0
358	COLLECTION CANISTERS Mass Sale: 6/30/18	1/01/10	23,474			23,474	7 MO S/L	23,474	0
359	FRONT LOAD WASHER & DRYER	6/28/10	2,130			2,130	7 MO S/L	2,130	0
360	PLUMBING FOR WASHER/DRY	7/07/10	1,300			1,300	15 MO S/L	650	87
361	REPLACE PUMP & DRAINS	7/22/10	810			810	15 MO S/L	401	54
362	COOLING PUMP & COMPRESSOR	7/30/10	1,467			1,467	15 MO S/L	725	98
363	REPLACEMENT SUMP PUMP &	8/10/10	1,300			1,300	7 MO S/L	1,300	0

CAT77726 RONALD MCDONALD HOUSE CHARITIES OF
 38-2473817
 FYE: 12/31/2018

08/20/2019 12:34 PM

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
364	GAS DRYER Mass Sale: 6/30/18	8/24/10	273			273	7 MO S/L	273	0
365	REPLACEMENT COOLING TOW	8/18/10	1,992			1,992	7 MO S/L	1,992	0
366	STACKABLE WASHER & DRYER	9/27/10	1,104			1,104	7 MO S/L	1,104	0
367	MAYTAG WASHING MACHINE Mass Sale: 6/30/18	6/02/10	599			599	7 MO S/L	599	0
368	MAYTAG WASHING MACHINE Mass Sale: 6/30/18	6/02/10	599			599	7 MO S/L	599	0
369	MAYTAG WASHING MACHINE Mass Sale: 6/30/18	6/02/10	599			599	7 MO S/L	599	0
370	MAYTAG WASHING MACHINE Mass Sale: 6/30/18	6/02/10	599			599	7 MO S/L	599	0
371	WIDE FLAT SCREEN T.V.-DONA	7/14/10	665			665	7 MO S/L	665	0
372	RECLINER - DONATED	9/09/10	585			585	7 MO S/L	585	0
373	FAMILY ROOM MAKEOVER - DONA Mass Sale: 6/30/18	10/28/10	10,676			10,676	7 MO S/L	10,676	0
374	XBOX NETWORK SYSTEM-DONA Mass Sale: 6/30/18	8/11/10	2,100			2,100	5 MO S/L	2,100	0
375	BARSTOOL - DONATED Mass Sale: 6/30/18	2/24/10	993			993	7 MO S/L	993	0
376	55" USED PLAZMA T.V.-DONA	10/29/10	1,000			1,000	7 MO S/L	1,000	0
378	CEILING FIXTURE FOR SLEEPING ROC Mass Sale: 6/30/18	5/26/11	656			656	7 MO S/L	617	39
379	NIGHTSTAND & LAMPS Mass Sale: 6/30/18	9/14/11	1,659			1,659	7 MO S/L	1,217	83
380	COMPRESSOR -RM 28/DINING	8/31/11	1,846			1,846	15 MO S/L	779	124
381	DRESSER LAMPS & SHADES FOR SLEI	10/31/11	3,082			3,082	7 MO S/L	2,715	367
382	STORAGE CABINET	11/13/11	888			888	7 MO S/L	783	105
383	STORAGE CABINET	11/13/11	888			888	7 MO S/L	783	105
384	STORAGE CABINET	11/13/11	888			888	7 MO S/L	783	105
385	STORAGE CABINET	11/13/11	888			888	7 MO S/L	783	105
386	CONSOLE TABLE	11/13/11	1,897			1,897	7 MO S/L	1,671	226
387	CLUB CHAIR W/TABLET	11/13/11	1,139			1,139	7 MO S/L	1,004	135
388	CLUB CHAIR W/TABLET	11/13/11	1,139			1,139	7 MO S/L	1,004	135
389	CLUB CHAIR	11/13/11	846			846	7 MO S/L	745	101
390	CLUB CHAIR	11/13/11	846			846	7 MO S/L	745	101
391	CLUB CHAIR	11/13/11	1,051			1,051	7 MO S/L	926	125
392	CLUB CHAIR	11/13/11	1,051			1,051	7 MO S/L	926	125
393	SOFA	11/13/11	1,392			1,392	7 MO S/L	1,226	166
394	RECLINER	11/13/11	2,201			2,201	7 MO S/L	1,939	262
395	RECLINER	11/13/11	2,201			2,201	7 MO S/L	1,939	262
396	RECLINER	11/13/11	2,201			2,201	7 MO S/L	1,939	262
397	RECLINER	11/13/11	2,201			2,201	7 MO S/L	1,939	262
398	RECLINER	11/13/11	2,201			2,201	7 MO S/L	1,939	262
399	RECLINER	11/13/11	2,201			2,201	7 MO S/L	1,939	262
400	RECLINER	11/13/11	2,201			2,201	7 MO S/L	1,939	262
401	RECLINER	11/13/11	2,201			2,201	7 MO S/L	1,939	262
402	RECLINER	11/13/11	2,201			2,201	7 MO S/L	1,939	262
403	RECLINER	11/13/11	2,201			2,201	7 MO S/L	1,939	262
404	RECLINER	11/13/11	2,201			2,201	7 MO S/L	1,939	262
405	RECLINER	11/13/11	2,201			2,201	7 MO S/L	1,939	262
406	LAMP	11/13/11	831			831	7 MO S/L	732	99
407	LAMP	11/13/11	831			831	7 MO S/L	732	99
408	OFFICE FURNITURE & DESK	11/13/11	5,483			5,483	7 MO S/L	4,830	653
409	BED & MATTRESS	11/13/11	821			821	7 MO S/L	723	98
410	BED & MATTRESS	11/13/11	821			821	7 MO S/L	723	98
411	BED & MATTRESS	11/13/11	821			821	7 MO S/L	723	98
412	BED & MATTRESS	11/13/11	821			821	7 MO S/L	723	98
413	BED & MATTRESS	11/13/11	821			821	7 MO S/L	723	98
414	BED & MATTRESS	11/13/11	821			821	7 MO S/L	723	98
415	BED & MATTRESS	11/13/11	821			821	7 MO S/L	723	98
416	BED & MATTRESS	11/13/11	821			821	7 MO S/L	723	98
417	BED & MATTRESS	11/13/11	821			821	7 MO S/L	723	98
418	BED & MATTRESS	11/13/11	821			821	7 MO S/L	723	98
419	BED & MATTRESS	11/13/11	821			821	7 MO S/L	723	98
420	BED & MATTRESS	11/13/11	821			821	7 MO S/L	723	98
421	OCCASIONAL TABLE	11/13/11	614			614	7 MO S/L	541	73
422	OCCASIONAL TABLE	11/13/11	614			614	7 MO S/L	541	73
423	30" OCCASIONAL TABLE	11/13/11	886			886	7 MO S/L	780	106
424	24" OCCASIONAL TABLE	11/13/11	760			760	7 MO S/L	670	90
425	RUG	11/13/11	1,882			1,882	7 MO S/L	1,658	224

