Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

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

C Name of organization: RONALD MCDONALD HOUSE OF MID-MICHIGAN

Number and street (or P.O. box, if mail is not delivered to street address): 121 S. HOLMES ST. Room/suite

City or town, state or country, and ZIP + 4: LANSING, MI 48912-2052

D Employer identification number: 38-3279325

E Telephone number: 517-485-9303

F Group Exemption Number ▶

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

G Accounting method: ☐ Cash ☒ Accrual Other (specify) ▶

I **Website:** ▶ WWW.RMHMM.ORG

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J **Organization type** (check only one)— ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 390,655.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	232,682.
	2	Program service revenue including government fees and contracts			2	12,548.
	3	Membership dues and assessments			3	
	4	Investment income			4	20,121.
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)			5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ 33,619. of contributions reported on line 1)	6a	125,304.		
	b	Less: direct expenses other than fundraising expenses	6b	49,162.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	76,142.
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ▶)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	341,493.
Expenses	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	42,101.
	13	Professional fees and other payments to independent contractors			13	44,829.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 5			14	114,707.
	15	Printing, publications, postage, and shipping			15	19,640.
	16	Other expenses (describe ▶ SEE STATEMENT 1)			16	137,491.
	17	**Total expenses.** Add lines 10 through 16 ▶			17	358,768.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-17,275.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	1,377,786.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4			20	-67,818.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	1,292,693.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

	(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	294,247.	22	291,021.
23	Land and buildings	1,618,038.	23	1,563,883.
24	Other assets (describe ▶ SEE STATEMENT 2)	223,889.	24	169,999.
25	**Total assets**	2,136,174.	25	2,024,903.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	758,388.	26	732,210.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	1,377,786.	27	1,292,693.

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

What is the organization's primary exempt purpose? SEE STATEMENT 9

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

			Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	SEE STATEMENT 8 (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	312,911.
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	312,911.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 7		31,542.		

Part V **Other Information** (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ MI

42a The books are in care of ▶ LISA GNASS, EXECUTIVE DIRECTOR Telephone no. ▶ 517-485-9303

Located at ▶ 121 S. HOLMES ST., LANSING, MI ZIP + 4 ▶ 48912-2052

			Yes	No
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)?	42b		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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(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
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		

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 ▶	Date	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr.)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ METZLER LOCRICCHIO SERRA & CO. 1800 W. BIG BEAVER - STE. 100 TROY, MI 48084			EIN ▶ Phone no. ▶ 248-822-9010

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

Form **990-EZ** (2008)

832174
12-17-08

471020 136834 2834 2008.04050 RONALD MCDONALD HOUSE OF MI 2834___1

Form **8868** (Rev. April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization RONALD MCDONALD HOUSE OF MID-MICHIGAN	**Employer identification number** 38-3279325
	Number, street, and room or suite no. If a P.O. box, see instructions. 121 S. HOLMES ST.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LANSING, MI 48912-2052	

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ REBECCA REAGAN, EXECUTIVE DIRECTOR 121 S. HOLMES ST. - LANSING, MI 48912-2052

Telephone No. ▶ 517-485-9303 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 corporation required to file Form 990-T) extension of time until AUGUST 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [X] calendar year 2008 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	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

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.

Metzler Locricchio Serra & Co.
1800 W. Big Beaver Road, Suite 100
Troy, MI 48084-3531
I.D. No. 38-2488264 / 248-822-9010

• 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.** Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization RONALD MCDONALD HOUSE OF MID-MICHIGAN	Employer identification number 38-3279325
	Number, street, and room or suite no. If a P.O. box, see instructions. 121 S. HOLMES ST.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LANSING, MI 48912-2052	

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

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

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 REAGAN, EXECUTIVE DIRECTOR 121 S. HOLMES ST. - LANSING, MI 48912-2052

Telephone No. ▶ 517-485-9303 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 NOVEMBER 15, 2009.

5 For calendar year 2008 , 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 COMPLETE AN ACCURATE AND COMPLETE 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	$
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	$
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	$ N/A

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 ▶ Michael P. Dutcher Title ▶ CPA Date ▶ 8/13/09

Metzler Locricchio Serra & Co.
1800 W. Big Beaver Road, Suite 100
Troy, MI 48084-3531
I.D. No. 38-2488264 / 248-822-9010

823832
05-26-09

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
RONALD MCDONALD HOUSE OF MID-MICHIGAN	38-3279325

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports.

