



Crowe Chizek and Company LLC  
Member Horwath International

Ronald McDonald House Charities  
of Nashville, Tennessee, Inc.  
P.O. Box 120425  
Nashville, TN 37212

Enclosed are the original and one copy of your income tax returns for the period ended December 31, 2006 for:

Ronald McDonald House Charities  
of Nashville, Tennessee, Inc. as follows...

2006 990 - Return of Organization Exempt from Income Tax  
2006 Schedule A - Organization Exempt Under 501(c)(3)  
2006 Schedule B - Schedule of Contributors

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have enclosed mailing envelopes for your convenience in filing your return. We recommend that you use certified mail with postmarked receipts for timely filing.

It is understood that you have provided us with basic information required for preparation of these returns. The tax laws provide that the obligation of a preparer is based only on information of which the preparer has knowledge. Accordingly, the completeness and accuracy of the information you provide us remain the responsibility of your management. You have final and full responsibility for the income tax returns and therefore should review them carefully before signing. You must retain the documentation that supports the filed return. We understand your staff is responsible for all other tax returns not listed above, such as payroll, property, sales, and information returns.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions.

Under U.S Treasury rules issued in 2005, we must inform you that any advice in this communication to you was not intended or written to be used, and cannot be used, to avoid any government penalties that may be imposed on a taxpayer.

Sincerely,

A handwritten signature in cursive script that reads "Gail Children".

Crowe Chizek and Company LLC



Crowe Chizek and Company LLC  
Member Horwath International

Instructions for filing  
Ronald McDonald House Charities  
of Nashville, Tennessee, Inc.  
Form 990 with Sch. A - Exempt Under 501(c)(3)  
for the period ended December 31, 2006

\*\*\*\*\*

Signature...

The original return should be signed (using full name and title)  
and dated by an authorized officer of the organization.

Filing...

The signed return should be filed on or before August 15, 2007  
with...

Internal Revenue Service  
Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

\*\*\*\*\*

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

A For the 2006 calendar year, or tax year beginning , 2006, and ending

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization RONALD MCDONALD HOUSE CHARITIES OF NASHVILLE, TENNESSEE, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

P.O. BOX 120425

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37212

D Employer identification number  
62-1310717E Telephone number  
(615) 449-5108F Accounting method: ☐ Cash ☒ Accrual  
Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No  
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

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

G Website: WWW.RMHNASHVILLE.COM

J Organization type (check only one) ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,491,176.

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

1 Contributions, gifts, grants, and similar amounts received:			
a Contributions to donor advised funds	1a		
b Direct public support (not included on line 1a)	1b	591,815.	
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d		
e Total (add lines 1a through 1d) (cash \$ 591,815. noncash \$ )	1e	591,815.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	28,701.	
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	162,385.	
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c		
7 Other investment income (describe ▶ )	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	395,751.	8a	
b Less: cost or other basis and sales expenses	271,366.	8b	
c Gain or (loss) (attach schedule)	124,385.	8c	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	124,385.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ of contributions reported on line 1b)	9a	312,524.	
b Less: direct expenses other than fundraising expenses	9b	50,465.	
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	262,059.	
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,169,345.	
13 Program services (from line 44, column (B))	13	786,014.	
14 Management and general (from line 44, column (C))	14	108,008.	
15 Fundraising (from line 44, column (D))	15	98,073.	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses. Add lines 16 and 44, column (A)	17	992,095.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	177,250.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,505,723.	
20 Other changes in net assets or fund balances (attach explanation)	20	240,095.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	7,923,068.	

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

Form 990 (2006)

