

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

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 2007 calendar year, or tax year beginning 2007, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>RONALD MCDONALD HOUSE CHARITIES</b>		<b>D</b> Employer identification number	
		<b>OF NASHVILLE, TENNESSEE, INC.</b>		<b>62-1310717</b>	
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number	
		<b>P.O. BOX 120425</b>		<b>(615) 449-5108</b>	
		City or town, state or country, and ZIP + 4		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		<b>H and I are not applicable to section 527 organizations.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> If "Yes," enter number of affiliates ▶ <b>H(c)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) <b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>I</b> Group Exemption Number ▶ <b>M</b> Check <input type="checkbox"/> 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 ▶ 1,571,232.

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

Revenue	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	899,909.		
	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 \$ 899,909. noncash \$ )	1e	899,909.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	23,279.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	263,886.		
	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	8a	NONE	
	b	Less: cost or other basis and sales expenses	8b	19,409.		
	c	Gain or (loss) (attach schedule)	8c	-19,409.		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	-19,409.		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 54,937. of contributions reported on line 1b)	9a	384,158.		
	b	Less: direct expenses other than fundraising expenses	9b	94,778.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	289,380.		
	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	1,457,045.		
	Expenses	13	Program services (from line 44, column (B))	13	729,851.	
		14	Management and general (from line 44, column (C))	14	173,301.	
		15	Fundraising (from line 44, column (D))	15	76,862.	
16		Payments to affiliates (attach schedule)	16			
17		Total expenses. Add lines 16 and 44, column (A)	17	980,014.		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	477,031.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,923,068.		
	20	Other changes in net assets or fund balances (attach explanation) STMT .2.	20	161,853.		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20.	21	8,561,952.		

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

Form 990 (2007)

**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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule), . . . . .	23			
24	Benefits paid to or for members (attach schedule), . . . . .	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A . . . . .	25a	86,492.	19,482.	47,528.
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B . . . . .	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c . . . .	26	291,599.	250,631.	10,242.
27	Pension plan contributions not included on lines 25a, b, and c . . . .	27			
28	Employee benefits not included on lines 25a-27 . . . . .	28			
29	Payroll taxes . . . . .	29	117,449.	88,791.	28,658.
30	Professional fundraising fees . . . . .	30	8,155.	NONE	8,155.
31	Accounting fees . . . . .	31			
32	Legal fees . . . . .	32			
33	Supplies . . . . .	33	10,075.	NONE	9,965.
34	Telephone . . . . .	34	19,180.	19,180.	NONE
35	Postage and shipping . . . . .	35	24,677.	5,891.	12,168.
36	Occupancy . . . . .	36	65,231.	65,231.	NONE
37	Equipment rental and maintenance . .	37	318.	NONE	318.
38	Printing and publications . . . . .	38	13,511.	NONE	13,511.
39	Travel . . . . .	39	301.	NONE	301.
40	Conferences, conventions, and meetings .	40	14,092.	8,039.	6,053.
41	Interest . . . . .	41			
42	Depreciation, depletion, etc. (attach schedule)	42	96,694.	92,930.	3,764.
43	Other expenses not covered above (itemize):				
a	STMT 3 . . . . .	43a	232,240.	179,676.	32,638.
b	_____ . . . . .	43b			
c	_____ . . . . .	43c			
d	_____ . . . . .	43d			
e	_____ . . . . .	43e			
f	_____ . . . . .	43f			
g	_____ . . . . .	43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15). . . . .	44	980,014.	729,851.	173,301.

76,862.

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a **SEE STATEMENT 5**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

729,851.

b

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . .

729,851.

Form 990 (2007)

**Part IV** Balance Sheets (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing . . . . .	142,935.	45	208,390.	
	46 Savings and temporary cash investments . . . . .	1,318,450.	46	917,106.	
	47a Accounts receivable . . . . .	47a			
	b Less: allowance for doubtful accounts . . . . .	47b	47c		
	48a Pledges receivable . . . . .	48a	26,632.		
	b Less: allowance for doubtful accounts . . . . .	48b	NONE	48c	
	49 Grants receivable . . . . .		49	26,632.	
	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 . . . . .		3,467,108.	54a	4,513,279.
	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	4,310,395.			
b Less: accumulated depreciation (attach schedule) . . . . .	57b	1,310,650.	57c	2,999,745.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> ) . . . . .			58		
59 Total assets (must equal line 74). Add lines 45 through 58 . . . . .		8,044,341.	59	8,665,152.	
Liabilities	60 Accounts payable and accrued expenses . . . . .	121,273.	60	103,200.	
	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"/> ) . . . . .		65		
66 Total liabilities. Add lines 60 through 65 . . . . .		121,273.	66	103,200.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted . . . . .	4,161,631.	67	4,411,522.	
	68 Temporarily restricted . . . . .	3,261,437.	68	3,650,430.	
	69 Permanently restricted . . . . .	500,000.	69	500,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds . . . . .		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71		
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		7,923,068.	73	8,561,952.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73 . . . . .		8,044,341.	74	8,665,152.