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f ..... 15 %

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

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

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

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

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	384,990.	238,237.	134,091.	171,569.	232,682.	1161569.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	91,043.	155,998.	140,590.	151,307.	137,852.	676,790.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5	476,033.	394,235.	274,681.	322,876.	370,534.	1838359.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						1838359.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	476,033.	394,235.	274,681.	322,876.	370,534.	1838359.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,731.	11,326.	16,024.	20,675.	20,121.	69,877.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,731.	11,326.	16,024.	20,675.	20,121.	69,877.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						1908236.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	96.34	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	3.66	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18		%

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

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

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

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

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, and 990-PF.**

OMB No. 1545-0047

2008

Name of the organization

RONALD MCDONALD HOUSE OF MID-MICHIGAN

Employer identification number

38-3279325

Organization type (check one):

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

Check if your organization is covered by the **General Rule** or a **Special Rule. (Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

[X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[ ] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) .... ▶ $ ______________

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: RONALD MCDONALD HOUSE OF MID-MICHIGAN

Employer identification number: 38-3279325

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANONYMOUS	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	RONALD MCDONALD HOUSE CHARITIES OF OUTSTATE MICHIGAN 6742 KNOLLVIEW HUDSONVILLE, MI 49426	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	THE DART FOUNDATION 500 HOGSBACK RD. MASON, MI 48854	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	MSUFCU 600 E. CRESCENT EAST LANSING,MI, 48824	$ 26,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	EMERGENT BIOSOLUTIONS 3500 N. MARTIN LUTHER KING JR. BLVD LANSING, MI, 48906	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	JNL 1 CORPORATE WAY LANSING, MI, 48951	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization

RONALD MCDONALD HOUSE OF MID-MICHIGAN

Employer identification number

38-3279325

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	RYAN SCOTT KAPPES FOUNDATION PO BOX 30647 WILMINGTON, DE, 19805	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
FAMILIES EXPENSE	13,317.
INSURANCE	11,628.
INTEREST	49,573.
PAYROLL TAXES	10,402.
SUPPLIES AND SERVICES	34,653.
ADVERTISING	5,000.
BANK FEES	3,163.
CONVENTION	1,047.
MISCELLANEOUS	5,885.
OFFICE SUPPLIES	2,823.
TOTAL TO FORM 990-EZ, LINE 16	137,491.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES RECEIVABLE	32,210.	18,821.
INVESTMENTS	189,863.	149,719.
OTHER DEPRECIABLE ASSETS	1,816.	1,459.
TOTAL TO FORM 990-EZ, LINE 24	223,889.	169,999.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	14,732.	11,530.
NOTES PAYABLE	743,656.	720,680.
TOTAL TO FORM 990-EZ, LINE 26	758,388.	732,210.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-67,818.
TOTAL TO FORM 990-EZ, LINE 20	-67,818.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION/AMORTIZATION	56,717.
OTHER EXPENSES	57,990.
TOTAL TO FORM 990-EZ, LINE 14	114,707.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JULIA GRIFFITH 5684 BAYONNE AVE., HASLETT, MI 48840	PRESIDENT 0.00	0.	0.	0.
HEATHER BADDER, 311 MASON HILLS DRIVE, MASON, MI 48854	DIRECTOR 0.00	0.	0.	0.
PATTY BALDWIN, 5547 STAR FLOWER DR., HASLETT, MI 48840	DIRECTOR 0.00	0.	0.	0.
DOMINIC CARBONE 4818 RIEMAN DR, KENTWOOD, MI 49508	DIRECTOR 0.00	0.	0.	0.
RENEE DRAVES, 13198 SPECKLEWOOD DRIVE, DEWITT, MI 48820	DIRECTOR 0.00	0.	0.	0.
SARINA GLEASON, 2525 JOLLY RD, STE 200, OKEMOS, MI 48864	DIRECTOR 0.00	0.	0.	0.
TAMMY GOLDEN 8175 MILLETT HWY, LANSING, MI 48917	DIRECTOR 0.00	0.	0.	0.
ANNE HORNAK 1924 MOCKINGBIRD LANE, HOLT, MI 48842	DIRECTOR 0.00	0.	0.	0.
ERIC LOCKWOOD PO BOX 10092, LANSING, MI 48901	DIRECTOR 0.00	0.	0.	0.
SUSAN MORAN 9976 RIVERSIDE DRIVE, EAGLE, MI 48822	DIRECTOR 0.00	0.	0.	0.
MICHAEL MORTIMORE, 103 N. PERRY STREET, APT 12, GRAND LEDGE, MI	CO-TREASURER 0.00	0.	0.	0.
KIM ROOT 15551 S. US HWY 27, LANSING, MI 48906	DIRECTOR 0.00	0.	0.	0.
THEDA RUDD, 290 SPARTAN WAY, EAST LANSING, MI 48824	DIRECTOR 0.00	0.	0.	0.
KEVIN SMITH 1210 ZEEB DR, ST JOHNS, MI 48879	DIRECTOR 0.00	0.	0.	0.