CAT77726 RONALD MCDONALD HOUSE CHARITIES OF
 38-2473817
 FYE: 12/31/2018

08/20/2019 12:34 PM

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
426	2012 COLLECTION CANNISTERS Mass Sale: 6/30/18	12/16/11	6,998			6,998	7 MO S/L	5,998	500
427	COMPRESSOR	12/12/11	1,903			1,903	7 MO S/L	1,654	249
429	CARPET OFFICE RENOVATIONS	7/30/12	4,353			4,353	7 MO S/L	3,368	622
431	BOARD CONFERENCE TABLE Mass Sale: 6/30/18	7/14/12	3,135			3,135	7 MO S/L	2,463	224
432	ROOM # 100 CABINetry	6/01/12	17,063			17,063	10 MO S/L	9,527	1,706
433	ROOM # 102	6/01/12	5,427			5,427	10 MO S/L	3,030	543
434	ROOM # 106 CABINetry	6/01/12	7,881			7,881	10 MO S/L	4,400	789
435	ROOM # 107 CABINetry	6/01/12	4,305			4,305	10 MO S/L	2,404	430
436	ROOM # 105 CABINetry	6/01/12	4,344			4,344	10 MO S/L	2,425	435
437	REVERSE VALVE ON HEAT PUMP	6/01/12	1,073			1,073	7 MO S/L	856	153
438	ROOM #27 COMPRESSOR	6/01/12	1,903			1,903	7 MO S/L	1,518	272
439	PUMP MOTOR	6/01/12	1,000			1,000	7 MO S/L	797	143
440	OFFICE RENOVATION LIGHT	7/30/12	537			537	10 MO S/L	291	54
441	WASHING MACHINE (HOME AP	7/23/12	548			548	7 MO S/L	424	78
442	OFFICE RENOVATION	8/15/12	14,300			14,300	12 MO S/L	6,455	1,192
443	CABINETS FOR OFFICE	9/01/12	673			673	10 MO S/L	359	67
444	WALLPAPER REMOVAL	9/01/12	5,504			5,504	10 MO S/L	2,935	551
445	OFFICE RENOVATION ELECTR	10/01/12	8,550			8,550	10 MO S/L	4,489	855
446	CANNISTERS-YPSILANTI STORE Mass Sale: 6/30/18	10/01/12	1,493			1,493	7 MO S/L	1,119	107
447	CANNISTER-CMU MCDONALDS Mass Sale: 6/30/18	10/15/12	725			725	7 MO S/L	544	52
448	CARPET	12/31/12	3,990			3,990	7 MO S/L	2,850	570
449	BRAND SOURCE DONATED W	6/30/12	1,897			1,897	7 MO S/L	1,491	271
450	COMPRESSOR - ROOM #7	6/19/13	2,133			2,133	7 MO S/L	1,371	305
451	4' STROM DRAIN REPLACEMENT	6/25/13	1,689			1,689	7 MO S/L	1,086	241
452	HYDRONIC PUMP REPLACEMENT	9/04/13	1,291			1,291	7 MO S/L	799	185
453	FURNITURE & FIXTURES	7/02/13	3,677			3,677	7 MO S/L	2,364	525
454	5 QUEEN, 67 TWIN TEMPURPEDIC BEI	5/01/14	122,184			122,184	7 MO S/L	64,001	17,455
536	CONF ROOM HEAT PUMP	10/31/16	7,785			7,785	39 MO S/L	233	200
537	BOILER PUMP REPLACEMENT	12/20/16	6,416			6,416	39 MO S/L	165	164
538	BOARD ROOM TV & EQUIP	5/25/16	12,890			12,890	7 MO S/L	2,916	1,841
539	WIRELESS EQUIPMENT	12/19/16	90,580			90,580	10 MO S/L	9,058	9,058
540	PHONES	11/17/16	11,556			11,556	7 MO S/L	1,788	1,651
Total Other Depreciation			<u>3,795,160</u>			<u>3,795,160</u>		<u>2,477,803</u>	<u>109,039</u>
Total ACRS and Other Depreciation			<u>3,797,677</u>			<u>3,797,677</u>		<u>2,480,320</u>	<u>109,039</u>
Grand Totals			5,640,931			5,567,716		2,756,685	157,966
Less: Dispositions and Transfers			859,881			842,087		710,153	4,043
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>4,781,050</u>			<u>4,725,629</u>		<u>2,046,532</u>	<u>153,923</u>