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



a	Total expenses and losses per audited financial statements . . . . .	a	1,207,413.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities . . . . .	b1	132,621.
2	Prior year adjustments reported on Part I, line 20 . . . . .	b2	
3	Losses reported on Part I, line 20 . . . . .	b3	
4	Other (specify): -----	b4	
	Add lines b1 through b4 . . . . .	b	132,621.
c	Subtract line b from line a . . . . .	c	1,074,792.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	
2	Other (specify): -- SEE STATEMENT 8 -----	d2	-94,778.
	Add lines d1 and d2 . . . . .	d	-94,778.
e	Total expenses (Part I, line 17). Add lines c and d . . . . .	e	980,014.

**Part V-A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Yes	No
-----	----

1	2	3
---	---	---

	
75b	X




75c		X

75d	X
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**Part V-B** **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**  
 (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) 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
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76		X

77		X
		

78a		X
-----	--	---

78b	N/A
-----	-----

		
79		X

80a		X
-----	--	---

and check whether it is ☐ exempt or ☐ nonexempt

81b	N/A
-----	-----

**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> 132,621.	
<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>85a</b> 501(c)(4), (5), or (6). 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, do not 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> 501(c)(7) orgs. Enter: a 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> 501(c)(12) orgs. Enter: a 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>88a</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> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
<b>b</b> 501(c)(3) and 501(c)(4) orgs. 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	<u>N/A</u>	
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization	<u>N/A</u>	
<b>e</b> All organizations. 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> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	X
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b> N/A	
<b>90a</b> List the states with which a copy of this return is filed <u>TN</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b> 16	
<b>91a</b> The books are in care of <u>REBECCA STOCKETT</u> Telephone no. <u>615-343-4000</u>		
Located at <u>2144 FAIRFAX AVE. NASHVILLE, TN</u> ZIP + 4 <u>37212</u>		
<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 _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI** Other Information (continued)

Yes No

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

If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . . ☐   
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 92 | 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	
93 Program service revenue:					
a ROOM RENTAL INCOME					23,279.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	263,886.	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	-19,409.	
101 Net income or (loss) from special events . . . . .					289,380.
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				244,477.	312,659.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					557,136.

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	PROGRAM REVENUE RECEIVED FROM RENTING ROOMS TO FAMILIES OF CHILDREN IN NASHVILLE HOSPITALS
101	SPECIAL EVENT REVENUE RECEIVED TO CONTINUE WITH ORGANIZATION PROGRAMS

**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.

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

Yes	No
N/A	

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

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

Yes	No
N/A	

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
	N/A	

**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: Elizabeth Percy Date: 9/24/08

Type or print name and title: Elizabeth Percy, Executive Director

**Paid Preparer's Use Only**

Preparer's signature: Paul D. Fry, CPA Date: 9-19-08 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X): P00446559

Firm's name (or yours if self-employed), address, and ZIP + 4: CROWE HORWATH LLP EIN:

105 CONTINENTAL PLACE, SUITE 200 Phone no: 615-360-5500

BRENTWOOD, TN 37027

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization **RONALD MCDONALD HOUSE CHARITIES  
OF 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 1 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
KAYE SLATER	HOUSE MANAGER 38.00	52,348.	2,437.	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) 2007

**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)? . SEE EQRM. 990 PT. V . 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 . . . . . ► NONE

- e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ► NONE

- 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 . . . . . ► NONE

- g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ► NONE

**Part IV** Reason for Non-Private Foundation Status (See pages 4 through 8 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 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 8 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	
Total <span style="border-bottom: 1px dashed black; display: inline-block; width: 100px;"></span>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	591,815.	891,976.	685,117.	1,010,264.	3,179,172.
16 Membership fees received . . . . .					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	341,225.	368,883.	37,536.	243,498.	991,142.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. . . . .	162,385.	107,746.	62,223.	44,684.	377,038.
19 Net income from unrelated business activities not included in line 18 . . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22 . . . . .	1,095,425.	1,368,605.	784,876.	1,298,446.	4,547,352.
24 Line 23 minus line 17. . . . .	754,200.	999,722.	747,340.	1,054,948.	3,556,210.
25 Enter 1% of line 23. . . . .	10,954.	13,686.	7,849.	12,984.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . . ▶ 26a					71,124.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b					109,636.
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶ 26c					3,556,210.
d Add: Amounts from column (e) for lines: 18 <u>377,038.</u> 19 <u>                    </u> ▶ 26d					486,674.
22 <u>                    </u> 26b <u>109,636.</u> . . . . . ▶ 26e					3,069,536.
e Public support (line 26c minus line 26d total) . . . . . ▶ 26e					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶ 26f					86.3148 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2006) <u>                    </u> (2005) <u>                    </u> (2004) <u>                    </u> (2003) <u>                    </u> b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) <u>                    </u> (2005) <u>                    </u> (2004) <u>                    </u> (2003) <u>                    </u> c Add: Amounts from column (e) for lines: 15 <u>                    </u> 16 <u>                    </u> 17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u> . . . . . ▶ 27c					
d Add: Line 27a total. . . . . and line 27b total . . . . . ▶ 27d					
e Public support (line 27c total minus line 27d total) . . . . . ▶ 27e					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶ 27f					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶ 27g					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶ 27h					%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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