HARMAN NAGLER, 2900 HANNAH BLVD, STE 204, EAST LANSING, MI 48824	DIRECTOR 0.00	0.	0.	0.
TODD SPERO, 1215 E. MICHIGAN AVE , LANSING, MI 48912	DIRECTOR 0.00	0.	0.	0.
JASON VANDERSTELT, 447 S. COCHRAN AVE, CHARLOTTE, MI 48813	DIRECTOR 0.00	0.	0.	0.
RICK FELLOWS, 1215 E. MICHIGAN AVE, STE 316, LANSING, MI 48912	CO-TREASURER 0.00	0.	0.	0.
LISA GNASS, 231 E. WASHINGTON ST, DIMONDALE, MI 48221	EXECUTIVE DIRECTOR 40.00	0.	0.	0.
REBECCA REAGAN 121 S HOLMES ST, LANSING, MI 48912	FORMER EXECUTIVE DIRECTOR 40.00	31,542.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		31,542.	0.	0.

990-EZ PG 2 STATEMENT 8

TO PROVIDE TEMPORARY LODGING AND OTHER ASSISTANCE FOR ILL CHILDREN AND THEIR FAMILIES WHILE CHILDREN ARE RECEIVING TREATMENT AT AREA HOSPITALS AND CLINICS AND DOING OF SUCH OTHER THINGS AS MAY BE NECESSARY TO EFFECTUATE THE FOREGOING PURPOSE.

990-EZ PG 2 STATEMENT 9

TO PROVIDE TEMPORARY LODGING AND OTHER ASSISTANCE FOR ILL CHILDREN AND THEIR FAMILIES WHILE CHILDREN ARE RECEIVING TREATMENT AT AREA HOSPITALS AND CLINICS AND DOING OF SUCH OTHER THINGS AS MAY BE NECESSARY TO EFFECTUATE THE FOREGOING PURPOSE.

Form **4562** Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990-EZ
(Including Information on Listed Property)
▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172 **2008** Attachment Sequence No. 67

Name(s) shown on return	Business or activity to which this form relates	Identifying number
RONALD MCDONALD HOUSE OF MID-MICHIGAN	FORM 990-EZ PAGE 1	38-3279325

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	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2009. 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.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	56,360.

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 2008	17	
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 2008 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
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	56,360.
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	

816251 11-08-08 LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **4562** (2008)

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
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

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
42 Amortization of costs that begins during your 2008 tax year:					
43 Amortization of costs that began before your 2008 tax year				43	357.
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	357.

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1 990-EZ

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
96	BUILDING	06/22/00	SL	39.00	MM	16	1,988,076.				1,988,076.	380,196.		50,976.	431,172.
98	FURNITURE & FIXTRS	06/22/00	SL	7.00	HY	16	79,571.				79,571.	79,571.		0.	79,571.
100	COMPUTER WORKSTNS	06/22/00	SL	7.00	HY	16	728.				728.	728.		0.	728.
102	CHAIRS	06/22/00	SL	7.00	HY	16	1,370.				1,370.	1,370.		0.	1,370.
103	DRESSER	06/22/00	SL	7.00	HY	16	523.				523.	523.		0.	523.
104	DESK	06/22/00	SL	7.00	HY	16	600.				600.	600.		0.	600.
105	REFRIGERATORS	06/22/00	SL	7.00	HY	16	1,076.				1,076.	1,076.		0.	1,076.
106	SIDE-BY-SIDE REFRG	06/22/00	SL	7.00	HY	16	2,400.				2,400.	2,400.		0.	2,400.
107	RONLD MCDNLD BENCH	06/22/00	SL	7.00	HY	16	1,724.				1,724.	1,724.		0.	1,724.
108	RECLINERS	06/22/00	SL	7.00	HY	16	3,600.				3,600.	3,600.		0.	3,600.
109	ETAGERE	06/22/00	SL	7.00	HY	16	750.				750.	750.		0.	750.
110	HEADBOARDS	06/22/00	SL	7.00	HY	16	1,000.				1,000.	1,000.		0.	1,000.
111	CHAIR	06/22/00	SL	7.00	HY	16	700.				700.	700.		0.	700.
112	SLEEPER SOFA	06/22/00	SL	7.00	HY	16	1,200.				1,200.	1,200.		0.	1,200.
113	SOFA	06/22/00	SL	7.00	HY	16	550.				550.	550.		0.	550.
114	SOFA	06/22/00	SL	7.00	HY	16	750.				750.	750.		0.	750.
115	BED	06/22/00	SL	7.00	HY	16	550.				550.	550.		0.	550.
116	FENCE	04/01/01	SL	7.00	HY	16	3,000.				3,000.	2,895.		105.	3,000.

