

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)

Department of the Treasury
 Internal Revenue Service

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

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

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.	C Name of organization RONALD MCDONALD HOUSE OF WINSTON-SALEM Doing Business As		D Employer identification number 58-1454715
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 419 S. HAWTHORNE ROAD		E Telephone number (336) 723-0228
		City or town, state or country, and ZIP + 4 WINSTON-SALEM, NC 27103		G Gross receipts \$ 2,801,178.
		F Name and address of principal officer: ANITA OGBURN 419 S. HAWTHORNE ROAD, WINSTON-SALEM, NC 27103		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

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

J Website: ▶ WWW.WSHOUSE.COM

K Type of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1981 **M State of legal domicile:** NC

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE RMH PROVIDES TEMPORARY LODGING AND OTHER SUPPORT SERVICES FOR FAMILIES OF SICK CHILDREN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of employees (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	800
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,679,156.	1,809,664.
	9 Program service revenue (Part VIII, line 2g)	10,951.	11,189.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	239,383.	282,993.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	321,476.	143,937.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,250,966.	2,247,783.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	394,013.	469,541.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 160,659.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	345,087.	325,140.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	739,100.	794,681.	
19 Revenue less expenses. Subtract line 18 from line 12	2,511,866.	1,453,102.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 9,788,629.	End of Year 9,544,021.
	21 Total liabilities (Part X, line 26)	21,438.	36,102.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,767,191.	9,507,919.

Part II Signature Block

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

Sign Here ▶ Signature of officer _____ Date _____
 ▶ ANITA OGBURN, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	CANNON & COMPANY, LLP CPA'S 2160 COUNTRY CLUB ROAD WINSTON-SALEM, NC 27104		EIN ▶
		Phone no. ▶ (336) 725-0635	

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE RONALD MCDONALD HOUSE SUPPORTS THE WELL-BEING OF CHILDREN AND FAMILIES, INCLUDING (A) PROVIDING TEMPORARY LODGING FOR FAMILIES OF SERIOUSLY ILL CHILDREN RECEIVING TREATMENT AT AREA MEDICAL FACILITIES AND (B) PROVIDING RESPITE AREAS WITHIN THE HOSPITALS FOR PARENTS OF

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No [X] No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 501,570. including grants of \$) (Revenue \$) THE RONALD MCDONALD HOUSE OF WINSTON-SALEM OWNS AND OPERATES A 17-BEDROOM FACILITY THAT PROVIDES TEMPORARY LODGING FOR FAMILIES OF SERIOUSLY ILL CHILDREN WHO MUST LEAVE THEIR HOME COMMUNITY TO SEEK MEDICAL CARE FOR THEIR CHILDREN. MOST CHILDREN ARE PATIENTS AT BRENNER CHILDREN'S HOSPITAL AT WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER AND FORSYTH MEDICAL CENTER, ALTHOUGH ANY MEDICAL FACILITY IN FORSYTH COUNTY MAY REFER PATIENTS. MORE THAN A PLACE TO STAY, THE RONALD MCDONALD HOUSE OFFERS ITS GUESTS CHEERFUL BEDROOMS, NOURISHING HOME-COOKED MEALS, LAUNDRY FACILITIES, PARKING, AREAS FOR RECREATION, AND THE SUPPORT OF A PROFESSIONAL STAFF AND OTHER GUESTS IN SIMILAR CIRCUMSTANCES.

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

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

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

4e Total program service expenses \$ 501,570. (Must equal Part IX, Line 25, column (B).)

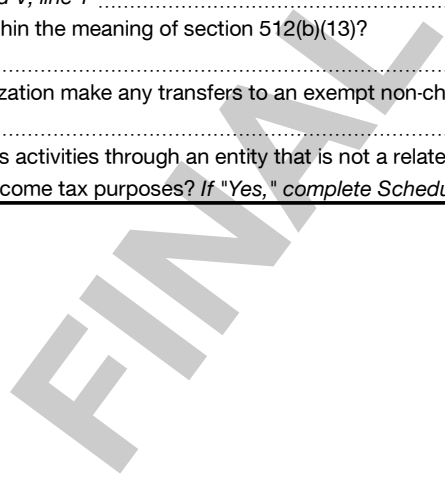
Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)



Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Table with 11 rows of questions and 3 columns: Question, Yes, No. Includes sub-questions 1a, 1b, 7a, 7b, 8a, 8b, 9a, 9b, 15a, 15b, 16a, 16b.