**Part VI-A** Lobbying Expenditures by Electing Public Charities (See page 11 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
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38	Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39	Other exempt purpose expenditures . . . . .	39	
40	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 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 . . . . .	41	
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	44	

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

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

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

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

**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
a Volunteers . . . . .			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . .			
c Media advertisements . . . . .			
d Mailings to members, legislators, or the public . . . . .			
e Publications, or published or broadcast statements . . . . .			
f Grants to other organizations for lobbying purposes . . . . .			
g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
i Total lobbying expenditures (Add lines c through h.) . . . . .			

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





- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**.  
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.**

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

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- 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 is for.

- 4 I request an additional 3-month extension of time until **11/15/2008**.
- 5 For calendar year **2007**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a 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.	8a	\$	NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	NONE
c Balance Due. Subtract line 8b from line 8a. 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.	8c	\$	NONE

**Signature and Verification**

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

Signature **ROL D. Faj** Title **CPA** Date **8-11-08**

**CROWE CHIZEK AND COMPANY LLC**  
105 CONTINENTAL PLACE, SUITE 200  
BRENTWOOD, TN 37027

Form 8868 (Rev. 4-2008)

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

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
TENNIS TOURNAMENT	11,211.	1,681.	9,530.
WINE TASTING	40,558.	9,696.	30,862.
TELECAST	129,099.	18,250.	110,849.
GOLF OUTING	143,688.	47,133.	96,555.
MORTONS	59,602.	18,018.	41,584.
TOTALS	384,158.	94,778.	289,380.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====DESCRIPTION  
-----AMOUNT  
-----

UNREALIZED GAINS - MARKETABLE SECURITIES

161,853.  
-----

TOTAL

161,853.  
=====

## FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
MISCELLANEOUS	20,904.	438.	1,476.	18,990.
BANK CHARGES	6,249.	NONE	6,249.	NONE
RECOGNITION	7,427.	NONE	6,491.	936.
EDUCATION	8,785.	NONE	8,785.	NONE
SOLICITATION PERMITS	320.	NONE	320.	NONE
MAINTENANCE	155,471.	151,701.	3,770.	NONE
INSURANCE	18,009.	15,953.	2,056.	NONE
HOUSE SUPPLIES	11,584.	11,584.	NONE	NONE
OTHER PROFESSIONAL FEES	3,491.	NONE	3,491.	NONE
	-----	-----	-----	-----
TOTALS	232,240.	179,676.	32,638.	19,926.
	=====	=====	=====	=====

## 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 2007, 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 2007, 67% COULD NOT AFFORD TO PAY ANYTHING, AND 14% PAID ONLY A PARTIAL FEE. THE AVERAGE MONTHLY OCCUPANCY IN 2007 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	147,275.	FMV
BOND FUNDS	1,517,214.	FMV
EQUITY FUNDS	2,848,790.	FMV
	-----	
TOTALS	4,513,279.	
	=====	

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

SPECIAL EVENTS EXP INCL PART I

-94,778.  
-----

TOTAL

-94,778.  
=====



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

=====

DESCRIPTION

-----

AMOUNT

-----

SPECIAL EVENT EXP INCL PART I

-94,778.

-----

TOTAL

-94,778.

=====

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
ELIZABETH PIERCY P.O. BOX 120425 NASHVILLE, TN 37212	EXECUTIVE DIRECTOR 40.00	77,925.	8,565.	NONE
JOY SEARS P.O. BOX 120425 NASHVILLE, TN 37212	BOARD PRESIDENT 1.00	NONE	NONE	NONE
DON BIRDWELL P.O. BOX 120425 NASHVILLE, TN 37212	PRESIDENT ELECT 1.00	NONE	NONE	NONE
SHARON MORRIS P.O. BOX 120425 NASHVILLE, TN 37212	SECRETARY 1.00	NONE	NONE	NONE
ED MORGAN P.O. BOX 120425 NASHVILLE, TN 37212	TREASURER 1.00	NONE	NONE	NONE
KAREN JOHNSON P.O. BOX 120425 NASHVILLE, TN 37212	VP OF COMMUNICATIONS 1.00	NONE	NONE	NONE
BRIAN WILLIAMS	VP OF DEVELOPMENT 1.00	NONE	NONE	NONE