828111
04-25-08

(D) - Asset disposed * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1 990-EZ

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
117	EXTERIOR SIGN	09/01/01	SL	7.00	HY	16	3,413.				3,413.	3,091.		322.	3,413.
118	SHELVING	07/01/01	SL	7.00	HY	16	1,292.				1,292.	1,202.		90.	1,292.
119	PLAYGROUND	07/01/01	SL	7.00	HY	16	6,390.				6,390.	5,934.		456.	6,390.
120	PICNIC TBLS/DINOSR	07/01/01	SL	7.00	HY	16	892.				892.	826.		66.	890.
121	CABINETS	07/01/01	SL	7.00	HY	16	5,000.				5,000.	4,641.		359.	4,998.
122	PLAY ENVIRONMENT	10/01/01	SL	7.00	HY	16	11,905.				11,905.	10,631.		1,274.	11,905.
123	COPIER	11/01/01	SL	7.00	HY	16	4,075.				4,075.	3,589.		486.	4,074.
124	FIRE PANEL	09/01/01	SL	7.00	HY	16	1,145.				1,145.	1,039.		106.	1,145.
125	COMPUTER	07/01/01	SL	5.00	HY	16	1,435.				1,435.	1,435.		0.	1,435.
126	SHELVING	08/01/01	SL	7.00	HY	16	3,173.				3,173.	2,907.		266.	3,171.
127	PHONE SYSTEM	01/01/02	SL	7.00	HY	16	1,000.				1,000.	858.		142.	1,000.
128	FURNISHINGS	09/05/03	SL	7.00	HY	16	2,438.				2,438.	1,508.		348.	1,856.
129	TV AND TV STAND	09/03/03	SL	7.00	HY	16	1,090.				1,090.	676.		156.	832.
130	DONATED COMPUTER	04/30/03	SL	5.00	HY	16	300.				300.	280.		20.	300.
131	DONATED COMPUTER	04/30/03	SL	5.00	HY	16	300.				300.	280.		20.	300.
132	DONATED COMPUTER	04/30/03	SL	5.00	HY	16	300.				300.	280.		20.	300.
133	DONATED COMPUTER	04/30/03	SL	5.00	HY	16	300.				300.	280.		20.	300.
134	PLAYHOUSE	03/08/05	SL	7.00	HY	16	5,000.				5,000.	2,023.		714.	2,737.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
135	FURNITURE & FIXTURES			.000	HY	16								0.	
136	EQUIPMENT			.000	HY	16								0.	
137	BUILDINGS			.000	HY	16								0.	
138	LOAN CLOSING FEES	01/31/06		84M	HY	43	2,500.				2,500.	684.		357.	1,041.
139	INTANGIBLE ASSETS			.000	HY	16								0.	
140	4 ORIGINAL OIL PAINTINGS	01/01/06	SL	7.00	HY	16	1,400.				1,400.	400.		200.	600.
141	CHAIRS	01/19/07	SL	7.00	HY	16	1,240.				1,240.	162.		177.	339.
142	DONATED COMPUTERS	12/05/08	SL	5.00	HY	16	2,205.				2,205.			37.	37.
	* 990-EZ PG 1 TOTAL OTHER						2,144,961.				2,144,961.	522,909.		56,717.	579,619.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
2	FURNITURE & FIXTRS	06/22/00	SL	7.00	HY	16	79,571.				79,571.	79,571.		0.	79,571.
3	COMPUTER WORKSTNS	06/22/00	SL	7.00	HY	16	728.				728.	728.		0.	728.
4	CHAIRS	06/22/00	SL	7.00	HY	16	1,370.				1,370.	1,370.		0.	1,370.
5	DRESSER	06/22/00	SL	7.00	HY	16	523.				523.	523.		0.	523.
6	DESK	06/22/00	SL	7.00	HY	16	600.				600.	600.		0.	600.
7	REFRIGERATORS	06/22/00	SL	7.00	HY	16	1,076.				1,076.	1,076.		0.	1,076.
8	SIDE-BY-SIDE REFRG	06/22/00	SL	7.00	HY	16	2,400.				2,400.	2,400.		0.	2,400.
9	RONLD MCDNLD BENCH	06/22/00	SL	7.00	HY	16	1,724.				1,724.	1,724.		0.	1,724.
10	RECLINERS	06/22/00	SL	7.00	HY	16	3,600.				3,600.	3,600.		0.	3,600.
11	ETAGERE	06/22/00	SL	7.00	HY	16	750.				750.	750.		0.	750.