CAT77726 RONALD MCDONALD HOUSE CHARITIES OF
 38-2473817
 FYE: 12/31/2018

08/20/2019 12:34 PM

Federal Asset Report
Miscellaneous

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	Date In		0			0	0 HY	0	0
2	Service		0			0	0 HY	0	0
	Sold/Scrapped:								
3	5/31/86		0			0	0 HY	0	0
4	7/31/86		0			0	0 HY	0	0
5	12/15/89		0			0	0 HY	0	0
6	6/19/90	1/05/40	0			0	0 HY	0	0
7	7/16/93		0			0	0 HY	0	0
8	4/07/95		0			0	0 HY	0	0
9	10/16/95		0			0	0 HY	0	0
10	3/14/96		0			0	0 HY	0	0
11	10/31/96		0			0	0 HY	0	0
12	12/12/96		0			0	0 HY	0	0
13	2/28/97		0			0	0 HY	0	0
14	5/30/97		0			0	0 HY	0	0
15	12/09/97		0			0	0 HY	0	0
16	11/25/97		0			0	0 HY	0	0
17	11/25/97		0			0	0 HY	0	0
18	4/14/98		0			0	0 HY	0	0
19	4/14/98		0			0	0 HY	0	0
20	6/25/98		0			0	0 HY	0	0
21	10/31/99		0			0	0 HY	0	0
22	2/29/00		0			0	0 HY	0	0
23	3/31/01		0			0	0 HY	0	0
24	6/30/01	2/11/41	0			0	0 HY	0	0
25	8/13/01		0			0	0 HY	0	0
26	12/10/01	1/04/90	0			0	0 HY	0	0
27	12/17/01		0			0	0 HY	0	0
28	4/02/02		0			0	0 HY	0	0
29	7/15/02		0			0	0 HY	0	0
30	7/15/02		0			0	0 HY	0	0
31	7/15/02		0			0	0 HY	0	0
32	7/15/02		0			0	0 HY	0	0
33	7/15/02		0			0	0 HY	0	0
34	7/15/02		0			0	0 HY	0	0
35	7/15/02		0			0	0 HY	0	0
36	7/15/02		0			0	0 HY	0	0
37	7/15/02		0			0	0 HY	0	0
38	7/15/02		0			0	0 HY	0	0
39	8/23/02		0			0	0 HY	0	0
40	4/28/03	1/08/57	0			0	0 HY	0	0
41			0			0	0 HY	0	0
Total Other Depreciation			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Grand Totals			0			0		0	0
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

38-2473817

Bonus Depreciation Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
179	HEAT PUMP	2/16/04	3,362		0	0	0	3,362
315	CARPETING	3/11/08	23,281		0	0	11,641	11,640
316	LYKES DESIGNS-NEW WINDOW	3/21/08	2,234		0	0	1,117	1,117
317	LYKES DESING - WINDOW TREATMENT	4/07/08	2,234		0	0	1,117	1,117
320	NEW DECK	6/10/08	6,600		0	0	3,300	3,300
437	REVERSE VALVE ON HEAT PUMP	6/01/12	1,073		0	0	0	1,073
438	ROOM #27 COMPRESSOR	6/01/12	1,903		0	0	0	1,903
439	PUMP MOTOR	6/01/12	1,000		0	0	0	1,000
444	WALLPAPER REMOVAL	9/01/12	5,504		0	0	0	5,504
445	OFFICE RENOVATION ELECTR	10/01/12	8,550		0	0	0	8,550
452	HYDRONIC PUMP REPLACEMENT	9/04/13	1,291		0	0	0	1,291
455	COOLING TOWER	6/30/14	28,575		0	0	14,287	14,288
459	TABLET CHARGING STATION	8/04/14	675		0	0	338	337
460	HOT WATER TANK & LINES	9/16/14	1,198		0	0	599	599
466	LA-Z-BOY LEATHER SIDE CHAIRS - 2	7/28/14	1,050		0	0	525	525
467	2 MAYTAG WASHERS & 1 DRYER	8/26/14	1,857		0	0	619	1,238
470	SYSCO-BATHROOM FIXTURES-TOWEL	2/15/15	654		0	0	327	327
472	IKEA-LAMPS, COMF, WASTE BSKTS, PIC	2/18/15	826		0	0	413	413
473	SHOWER CURTAINS & SHOWER HOOKS	2/19/15	645		0	0	322	323
474	WAYFAIR-FURNITURE FOR UPDATED R	2/20/15	7,539		0	0	3,769	3,770
475	FURNITURE FOR UPDATED ROOMS	2/24/15	4,194		0	0	2,097	2,097
478	ESQUIRE INTERIORS-LINENS	3/31/15	1,887		0	0	944	943
480	WAYFAIR	4/07/15	1,519		0	0	760	759
481	GLASS SHADES	4/10/15	706		0	0	353	353
486	METAL BED FRAMES	4/30/15	4,299		0	0	2,150	2,149
487	NIGHT STANDS	5/13/15	4,579		0	0	2,290	2,289
493	IKEA	7/02/15	783		0	0	392	391
494	LITTLE TIKES PLAYGROUND EQUIP	7/03/15	765		0	0	382	383
497	WAYFAIR	7/10/15	2,042		0	0	1,021	1,021
498	HOME DEPOT	7/13/15	742		0	0	371	371
501	DINING TABLES & CHAIRS	8/06/15	10,182		0	0	5,091	5,091
503	CONFERENCE TABLE	8/25/15	4,202		0	0	2,101	2,101
505	WAYFAIR-LIGHTING	9/02/15	2,867		0	0	1,434	1,433
507	MY POP WALL	9/09/15	736		0	0	368	368
512	POST OFFICE BOX CUBBY	10/20/15	795		0	0	398	397
514	WASHERS & DRYERS(HEYDLAUFF'S)	11/17/15	12,475		0	0	6,238	6,237
517	2 COMPUTERS(ANNA & NICOLE)	12/22/15	1,518		0	0	759	759
525	POOL TABLE	3/21/16	2,679		0	0	1,340	1,339
529	DISHWASHER & MICROWAVE	3/09/16	666		0	0	333	333
531	2 LARGE SCREEN TVS	12/31/15	8,790		0	0	4,395	4,395
532	SPORTS BANNERS	5/20/16	2,410		0	0	1,205	1,205
534	SWIVEL CHAIRS	5/26/16	838		0	0	419	419
Grand Total			169,725		0	0	73,215	96,510
Less: Dispositions and Transfers			39,568		0	0	17,794	21,774
Net Grand Total			130,157		0	0	55,421	74,736