**Part II** **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule)	(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule)	(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)					
<b>24</b> Benefits paid to or for members (attach schedule)					
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)		75,712.	37,856.	18,928.	STMT 3 18,928.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)					
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)					
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c		247,723.	210,892.	4,409.	32,422.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c					
<b>28</b> Employee benefits not included on lines 25a - 27					
<b>29</b> Payroll taxes		102,248.	75,955.	22,747.	3,546.
<b>30</b> Professional fundraising fees					
<b>31</b> Accounting fees		17,490.		17,490.	
<b>32</b> Legal fees					
<b>33</b> Supplies		67,137.	60,789.	6,247.	101.
<b>34</b> Telephone		20,002.	20,002.		
<b>35</b> Postage and shipping		17,811.	3,817.	4,909.	9,085.
<b>36</b> Occupancy		142,342.	137,797.	4,545.	
<b>37</b> Equipment rental and maintenance		559.		559.	
<b>38</b> Printing and publications		6,952.	2,148.	2,271.	2,533.
<b>39</b> Travel		99.		99.	
<b>40</b> Conferences, conventions, and meetings		12,935.	4,478.	8,457.	
<b>41</b> Interest					
<b>42</b> Depreciation, depletion, etc. (attach schedule)		95,147.	91,610.	3,537.	
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> IN KIND EXPENSES		136,442.	136,442.		
<b>b</b> MISCELLANEOUS		36,704.	4,228.	1,018.	31,458.
<b>c</b> PROFESSIONAL FEES		839.		839.	
<b>d</b> BANK CHARGES		4,820.		4,820.	
<b>e</b> RECOGNITION		7,133.		7,133.	
<b>f</b>					
<b>g</b>					
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).		992,095.	786,014.	108,008.	98,073.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See the instructions.)

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

<p>What is the organization's primary exempt purpose? <b>SEE STATEMENT 4</b></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p><b>a</b> <b>SEE STATEMENT 5</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>786,014.</p>
<p><b>b</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .</p>	<p>786,014.</p>

Form 990 (2006)

**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing	149,935.	45	142,935.	
	46 Savings and temporary cash investments	1,140,069.	46	1,318,450.	
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a	NONE		
	b Less: allowance for doubtful accounts	48b	4,690.	48c	NONE
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule).		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54a Investments - publicly-traded securities STMT 6. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,126,591.	54a	3,467,108.	
	b Investments - other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
	55a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b	55c		
	56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a	4,397,139.			
b Less: accumulated depreciation (attach schedule)	57b	1,281,291.	3,195,264.	57c	3,115,848.
58 Other assets, including program-related investments (describe <input type="checkbox"/> )		58			
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	7,616,549.	59	8,044,341.		
<b>Liabilities</b>	60 Accounts payable and accrued expenses	104,257.	60	121,273.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> )	6,569.	65	NONE	
66 <b>Total liabilities.</b> Add lines 60 through 65	110,826.	66	121,273.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	4,140,009.	67	4,161,631.	
	68 Temporarily restricted	2,865,714.	68	3,261,437.	
	69 Permanently restricted	500,000.	69	500,000.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).	7,505,723.	73	7,923,068.	
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	7,616,549.	74	8,044,341.	



Yes	No
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39

75b

x

75c

x

If "Yes," attach a statement that includes the information described in the instructions.

75d

x

(If any former officer, director, trustee, or key employee received compensation or other benefits during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

76

x

77

x

If "Yes," attach a conformed copy of the changes.

78a

X

78b

A

79

X

80a

X

**b** If "Yes," enter the name of the organization ►

and check whether it is ☐ exempt or ☐ nonexempt

81a

81b

X



**Part VI Other Information** (continued)

Yes No

<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	X	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82b</b>	136,442.	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83b</b>	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	N/A	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85b</b>	N/A	
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	N/A	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	N/A	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	N/A	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	N/A	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	N/A	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	N/A	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	N/A	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	N/A	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>	N/A	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	N/A	
<b>88b</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88a</b>		X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>		X
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> N/A ; section 4912 <b>▶</b> N/A ; section 4955 <b>▶</b> N/A			
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b>		N/A	
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>▶</b>		N/A	
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>		X
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>		X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>		X
<b>90a</b>	List the states with which a copy of this return is filed <b>▶</b>			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	<b>90b</b>	15	
<b>91a</b>	The books are in care of <b>▶</b> REBECCA STOCKETT Telephone no. <b>▶</b> 615-343-4000			
	Located at <b>▶</b> NASHVILLE, TN ZIP + 4 <b>▶</b> 37212			
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>91b</b>		X
	If "Yes," enter the name of the foreign country <b>▶</b>			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>			

**Part VI Other Information** (continued)Yes ☐ No ☒

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . **91c** ☐ ☒ X  
 If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . . ☐  
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ **92** | N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> ROOM RENTAL INCOME					28,701.
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments . . . . .			14	162,385.	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	124,385.	
<b>101</b> Net income or (loss) from special events . . . . .					262,059.
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				286,770.	290,760.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . . ▶					577,530.