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
P.O. BOX 120425 NASHVILLE, TN 37212				
TED BERTUCA JR. P.O. BOX 120425 NASHVILLE, TN 37212	VP OF FINANCE 1.00	NONE	NONE	NONE
ALICE HENDRY P.O. BOX 120425 NASHVILLE, TN 37212	VP OF HUMAN 1.00	NONE	NONE	NONE
ERIC KRUSE P.O. BOX 120425 NASHVILLE, TN 37212	VP OF PROGRAMMING & PLANNING 1.00	NONE	NONE	NONE
BILL ROCHFORD P.O. BOX 120425 NASHVILLE, TN 37212	IMMEDIATE PAST 1.00	NONE	NONE	NONE
ALICE YOPP P.O. BOX 120425 NASHVILLE, TN 37212	GENERAL MEMBER 1.00	NONE	NONE	NONE
TOM DODGE P.O. BOX 120425 NASHVILLE, TN 37212	GRANTS BOARD PRESIDENT 1.00	NONE	NONE	NONE

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
JULIE ALLEN P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
PAUL BURRELL P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
DONALD CAPPARELLA P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
FRANK CHALFONT P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
DAVID CHASE P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
KIM COUNCIL P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
DIANE COX P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
BRAD DILLARD P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
CINDY ENDSLEY P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
PAT GIVENS P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
DENNIS GREEN P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
DAVID GREGORY P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
MICAH LACHER	MEMBER 1.00	NONE	NONE	NONE

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
P.O. BOX 120425 NASHVILLE, TN 37212				
MABEL LARSON P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
DAVE MCGAHREN P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
LEE MCNAIR P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
TIM PRIDDY P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
EDIE RIMAS P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
CHRISTINE SCHAEFER P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
JANE SHARP P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
KATHRYN SPADAFORA P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
TIM TEMPLETON P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
STEVE TRAVIS P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
ALEX WADDEY P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE
PAM ZIMMERMAN P.O. BOX 120425 NASHVILLE, TN 37212	MEMBER 1.00	NONE	NONE	NONE

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
	GRAND TOTALS	77,925.	8,565.	NONE
		=====	=====	=====



Form **4797**Department of the Treasury  
Internal Revenue Service (99)**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No. 1545-0184

**2007**Attachment  
Sequence No. **27**

Name(s) shown on return

RONALD MCDONALD HOUSE CHARITIES  
OF NASHVILLE, TENNESSEE, INC.

Identifying number

62-1310717

1 Enter the gross proceeds from sales or exchanges reported to you for 2007 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions).

1

**Part I** Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2 SEE STATEMENT 1						-19,409.

3 Gain, if any, from Form 4684, line 39

3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

5

6 Gain, if any, from line 32, from other than casualty or theft

6

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:

7

-19,409.

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions)

8

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)

9

**Part II** Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


11 Loss, if any, from line 7

11

( 19,409.)

12 Gain, if any, from line 7 or amount from line 8, if applicable

12

13 Gain, if any, from line 31

13

14 Net gain or (loss) from Form 4684, lines 31 and 38a

14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36

15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824

16

17 Combine lines 10 through 16

17

-19,409.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14

18b

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2007)

**Part III** Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255  
(see instructions)

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale . . . . .	21			
22	Depreciation (or depletion) allowed or allowable . . . . .	22			
23	Adjusted basis. Subtract line 22 from line 21 . . . . .	23			
24	Total gain. Subtract line 23 from line 20. . . . .	24			
25	If section 1245 property:				
a	Depreciation allowed or allowable from line 22 . . . . .	25a			
b	Enter the smaller of line 24 or 25a . . . . .	25b			
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a	Additional depreciation after 1975 (see instructions)	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions). . . . .	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d . . . . .	26e			
f	Section 291 amount (corporations only) . . . . .	26f			
g	Add lines 26b, 26e, and 26f . . . . .	26g			
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).				
a	Soil, water, and land clearing expenses . . . . .	27a			
b	Line 27a multiplied by applicable percentage (see instructions) . . . . .	27b			
c	Enter the smaller of line 24 or 27b . . . . .	27c			
28	If section 1254 property:				
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions) . . . . .	28a			
b	Enter the smaller of line 24 or 28a . . . . .	28b			
29	If section 1255 property:				
a	Applicable percentage of payments excluded from income under section 126 (see instructions) . . . . .	29a			
b	Enter the smaller of line 24 or 29a (see instructions)	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24 . . . . .	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	32	

**Part IV** Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less  
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . . . . .	33
34	Recomputed depreciation (see instructions) . . . . .	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	35

[illegible]