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

38-2473817

Future Depreciation Report**FYE: 12/31/19**

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
240	CONCRETE REPLACEMENT	9/27/05	5,500	325	0
455	COOLING TOWER	6/30/14	28,575	953	0
456	HVAC	7/15/14	38,882	997	0
457	COOLING TOWER CONTROLS	7/28/14	5,425	139	0
458	INSTALL CHEMICAL FEED	8/22/14	5,337	137	0
459	TABLET CHARGING STATION	8/04/14	675	19	0
460	HOT WATER TANK & LINES	9/16/14	1,198	53	0
461	MTB Interior Design	10/29/14	718	19	0
462	MTB Interior Design	12/01/14	403	10	0
463	A&R Total Construction	12/09/14	200,000	5,128	0
464	INSTALL CHEMICAL FEED	10/30/14	8,004	205	0
465	BUILDING WIRING	4/23/14	87,920	2,255	0
466	LA-Z-BOY LEATHER SIDE CHAIRS - 2	7/28/14	1,050	47	0
468	HOT WATER TANK	10/02/14	5,001	128	0
469	WATER TOWER	12/01/14	8,103	207	0
470	SYSCO-BATHROOM FIXTURES-TOWEL BA	2/15/15	654	29	0
471	MTB-DESIGN CONS & LIGHT FIXTURE	2/13/15	1,139	29	0
472	IKEA-LAMPS, COMP, WASTE BSKTS, PICS	2/18/15	826	37	0
473	SHOWER CURTAINS & SHOWER HOOKS	2/19/15	645	29	0
474	WAYFAIR-FURNITURE FOR UPDATED ROO	2/20/15	7,539	337	0
475	FURNITURE FOR UPDATED ROOMS	2/24/15	4,194	187	0
476	UNITS 26,27,28,29 COMPLETED	3/03/15	100,000	2,564	0
477	MTB DESIGN	3/15/15	1,065	27	0
478	ESQUIRE INTERIORS-LINENS	3/31/15	1,887	84	0
479	MTB DESIGN	1/20/15	747	19	0
480	WAYFAIR	4/07/15	1,519	68	0
481	GLASS SHADES	4/10/15	706	32	0
482	A&R CONSTRUCTION-UNITS 22-25&NEXT	4/21/15	175,000	4,487	0
483	PLAYGROUND	4/21/15	10,000	256	0
484	HVAC	4/21/15	210,460	5,396	0
485	MTB INTERIOR DESIGN	4/28/15	904	23	0
486	METAL BED FRAMES	4/30/15	4,299	191	0
487	NIGHT STANDS	5/13/15	4,579	204	0
488	UNITS 18-21 COMPLETED	6/09/15	38,636	990	0
489	UPSTAIRS CORRIDOR	6/09/15	50,000	1,282	0
490	SKYLIGHTS	6/09/15	8,331	213	0
491	PLANTS, LANDSCAPING	6/15/15	19,057	488	0
492	LANDSCAPING	6/25/15	7,800	200	0
493	IKEA	7/02/15	783	35	0
494	LITTLE TIKES PLAYGROUND EQUIP	7/03/15	765	35	0
495	MTB INTERIORS	7/07/15	1,117	29	0
496	A&R CONSTRUCTION	7/07/15	48,542	1,245	0
497	WAYFAIR	7/10/15	2,042	91	0
498	HOME DEPOT	7/13/15	742	33	0
499	HVAC	7/31/15	7,500	192	0
500	A&R CONSTRUCTION	8/04/15	54,595	1,399	0
501	DINING TABLES & CHAIRS	8/06/15	10,182	454	0
502	MTB INTERIOR DESIGNS	8/07/15	1,258	32	0
503	CONFERENCE TABLE	8/25/15	4,202	188	0
504	A&R CONSTRUCTION	9/01/15	133,225	3,416	0
505	WAYFAIR-LIGHTING	9/02/15	2,867	128	0
506	MTB INTERIOR DESIGN	9/06/15	1,174	30	0
507	MY POP WALL	9/09/15	736	33	0
508	BDI BALLARD DESIGNS	9/20/15	1,206	31	0
509	HVAC	9/22/15	57,040	1,463	0
510	MTB INTERIOR DESIGN	9/25/15	1,230	31	0
511	A&R CONSTRUCTION-MAIN LEVEL	9/29/15	39,477	1,012	0
512	POST OFFICE BOX CUBBY	10/20/15	795	35	0
513	A&R CONSTRUCTION-BASEMENT& PLAYR	11/03/15	13,400	343	0
514	WASHERS & DRYERS(HEYDLAUFF'S)	11/17/15	12,475	556	0
515	MTB INTERIOR DESIGN	11/25/15	578	15	0
516	A&R CONST-BASEMENT, PLAYROOM & L	12/08/15	39,950	1,024	0
517	2 COMPUTERS(ANNA & NICOLE)	12/22/15	1,518	87	0
518	WAYFAIR	1/05/16	6,652	170	0
519	MTB INTERIOR DESIGN	1/10/16	1,277	33	0
521	UNITS 3,4,5,6 & BASEMENT	2/01/16	112,500	2,885	0
522	IKEA	2/02/16	1,179	30	0