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . ☐ Yes ☒ No ☒  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . ☐ Yes ☒ No ☒

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

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

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

Yes	No
	X

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

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

Yes	No
	X

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

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

Yes	No
	X

**Please  
Sign  
Here**

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

**Paid  
Preparer's  
Use Only**

Preparer's signature Gail B. Chidress CPA Date 9/27/07 Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X) P00561607  
Firm's name (or yours if self-employed), address, and ZIP + 4 CROWE CHIZEK AND COMPANY LLC EIN 35-0921680  
105 CONTINENTAL PLACE, SUITE 200 Phone no. 615-360-5500  
BRENTWOOD, TN 37027

Form 990 (2006)

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

OMB No. 1545-0047

**2006**

Name of the organization **RONALD MCDONALD HOUSE CHARITIES  
OF NASHVILLE, TENNESSEE, INC.**

Employer identification number  
**62-1310717**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ELIZABETH PIERCY	40.00	75,712.	NONE	NONE

Total number of other employees paid over \$50,000 . . . ► **NONE**

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . ► **NONE**

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . . . ► **NONE**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .

1 X

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

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

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

2a X

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

2b X

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

2c X

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

2d X

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

2e X

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

3a X

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

3b X

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

3c X

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

3d X

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

4a X

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

4b X

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

4c X

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2006

**Part IV** Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)


I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► -----
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I      ☐ Type II      ☐ Type III - Functionally Integrated      ☐ Type III - Other

- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 

- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

- 11 a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

- 12 ☐ An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

Type I

□ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

**Provide the following information about the supported organizations. (See page 7 of the instructions.)**

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	891,976.	685,117.	1,010,264.	579,645.	3,167,002.
<b>16</b> Membership fees received . . . . .					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	368,883.	37,536.	243,498.	42,992.	692,909.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	107,746.	62,223.	44,684.	59,036.	273,689.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22 . . . . .	1,368,605.	784,876.	1,298,446.	681,673.	4,133,600.
<b>24</b> Line 23 minus line 17. . . . .	999,722.	747,340.	1,054,948.	638,681.	3,440,691.
<b>25</b> Enter 1% of line 23. . . . .	13,686.	7,849.	12,984.	6,817.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶ <b>26a</b>					68,814.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ▶ <b>26b</b>					
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶ <b>26c</b>					3,440,691.
d Add: Amounts from column (e) for lines: 18 <u>273,689.</u> 19 <u>                    </u> 22 <u>                    </u> 26b <u>                    </u> . . . . . ▶ <b>26d</b>					273,689.
e Public support (line 26c minus line 26d total) . . . . . ▶ <b>26e</b>					3,167,002.
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . . ▶ <b>26f</b>					92.0455 %
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: NOT APPLICABLE (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 <u>                    </u> 16 <u>                    </u> 17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u> . . . . . ▶ <b>27c</b>					
d Add: Line 27a total. . . . . and line 27b total . . . . . ▶ <b>27d</b>					
e Public support (line 27c total minus line 27d total). . . . . ▶ <b>27e</b>					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶ <b>27f</b>					
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . . ▶ <b>27g</b>					%
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . . . . . ▶ <b>27h</b>					%
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. <b>Do not file this list with your return.</b> Do not include these grants in line 15.					

**Part V****Private School Questionnaire** (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		



**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

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

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

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities****NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

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

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

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions.)