12	HEADBOARDS	06/22/00	SL	7.00	HY	16	1,000.				1,000.	1,000.		0.	1,000.
13	CHAIR	06/22/00	SL	7.00	HY	16	700.				700.	700.		0.	700.
14	SLEEPER SOFA	06/22/00	SL	7.00	HY	16	1,200.				1,200.	1,200.		0.	1,200.
15	SOFA	06/22/00	SL	7.00	HY	16	550.				550.	550.		0.	550.
16	SOFA	06/22/00	SL	7.00	HY	16	750.				750.	750.		0.	750.
17	BED	06/22/00	SL	7.00	HY	16	550.				550.	550.		0.	550.
18	FENCE	04/01/01	SL	7.00	HY	16	3,000.				3,000.	2,895.		105.	3,000.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	EXTERIOR SIGN	09/01/01	SL	7.00	HY	16	3,413.				3,413.	3,091.		322.	3,413.
20	SHELVING	07/01/01	SL	7.00	HY	16	1,292.				1,292.	1,202.		90.	1,292.
21	PLAYGROUND	07/01/01	SL	7.00	HY	16	6,390.				6,390.	5,934.		456.	6,390.
22	PICNIC TBLS/DINOSR	07/01/01	SL	7.00	HY	16	892.				892.	826.		66.	890.
23	CABINETS	07/01/01	SL	7.00	HY	16	5,000.				5,000.	4,641.		359.	4,998.
24	PLAY ENVIRONMENT	10/01/01	SL	7.00	HY	16	11,905.				11,905.	10,631.		1,274.	11,905.
26	FIRE PANEL	09/01/01	SL	7.00	HY	16	1,145.				1,145.	1,039.		106.	1,145.
28	SHELVING	08/01/01	SL	7.00	HY	16	3,173.				3,173.	2,907.		266.	3,171.
30	FURNISHINGS	09/05/03	SL	7.00	HY	16	2,438.				2,438.	1,508.		348.	1,856.
31	TV AND TV STAND	09/03/03	SL	7.00	HY	16	1,090.				1,090.	676.		156.	832.
36	PLAYHOUSE	03/08/05	SL	7.00	HY	16	5,000.				5,000.	2,023.		714.	2,737.
82	4 ORIGINAL OIL PAINTINGS	01/01/06	SL	7.00	HY	16	1,400.				1,400.	400.		200.	600.
93	CHAIRS	01/19/07	SL	7.00	HY	16	1,240.				1,240.	162.		177.	339.
	* 990 PAGE 10 TOTAL - FURNITURE & FIXTURES						144,470.				144,470.	135,027.		4,639.	139,660.
	EQUIPMENT														
25	COPIER	11/01/01	SL	7.00	HY	16	4,075.				4,075.	3,589.		486.	4,074.
27	COMPUTER	07/01/01	SL	5.00	HY	16	1,435.				1,435.	1,435.		0.	1,435.
29	PHONE SYSTEM	01/01/02	SL	7.00	HY	16	1,000.				1,000.	858.		142.	1,000.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
32	DONATED COMPUTER	04/30/03	SL	5.00	HY	16	300.				300.	280.		20.	300.
33	DONATED COMPUTER	04/30/03	SL	5.00	HY	16	300.				300.	280.		20.	300.
34	DONATED COMPUTER	04/30/03	SL	5.00	HY	16	300.				300.	280.		20.	300.
35	DONATED COMPUTER	04/30/03	SL	5.00	HY	16	300.				300.	280.		20.	300.
94	DONATED COMPUTERS	12/05/08	SL	5.00	HY	16	2,205.				2,205.			37.	37.
	* 990 PAGE 10 TOTAL - EQUIPMENT						9,915.				9,915.	7,002.		745.	7,746.
	BUILDINGS														
1	BUILDING	06/22/00	SL	39.00	MM	16	1,988,076.				1,988,076.	380,196.		50,976.	431,172.
	* 990 PAGE 10 TOTAL - BUILDINGS						1,988,076.				1,988,076.	380,196.		50,976.	431,172.
	INTANGIBLE ASSETS														
60	LOAN CLOSING FEES	01/31/06	461	84M	HY	43	2,500.				2,500.	684.		357.	1,041.
	* 990 PAGE 10 TOTAL - INTANGIBLE ASSETS						2,500.				2,500.	684.		357.	1,041.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						2,144,961.				2,144,961.	522,909.		56,717.	579,619.

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