38-2473817

Future Depreciation Report**FYE: 12/31/19**

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
523	MTB INTERIOR DESIGN	2/14/16	658	16	0
524	GAME ROOM	3/22/16	25,000	641	0
525	POOL TABLE	3/21/16	2,679	168	0
526	THE M DEN	3/22/16	499	13	0
527	IKEA	3/24/16	1,496	38	0
528	GAME ROOM	3/29/16	6,508	167	0
529	DISHWASHER & MICROWAVE	3/09/16	666	42	0
530	FONTANESI & KANN	12/31/15	15,000	385	0
531	2 LARGE SCREEN TVS	12/31/15	8,790	392	0
532	SPORTS BANNERS	5/20/16	2,410	151	0
533	A&R CONSTRUCTION	5/24/16	80,807	2,072	0
534	SWIVEL CHAIRS	5/26/16	838	52	0
535	Play House Closet	8/31/16	7,242	186	0
			<u>1,758,378</u>	<u>47,172</u>	<u>0</u>

Other Depreciation:

1	BUILDING	5/31/86	1,513,522	33,634	0
2	BUILDING IMPROVEMENTS	7/31/86	3,687	82	0
4	PARKING LOT DEICER	12/15/89	7,212	0	0
5	AIR HEAT EXCHANGER SYSTEM	6/19/90	10,540	0	0
10	BUILDING IMPROVEMENTS	10/31/96	4,181	92	0
11	SIDEWALK ICE-MELTER	12/12/96	8,558	0	0
15	BLDG IMPROVEMENT - HEATING	11/25/97	838	0	0
16	BLDG IMPROVEMENT - LIMEST	11/25/97	3,000	0	0
20	WATER HEATER	4/14/98	3,300	0	0
22	NEW ELEVATOR CURTAIN	9/19/94	1,300	0	0
39	GSA WATER HEATER	6/16/98	1,240	0	0
43	EXPANSION TANK	11/30/98	333	0	0
47	ARCHITECT FEES ON NEW BUI	6/01/91	31,984	711	0
48	BUILDING ADDITION	4/27/92	621,537	13,812	0
49	BUILDING ADDITIONS	1/01/93	28,237	627	0
50	BUILDING IMPROVEMENTS	8/11/97	2,392	0	0
54	DONATED LTD EDITION PRINT	1/04/94	1,200	0	0
64	WOODWORK REPAIR	7/31/98	1,945	0	0
86	AIRCOIL PUMP	6/15/93	490	0	0
92	DRIVEWAY DE-ICER	10/31/99	5,780	0	0
99	ROOF DE-ICER	2/29/00	2,400	0	0
118	RUG CLEANER/EXTRACTOR	1/30/01	2,559	0	0
120	NEW BOILER PARTS	3/31/01	3,099	0	0
128	RUBBER ROOF/SKYLINE REP.	12/17/01	5,419	139	0
131	GUTTER ICE MELTING	4/02/02	6,030	0	0
149	DESIGN/ENGINEERING FOR ACCESS-HEAT	8/23/02	2,268	58	0
156	ISLAND CONSTRUCTION	4/28/03	10,857	279	0
157	LYON MECHANICAL, INC	5/23/03	7,601	195	0
160	LYON MECHANICAL, INC	6/19/03	14,088	361	0
172	ATTIC INSULATIONS	11/10/03	5,672	145	0
173	ROOFING	11/11/03	4,800	123	0
174	LANDSCAPING	12/02/03	4,275	0	0
176	DETROIT DOOR AND HARDWARE	12/15/03	5,451	0	0
177	LYON MECHANICAL	12/31/03	3,207	83	0
178	HEAT PUMP REPLACEMENT-MANAGERS	2/16/04	1,597	41	0
184	SNOW SENSOR	2/16/04	411	0	0
201	ROOFING	12/17/04	35,970	922	0
209	NEW ALCOVE	3/21/05	3,987	102	0
210	BACK FLOW PREVENTOR	3/14/05	7,506	0	0
217	HARLOW SHEET METAL - IMPROVEMENT	4/05/05	1,562	40	0
222	ROOF	5/17/05	4,125	106	0
223	HARLOW SHEET METAL IMPROVEMENT	4/24/05	3,124	80	0
238	DOOR AND CEILING REPLACEMENT	9/05/05	5,739	147	0
243	FLAT ROOF REPLACEMENT	10/06/05	9,000	230	0
245	FLAT ROOF REPLACEMENT	11/17/05	9,000	231	0
248	ROOFING	12/30/05	10,800	276	0
257	UPSTAIRS STORAGE	5/31/06	2,920	75	0
261	UPSAIRS STORAGE	6/30/06	9,445	243	0
265	KITCHEN REMODELING	7/31/06	5,006	129	0
301	MIDWEST DOOR & WINDOW	9/13/07	2,321	59	0
318	FIRE EXTINGUISHERS	4/10/08	971	0	0
339	GUTTER HEAT TAPE	10/20/09	2,200	0	0