Yes	No
-----	----

	Yes	No
512(i)		✓

a(i)	21
a(ii)	29

b(i)	x
------	---

b(ii)	X
-------	---

b(ii)		X
b(iii)		Y

b(iii)	X
b(iv)	Y

b(IV)		X
b(V)		V

b(v)		X
b(vi)		X

$\mathbb{C}$	$X$
--------------	-----

[illegible]

► ☐ Yes ☒ No

[illegible]

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

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	RONALD MCDONALD HOUSE CHARITIES OF NASHVILLE, TENNESSEE, INC.	Employer identification number	62-1310717
	Number, street, and room or suite no. If a P.O. box, see instructions.			
	P.O. BOX 120425			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
NASHVILLE, TN 37212				

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

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

- The books are in the care of ► REBECCA STOCKETT

Telephone No. ► 615 343-4000 FAX No. ► \_\_\_\_\_

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

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 08/15, 2007 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2006 or  
 ► ☐ tax year beginning \_\_\_\_\_ , \_\_\_\_\_ , and ending \_\_\_\_\_ , \_\_\_\_\_ .

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2007)

## FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GIVING TREE	11,780.	464.	11,316.
WINE TASTING	40,165.	4,223.	35,942.
TELECAST	129,912.	12,243.	117,669.
GOLF BALL	120,329.	32,761.	87,568.
OTHER FUND RAISING	10,338.	774.	9,564.
TOTALS	312,524.	50,465.	262,059.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====DESCRIPTION  
-----AMOUNT  
-----UNREALIZED GAINS - MARKETABLE SECURITIES  
IN KIND DONATIONS REFLECTED ON BOOKS

103,653.

136,442.

TOTAL

-----  
240,095.  
=====

## FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

CURRENT OFFICER NAME -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
ELIZABETH PIERCY COMPENSATION:	37,856.	18,928.	18,928.
TOTALS	37,856.	18,928.	18,928.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

RONALD MCDONALD HOUSE CHARITIES OF NASHVILLE, TN, INC. OWNS AND OPERATES THE RONALD MCDONALD HOUSE. THE 32 BEDROOM FACILITY PROVIDES TEMPORARY LODGING FOR FAMILIES OF CRITICALLY ILL CHILDREN WHO MUST LEAVE THEIR HOME COMMUNITY TO SEEK INPATIENT OR OUTPATIENT CARE FOR THEIR CHILD IN A NASHVILLE AREA HOSPITAL. THE HOUSE SERVES CHILDREN RECEIVING CARE AT VANDERBILT CHILDRENS HOSPITAL, CENTENNIAL MEDICAL CENTER, AND BAPTIST HOSPITAL, AS WELL AS OTHER MEDICAL FACILITIES SERVING CHILDREN. FAMILIES OF SERIOUSLY ILL CHILDREN FROM BIRTH THROUGH AGE 18 ARE ELIGIBLE TO STAY AT THE RONALD MCDONALD HOUSE. THEY MUST BE REFERRED TO THE RONALD MCDONALD HOUSE BY A SOCIAL WORKER, DOCTOR'S OFFICE OR NURSE, AND BE UNDERGOING INPATIENT OR OUTPATIENT CARE AT A LOCAL MEDICAL FACILITY.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS  
=====PROGRAM SERVICE ACCOMPLISHMENT A  
-----

IN 2006, 600 FAMILIES WERE SERVED. THESE FAMILIES CAME FROM ALL OF TENNESSEE'S 95 COUNTIES AND 63 COUNTIES IN KENTUCKY, AS WELL AS 37 OTHER STATES, TWO U.S. TERRITORIES AND ELEVEN FOREIGN COUNTRIES. THE NASHVILLE HOUSE REQUESTS THAT FAMILIES PAY \$15 PER NIGHT. HOWEVER, THE PRIMARY GOAL IS TO KEEP THESE FAMILIES TOGETHER AND NEVER REFUSE SERVICE BECAUSE A FAMILY IS UNABLE TO PAY. IN 2006, 67% COULD NOT AFFORD TO PAY ANYTHING, AND 14% PAID ONLY A PARTIAL FEE. THE AVERAGE MONTHLY OCCUPANCY IN 2006 WAS 100% AND THE AVERAGE DAILY WAITING LIST CONSISTED OF 3 FAMILIES AND THE AVERAGE LENGTH OF STAY WAS 18 NIGHTS



FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
2500 SHARES MCDONALDS CORP	110,825.	FMV
BOND FUNDS	922,697.	FMV
EQUITY FUNDS	2,433,586.	FMV
	-----	
TOTALS	3,467,108.	
	=====	

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS  
=====DESCRIPTION  
-----AMOUNT  
-----

SPECIAL EVENTS EXP INCL PART I

-50,465.