38-2473817

Future Depreciation Report**FYE: 12/31/19**

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
342	CONCRETE REPAIR	12/01/09	3,850	257	0
343	TELOSA SOFTWARE EQUIP	2/28/10	1,000	0	0
344	TELOSA SOFTWARE	2/28/10	5,633	0	0
347	KITCHEN RENOVATION	3/05/10	141,078	3,135	0
357	LAZBOY FURNITURE - DONATI	8/01/09	2,614	0	0
359	FRONT LOAD WASHER & DRYER	6/28/10	2,130	0	0
360	PLUMBING FOR WASHER/DRY	7/07/10	1,300	86	0
361	REPLACE PUMP & DRAINS	7/22/10	810	54	0
362	COOLING PUMP & COMPRESSOR	7/30/10	1,467	98	0
363	REPLACEMENT SUMP PUMP &	8/10/10	1,300	0	0
365	REPLACEMENT COOLING TOW	8/18/10	1,992	0	0
366	STACKABLE WASHER & DRYER	9/27/10	1,104	0	0
371	WIDE FLAT SCREEN T.V.-DONA	7/14/10	665	0	0
372	RECLINER - DONATED	9/09/10	585	0	0
376	55' USED PLAZMA T.V.-DONA	10/29/10	1,000	0	0
380	COMPRESSOR -RM 28/DINING	8/31/11	1,846	123	0
381	DRESSER LAMPS & SHADES FOR SLEEPIN	10/31/11	3,082	0	0
382	STORAGE CABINET	11/13/11	888	0	0
383	STORAGE CABINET	11/13/11	888	0	0
384	STORAGE CABINET	11/13/11	888	0	0
385	STORAGE CABINET	11/13/11	888	0	0
386	CONSOLE TABLE	11/13/11	1,897	0	0
387	CLUB CHAIR W/TABLET	11/13/11	1,139	0	0
388	CLUB CHAIR W/TABLET	11/13/11	1,139	0	0
389	CLUB CHAIR	11/13/11	846	0	0
390	CLUB CHAIR	11/13/11	846	0	0
391	CLUB CHAIR	11/13/11	1,051	0	0
392	CLUB CHAIR	11/13/11	1,051	0	0
393	SOFA	11/13/11	1,392	0	0
394	RECLINER	11/13/11	2,201	0	0
395	RECLINER	11/13/11	2,201	0	0
396	RECLINER	11/13/11	2,201	0	0
397	RECLINER	11/13/11	2,201	0	0
398	RECLINER	11/13/11	2,201	0	0
399	RECLINER	11/13/11	2,201	0	0
400	RECLINER	11/13/11	2,201	0	0
401	RECLINER	11/13/11	2,201	0	0
402	RECLINER	11/13/11	2,201	0	0
403	RECLINER	11/13/11	2,201	0	0
404	RECLINER	11/13/11	2,201	0	0
405	RECLINER	11/13/11	2,201	0	0
406	LAMP	11/13/11	831	0	0
407	LAMP	11/13/11	831	0	0
408	OFFICE FURNITURE & DESK	11/13/11	5,483	0	0
409	BED & MATTRESS	11/13/11	821	0	0
410	BED & MATTRESS	11/13/11	821	0	0
411	BED & MATTRESS	11/13/11	821	0	0
412	BED & MATTRESS	11/13/11	821	0	0
413	BED & MATTRESS	11/13/11	821	0	0
414	BED & MATTRESS	11/13/11	821	0	0
415	BED & MATTRESS	11/13/11	821	0	0
416	BED & MATTRESS	11/13/11	821	0	0
417	BED & MATTRESS	11/13/11	821	0	0
418	BED & MATTRESS	11/13/11	821	0	0
419	BED & MATTRESS	11/13/11	821	0	0
420	BED & MATTRESS	11/13/11	821	0	0
421	OCCASIONAL TABLE	11/13/11	614	0	0
422	OCCASIONAL TABLE	11/13/11	614	0	0
423	30' OCCASIONAL TABLE	11/13/11	886	0	0
424	24' OCCASIONAL TABLE	11/13/11	760	0	0
425	RUG	11/13/11	1,882	0	0
427	COMPRESSOR	12/12/11	1,903	0	0
429	CARPET OFFICE RENOVATIONS	7/30/12	4,353	363	0
432	ROOM # 100 CABINETRY	6/01/12	17,063	1,706	0
433	ROOM # 102	6/01/12	5,427	542	0
434	ROOM # 106 CABINETRY	6/01/12	7,881	788	0
435	ROOM # 107 CABINETRY	6/01/12	4,305	431	0
436	ROOM # 105 CABINETRY	6/01/12	4,344	434	0
437	REVERSE VALVE ON HEAT PUMP	6/01/12	1,073	64	0
438	ROOM #27 COMPRESSOR	6/01/12	1,903	113	0
439	PUMP MOTOR	6/01/12	1,000	60	0