TOTAL

-----  
-50,465.  
=====

## FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

=====

## DESCRIPTION

-----

## AMOUNT

-----

SPECIAL EVENT EXP INCL PART I

-50,465.

TOTAL

-----  
-50,465.  
=====

SCHEDULE D  
(Form 1041)

## Capital Gains and Losses

OMB No. 1545-0092

2006

Department of the Treasury  
Internal Revenue Service▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate  
instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

Name of estate or trust

RONALD MCDONALD HOUSE CHARITIES  
OF NASHVILLE, TENNESSEE, INC.

Employer identification number

62-1310717

Note: Form 5227 filers need to complete **only** Parts I and II.**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
1						
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824					2
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts					3
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet					4 ( )
5	Net short-term gain or (loss). Combine lines 1 through 4 in column (f). Enter here and on line 13, column (3) below					5

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
6	SEE STATEMENT 1			395,751.	271,366.	124,385.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					7
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8
9	Capital gain distributions					9
10	Gain from Form 4797, Part I					10
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet					11 ( )
12	Net long-term gain or (loss). Combine lines 6 through 11 in column (f). Enter here and on line 14a, column (3) below					12 124,385.

**Part III Summary of Parts I and II**Caution: Read the instructions **before** completing this part.

	(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		
14 Net long-term gain or (loss):			
a Total for year	14a		124,385.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36).	14b		
c 28% rate gain	14c		
15 Total net gain or (loss). Combine lines 13 and 14a	15		124,385.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to  
Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**,  
as necessary.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2006

**Part IV Capital Loss Limitation****16** Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of:**a** The loss on line 15, column (3) **or****b** \$3,000**16** ( )*If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 39 of the instructions to determine your capital loss carryover.***Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22 is more than zero.)**Note:** If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17.

<b>17</b>	Enter taxable income from Form 1041, line 22 . . . . .	<b>17</b>	
<b>18</b>	Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>	
<b>19</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) . . . . .	<b>19</b>	
<b>20</b>	Add lines 18 and 19 . . . . .	<b>20</b>	
<b>21</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . .	<b>21</b>	
<b>22</b>	Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>	
<b>23</b>	Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>	
<b>24</b>	Enter the <b>smaller</b> of the amount on line 17 or \$2,050 . . . . .	<b>24</b>	
<b>25</b>	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23 . . . . .	<b>25</b>	
<b>26</b>	Subtract line 25 from line 24 . . . . .	<b>26</b>	
<b>27</b>	Multiply line 26 by 5% (.05) . . . . .	<b>27</b>	
<b>28</b>	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 28 through 31; go to line 32. <input type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 17 or line 22 . . . . .	<b>28</b>	
<b>29</b>	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>29</b>	
<b>30</b>	Subtract line 29 from line 28 . . . . .	<b>30</b>	
<b>31</b>	Multiply line 30 by 15% (.15) . . . . .	<b>31</b>	
<b>32</b>	Figure the tax on the amount on line 23. Use the 2006 Tax Rate Schedule on page 23 of the instructions . . . . .	<b>32</b>	
<b>33</b>	Add lines 27, 31, and 32 . . . . .	<b>33</b>	
<b>34</b>	Figure the tax on the amount on line 17. Use the 2006 Tax Rate Schedule on page 23 of the instructions . . . . .	<b>34</b>	
<b>35</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 . . . . .	<b>35</b>	

Schedule D (Form 1041) 2006

[illegible]

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2006**Attachment  
Sequence No. **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**RONALD MCDONALD HOUSE CHARITIES**

Identifying number

**62-1310717**

Business or activity to which this form relates

**GENERAL 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 the instructions for a higher limit for certain businesses . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	
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	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
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 <b>smaller</b> of line 5 or line 8 . . . . .	9
10	Carryover of disallowed deduction from line 13 of your 2005 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 do not enter more than line 11 . . . . .	12
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 . . . . .	13

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone 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	86,995.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006 . . . . .	17	5,005.
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 . . . . .		