Future Depreciation Report **FYE: 12/31/19**

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
440	OFFICE RENOVATION LIGHT	7/30/12	537	53	0
441	WASHING MACHINE (HOME AP	7/23/12	548	46	0
442	OFFICE RENOVATION	8/15/12	14,300	1,191	0
443	CABINETS FOR OFFICE	9/01/12	673	67	0
444	WALLPAPER REMOVAL	9/01/12	5,504	550	0
445	OFFICE RENOVATION ELECTR	10/01/12	8,550	855	0
448	CARPET	12/31/12	3,990	570	0
449	BRAND SOURCE DONATED W	6/30/12	1,897	135	0
450	COMPRESSOR - ROOM #7	6/19/13	2,133	305	0
451	4' STROM DRAIN REPLACEMENT	6/25/13	1,689	241	0
452	HYDRONIC PUMP REPLACEMENT	9/04/13	1,291	184	0
453	FURNITURE & FIXTURES	7/02/13	3,677	525	0
454	5 QUEEN, 67 TWIN TEMPURPEDIC BED	5/01/14	122,184	17,455	0
536	CONF ROOM HEAT PUMP	10/31/16	7,785	199	0
537	BOILER PUMP REPLACEMENT	12/20/16	6,416	165	0
538	BOARD ROOM TV & EQUIP	5/25/16	12,890	1,842	0
539	WIRELESS EQUIPMENT	12/19/16	90,580	9,058	0
540	PHONES	11/17/16	11,556	1,651	0
	Total Other Depreciation		<u>3,022,672</u>	<u>96,368</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>3,022,672</u>	<u>96,368</u>	<u>0</u>
	Grand Totals		<u>4,781,050</u>	<u>143,540</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Other Depreciation:					
1	Date In		0	0	0
3	5/31/86		0	0	0
4	7/31/86		0	0	0
5	12/15/89		0	0	0
6	6/19/90	1/05/40	0	0	0
7	7/16/93		0	0	0
8	4/07/95		0	0	0
9	10/16/95		0	0	0
10	3/14/96		0	0	0
11	10/31/96		0	0	0
12	12/12/96		0	0	0
13	2/28/97		0	0	0
14	5/30/97		0	0	0
15	12/09/97		0	0	0
16	11/25/97		0	0	0
17	11/25/97		0	0	0
18	4/14/98		0	0	0
19	4/14/98		0	0	0
20	6/25/98		0	0	0
21	10/31/99		0	0	0
22	2/29/00		0	0	0
23	3/31/01		0	0	0
24	6/30/01	2/11/41	0	0	0
25	8/13/01		0	0	0
26	12/10/01	1/04/90	0	0	0
27	12/17/01		0	0	0
28	4/02/02		0	0	0
29	7/15/02		0	0	0
30	7/15/02		0	0	0
31	7/15/02		0	0	0
32	7/15/02		0	0	0
33	7/15/02		0	0	0
34	7/15/02		0	0	0
35	7/15/02		0	0	0
36	7/15/02		0	0	0
37	7/15/02		0	0	0
38	7/15/02		0	0	0
39	8/23/02		0	0	0
40	4/28/03	1/08/57	0	0	0
41			0	0	0
	Total Other Depreciation		<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>0</u>	<u>0</u>	<u>0</u>

Form 990	Event Income and Deduction Worksheet	2018
Description RED SHOE AFFAIR		

Name RONALD MCDONALD HOUSE CHARITIES OF	Taxpayer Identification Number 38-2473817
---	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		377,217
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.	62,062	
7. Total revenue. Add lines 1 through 6	7.	439,279	
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.	114,618	
15. Total expenses. Add lines 8 through 14	15.	114,618	
16. Net Income/Loss. Line 7 minus Line 15	16.	324,661	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	15,750
Food & beverages (Part II only)	58,078
Entertainment (Part II only)	7,487
Other direct expenses	33,303
Total Fundraising Expense	114,618

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Form 990	Event Income and Deduction Worksheet	2018
Description MERCHANDISE SALES		

Name RONALD MCDONALD HOUSE CHARITIES OF	Taxpayer Identification Number 38-2473817
---	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		3,204
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		3,204
8. Cost of Goods Sold	8.		2,116
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		2,116
16. Net Income/Loss. Line 7 minus Line 15	16.		1,088