**Section B - Assets Placed in Service During 2006 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	SEE					
b 5-year property	DETAIL	15,731.	5.000	HY	MACRS	3,147.
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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 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 instr. . . . .	22	95,147.
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	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .							<b>29</b>	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use? . . . . .												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are **not** more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2006 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2006 tax year . . . . .					<b>43</b>
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>



**Ronald McDonald House Charities of Nashville, Tennessee, Inc.**

**BOARD OF DIRECTORS**

**January 2007 – December 2007**

(\*Denotes Corporate Board Member)

<b>NAME Board Office and/or Committee</b>	<b>ADDRESS</b>	<b>TELEPHONE Business (o) Home (h)</b>	<b>FAX EMAIL</b>
* Joy Sears <i>President</i>	Dignity, Inc. 992 Davidson Drive, Suite D Nashville, TN 37205	373-1334 (o) 353-0556 ex. 120(o) 373-1335 (h) 804-9420 (m)	373-1334 (f) <a href="mailto:Joysears@bellsouth.net">Joysears@bellsouth.net</a>
* Don Birdwell <i>President-Elect</i>	4401 Charleston Place Circle Nashville, TN 37215	665-1937 (o) 665-1982 (h) 430-7373 (c)	523-8355 (f) <a href="mailto:Don@birdwellrealtyteam.com">Don@birdwellrealtyteam.com</a>
*Sharon Morris <i>Secretary</i>	Vanderbilt University Med. Ctr. 3401 West End Avenue, Suite 470W Nashville, TN 37203	936-0312 (o) 353-9319 (h)	936-0320 (f) <a href="mailto:Sharon.m.morris@vanderbilt.edu">Sharon.m.morris@vanderbilt.edu</a>
*Ed Morgan <i>Treasurer</i>	MAPCO Express, Inc. 7102 Commerce Way Brentwood, TN 37027	224-1159 (o) 969-8137 (m) 224-1179 (Julie)	224-1185 <a href="mailto:Ed.morgan@mapcoexpress.com">Ed.morgan@mapcoexpress.com</a>
*Karen Johnson <i>VP of Communications</i>	100 Lincoln Court Nashville, TN 37205	352-8382 (h) 341-1625 (o)	<a href="mailto:Karen.johnson@cat.com">Karen.johnson@cat.com</a>
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*Ted Bertuca, Jr. <i>VP of Finance</i>	McDonald's Management Company 152 McGavock Pike Nashville, TN 37214	885-3209 ex. 21 (o) 828-6014 (m)	885-9858 <a href="mailto:Tjbertuca@mmcnash.com">Tjbertuca@mmcnash.com</a>
*Alice Hendry <i>VP of Human Resources</i>	619 Post Oak Circle Brentwood, TN 37027	423-2325 (c)	661-4457 <a href="mailto:Alicehendry@comcast.net">Alicehendry@comcast.net</a>
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*Bill Rochford <i>Immediate Past President</i>	Vanderbilt University Medical Center D-3300 Medical Center North Nashville, TN 37232-2104	343-3217 (o) 373-5647 (h) 322-2151 (o) 835-0347 (B) 604-8500 (m)	343-2360 <a href="mailto:Bill.Rochford@vanderbilt.edu">Bill.Rochford@vanderbilt.edu</a>
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*Tom Dodge <i>Grants Board President</i>	McDonald's P.O. Box 158597 Nashville, TN 37215	385-2670 (h) 579-7687 (m)	385-2671 <a href="mailto:Tedssd@aol.com">Tedssd@aol.com</a>