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	3,001
Purchases	1,625
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	2,510
Total Cost of Goods Sold	2,116

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2018
	Description OTHER FUNDRAISING	

Name RONALD MCDONALD HOUSE CHARITIES OF	Taxpayer Identification Number 38-2473817
---	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		88,339
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		88,339
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		
16. Net Income/Loss. Line 7 minus Line 15	16.		88,339

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Form 990		Two Year Comparison Report		2017 & 2018	
Name		For calendar year 2018, or tax year beginning		, ending	
Name		Taxpayer Identification Number			
RONALD MCDONALD HOUSE CHARITIES OF ANN ARBOR				38-2473817	
		2017	2018	Differences	
Revenue	1. Contributions, gifts, grants	761,006	1,418,251	657,245	
	2. Membership dues and assessments				
	3. Government contributions and grants				
	4. Program service revenue	33,588	78,596	45,008	
	5. Investment income	30,681	34,025	3,344	
	6. Proceeds from tax exempt bonds				
	7. Net gain or (loss) from sale of assets other than inventory	190,658	-44,423	-235,081	
	8. Net income or (loss) from fundraising events	207,505	350,938	143,433	
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory	-921	1,088	2,009	
	11. Other revenue	8,598	4,797	-3,801	
	12. Total revenue. Add lines 1 through 11	1,231,115	1,843,272	612,157	
Expenses	13. Grants and similar amounts paid	5,000		-5,000	
	14. Benefits paid to or for members				
	15. Compensation of officers, directors, trustees, etc.	118,981	116,826	-2,155	
	16. Salaries, other compensation, and employee benefits	457,427	619,492	162,065	
	17. Professional fundraising fees				
	18. Other professional fees	30,142	25,027	-5,115	
	19. Occupancy, rent, utilities, and maintenance	29,624	49,388	19,764	
	20. Depreciation and Depletion	174,176	171,004	-3,172	
	21. Other expenses	278,853	443,071	164,218	
	22. Total expenses. Add lines 13 through 21	1,094,203	1,424,808	330,605	
	23. Excess or (Deficit). Subtract line 22 from line 12	136,912	418,464	281,552	
Other Information	24. Total exempt revenue	1,231,115	1,843,272	612,157	
	25. Total unrelated revenue				
	26. Total excludable revenue	262,604	74,083	-188,521	
	27. Total assets	5,310,910	5,487,801	176,891	
	28. Total liabilities	69,303	177,402	108,099	
	29. Retained earnings	5,241,607	5,310,399	68,792	
	30. Number of voting members of governing body	22	23		
31. Number of independent voting members of governing body	22	23			
32. Number of employees	26	24			
33. Number of volunteers	96	119			

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 1,990		14			
Total	\$ 1,990					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 32,035					
Total	\$ 32,035					

38-2473817

Federal Statements

FYE: 12/31/2018

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
DONOR RECOGNITION	\$ 3,461	\$	\$	\$ 3,461
VOLUNTEER RECOGNITION	3,035	3,035		
Total	<u>\$ 6,496</u>	<u>\$ 3,035</u>	<u>\$ 0</u>	<u>\$ 3,461</u>

38-2473817

Federal Statements

FYE: 12/31/2018

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Federated Campaigns	\$ 5,702
DONATED FOOD & SUPPLIES DONATIONS	106,078
DUFFY FOUNDATION Cash Contribution	436,380
GERALDINE KILSDONK Cash Contribution	35,000
MCDONALDS CORPORATION Cash Contribution	31,958
HOSPITALITY CART AIRLINE TICKETS	174,221
MOTT GOLF CLASSIC COMMITTEE Cash Contribution	5,000
THIRTY ONE GIVES FAMILY WELCOME BAGS	1,600
RED SHOE AFFAIR Cash Contribution	450,000
Total	110,250
	62,062
	<u>\$ 1,418,251</u>

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
DUFFY FOUNDATION	\$ 175,000	\$ 64,518
RONALD MCDONALD HOUSE CHARITIES	262,801	152,319
FRIENDS OF UMHS	50,000	
MMOMA (FORMALLY SEMMOA)	80,000	
PEYSER FOUNDATION FOR POPULATION	160,000	49,518
THE CARLS FOUNDATION	100,000	
TEMPUR-PEDIC	122,184	11,702
CISCO	87,920	
GERMAIN HONDA	29,000	
ALAN & ROSIE FELLHAUER	25,000	
SHARON STEIN	50,000	
KATHLEEN BAUM	30,000	
GERALDINE KILSDONK	86,112	
VAUGHN FOUNDATION	35,000	
THIRTY ONE GIVES	302,950	192,468
Total	<u>\$ 1,595,967</u>	<u>\$ 470,525</u>

38-2473817

Federal Statements

FYE: 12/31/2018

Schedule A, Part II, Line 8(e)

Description	Amount
	\$ 1,990
DIVIDENDS	32,035
Total	\$ <u>34,025</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
Program Service Revenue	\$ 78,596
RED SHOE AFFAIR	377,217
MERCHANDISE SALES	3,204
OTHER FUNDRAISING	88,339
Total	\$ <u>547,356</u>

Federal Statements

RED SHOE AFFAIR

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OUTSIDE SERVICES	\$ 16,019
SUPPLIES & DECORAITONS	14,907
MISCELLANEOUS	<u>2,377</u>
Total	<u>\$ 33,303</u>