<b>NAME Board Office and/or Committee</b>	<b>ADDRESS</b>	<b>TELEPHONE Business (o) Home (h)</b>	<b>FAX EMAIL</b>
Julie Allen	208 Lynnwood Terrace Nashville, TN 37205	383-6789 (h)	<a href="mailto:Ddobbsallen@comcast.net">Ddobbsallen@comcast.net</a>
Paul Burrell	McDonald's P.O. Box 368 Franklin, KY 42135	270/586-6259 (o) 270/647-0100 (m)	270/586-3634 <a href="mailto:Paul.burrell@partners.mcd.com">Paul.burrell@partners.mcd.com</a>
Donald Capparella <i>Outside Benefits/Annual Benefits</i>	1218 Grandview Drive Nashville, TN 37215	383-7001 (h) 269-8546 (o)	312-7001 <a href="mailto:Doncapparella@comcast.net">Doncapparella@comcast.net</a>
Frank Chalfont	ColorBurst P.O. Box 1783 Brentwood, TN 37024	373-0722, x 3 (o) 373-8018 (h) 430-0344 (m)	373-4890 <a href="mailto:Chalfont@earthlink.net">Chalfont@earthlink.net</a>
David Chase	D.F. Chase, Inc. Construction 3001 Armory Drive, Suite 200 Nashville, TN 37204	777-5900 (o) 519-6562 (c)	777-4544 <a href="mailto:Dachase@dfchase.com">Dachase@dfchase.com</a>
Kim Council	5003 West Durrett Drive Nashville, TN 37211	781-2823 (h)	<a href="mailto:Councilkc@Comcast.net">Councilkc@Comcast.net</a>
Diane Cox	Southwest Airlines 402 BNA Drive, Suite 410 BNA 5SO Nashville, TN 37217	366-1969 (o)	366-1957 <a href="mailto:Diane.cox@wnco.com">Diane.cox@wnco.com</a>
Brad Dillard	109 Derby Glen Lane Brentwood, TN 37027	376-0730 (h)	376-9004 <a href="mailto:Dillardksea@comcast.net">Dillardksea@comcast.net</a>
Cindy Endsley	247 Thistle Lane Hermitage, TN 37076	369-7354 (o) 330-5302 (h)	369-7388 <a href="mailto:Cendsley@Wkrm.com">Cendsley@Wkrm.com</a>
Pat Givens	401 Loudon Place Brentwood, TN 37027	936-4040 (o) 221-1009 (h)	936-6200 <a href="mailto:Pat.givens@vanderbilt.edu">Pat.givens@vanderbilt.edu</a>
Dennis Green	406 Belle Glen Lane Brentwood, TN 37027	344-2968 (o) 377-3908 (h) 944-9414 (c)	344-5959 <a href="mailto:Dennis.green@hcahealthcare.com">Dennis.green@hcahealthcare.com</a>
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Mabel Larson	(McDonald's) 319 Partridge Court Clarksville, TN 37043	931/552-2333 (o)	931/552-3777 <a href="mailto:Mcmabell@aol.com">Mcmabell@aol.com</a>
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Lee McNair	(McDonald's) 605 Bradford Drive Gallatin, TN 37066	230-1733 (h) 513-4909 (c)	451-1366 <a href="mailto:Lee.j.mcnaair@us.stores.mcd.com">Lee.j.mcnaair@us.stores.mcd.com</a>

<b>NAME Board Office and/or Committee</b>	<b>ADDRESS</b>	<b>TELEPHONE Business (o) Home (h)</b>	<b>FAX EMAIL</b>
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RONALD MCDONALD HOUSE - NASHVILLE  
LIST OF CONTRIBUTIONS OVER \$5,000  
FOR YEAR ENDING DECEMBER 31, 2006

<b>Donor</b>	<b>Amount</b>	<b>Cash/In-Kind</b>
Beazer Homes Corporation	\$10000	Cash
Bridgestone-Firestone Trust Fund	\$5000	Cash
CHS Professional Services Corp.	\$5000	Cash
CIC Foundation	\$7500	Cash
Colliers Turley Martin Tucker	\$25000	Cash
The HCA Foundation	\$10000	Cash
Larry and Leslie Hough	\$6345	Cash
Junior League of Nashville	\$5000	Cash
Maury County Horsemen's Association	\$5000	Cash
Music City Golf Tournament	\$106955	Cash
Mr. and Mrs. Kenneth Melkus	\$10000	Cash
Middle Tennessee Electric Customers Care, Inc.	\$7500	Cash
Richard J. and Christina Morrison	\$6249	Cash
Nashville Shores	\$5000	Cash
Tim and Tammy Parker	\$9800	Cash
Randy Pepper	\$5100	Cash
Tennessee Trucking Association	\$15000	Cash
World Children's Day	\$49726.34	Cash
<b>TOTAL</b>	<b>\$285,175.34</b>	