Section B. Policies

Table with 12 rows of questions and 3 columns: Question, Yes, No. Includes sub-questions 12a, 12b, 12c, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 4 rows of disclosure questions and 2 columns: Question, Answer. Includes sub-questions 17, 18, 19, 20.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SAM AJIZIAN DIRECTOR	1.00	X					0.	0.	0.	
LINDA BETTIS DIRECTOR	1.00	X					0.	0.	0.	
MARK CAUDILL DIRECTOR	1.00	X					0.	0.	0.	
STEVE BLOCK DIRECTOR	1.00	X					0.	0.	0.	
PENNI BRADSHAW DIRECTOR	1.00	X					0.	0.	0.	
PAT BROWN DIRECTOR	1.00	X					0.	0.	0.	
SUZANNE BULLOTTA DIRECTOR	1.00	X					0.	0.	0.	
ALLAN BURROWS DIRECTOR	1.00	X					0.	0.	0.	
GWEN BLACKMER DIRECTOR	1.00	X					0.	0.	0.	
MAGGIE CONKLIN DIRECTOR	1.00	X					0.	0.	0.	
SARA CROWDER DIRECTOR	1.00	X					0.	0.	0.	
PAT CROWLEY DIRECTOR	1.00	X					0.	0.	0.	
PAMELA DOCKERY-HOWARD DIRECTOR	1.00	X					0.	0.	0.	
MARY MARTHA DOUGLAS DIRECTOR	1.00	X					0.	0.	0.	
JANE GOODSON DIRECTOR	1.00	X					0.	0.	0.	
EDWARD W. GRIGGS DIRECTOR	1.00	X					0.	0.	0.	
BOBBI HACKMAN DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER MARTIN DIRECTOR	1.00	X						0.	0.	0.
JIM HARDISON DIRECTOR	1.00	X						0.	0.	0.
DANA HITE DIRECTOR	1.00	X						0.	0.	0.
SUSAN HAUSER DIRECTOR	1.00	X						0.	0.	0.
ELLEN JACKSON DIRECTOR	1.00	X						0.	0.	0.
SUZANNE JABBOUR DIRECTOR	1.00	X						0.	0.	0.
KAYE LAMBERT DIRECTOR	1.00	X						0.	0.	0.
PENNY LATHAM DIRECTOR	1.00	X						0.	0.	0.
TOM LAWSON DIRECTOR	1.00	X						0.	0.	0.
ANNETTE LYNCH DIRECTOR	1.00	X						0.	0.	0.
1b Total								79,564.	0.	6,322.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues	18,863.				
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	1,790,801.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		1809664.			
	Program Service Revenue	2 a	ROOM DONATIONS	621400	11,189.	11,189.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		11,189.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		174,303.		174,303.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	9,000.			
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)	9,000.				
	d	Net rental income or (loss)		9,000.	9,000.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	651610.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	542920.				
	c	Gain or (loss)	108690.				
	d	Net gain or (loss)		108,690.	108,690.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	140872.			
	b	Less: direct expenses	b	10,475.			
c	Net income or (loss) from fundraising events		130,397.	130,397.			
9 a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	MISC. REVENUE-EXCLUDED		900099	4,540.		4,540.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			4,540.			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2247783.	259,276.	0. 178,843.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	84,194.	26,971.	32,335.	24,888.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	309,381.	179,350.	43,815.	86,216.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,179.	10,750.	1,835.	3,594.
9 Other employee benefits	31,909.	14,284.	5,939.	11,686.
10 Payroll taxes	27,878.	18,558.	3,140.	6,180.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,539.	5,019.	849.	1,671.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,792.		25,792.	
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	37,088.	37,088.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,697.	10,722.	1,676.	3,299.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	92,527.	92,527.		
23 Insurance	19,180.	19,180.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MAINTENANCE & REPAIRS	21,241.	21,241.		
b PRINTING, POSTAGE AND	19,814.	19,814.		
c SUPPLIES	18,729.	18,729.		
d PRINTING, POSTAGE AND P	12,654.			12,654.
e FAMILY ROOM	11,370.	11,370.		
f All other expenses	43,509.	15,967.	17,071.	10,471.
25 Total functional expenses. Add lines 1 through 24f	794,681.	501,570.	132,452.	160,659.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	369.	1	372.
	2	Savings and temporary cash investments	1,604,196.	2	1,536,347.
	3	Pledges and grants receivable, net	1,259,581.	3	1,137,837.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	12,000.	9	16,611.
	10a	Land, buildings, and equipment: cost basis	3,057,294.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	1,040,336.	10c	2,016,958.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	5,298,683.	12	4,824,252.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	12,393.	15	11,644.
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,788,629.	16	9,544,021.	
Liabilities	17	Accounts payable and accrued expenses	21,438.	17	36,102.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	21,438.	26	36,102.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,825,203.	27	5,758,609.
	28	Temporarily restricted net assets	2,451,988.	28	3,259,310.
	29	Permanently restricted net assets	490,000.	29	490,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	9,767,191.	33	9,507,919.
	34	Total liabilities and net assets/fund balances	9,788,629.	34	9,544,021.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **RONALD MCDONALD HOUSE OF WINSTON-SALEM** Employer identification number **58-1454715**

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 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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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.")	457,133.	456,341.	574,699.	2,679,156.	1,809,666.	5,976,995.
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	457,133.	456,341.	574,699.	2,679,156.	1,809,666.	5,976,995.
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)						527,704.
6 Public Support. Subtract line 5 from line 4.						5,449,291.

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	457,133.	456,341.	574,699.	2,679,156.	1,809,666.	5,976,995.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	97,013.	123,200.	162,570.	239,383.	174,303.	796,469.
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.)	74.	40.	713.	12,387.	4,540.	17,754.
11 Total support. Add lines 7 through 10						6,791,218.
12 Gross receipts from related activities, etc. (see instructions)					12	723,046.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	80.24 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	72.68 %
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	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2008

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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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.)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
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	%
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 WINSTON-SALEM

Employer identification number

58-1454715

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule

For 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).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization RONALD MCDONALD HOUSE OF WINSTON-SALEM	Employer identification number 58-1454715
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MARGARET PARKER	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MR AND MRS JOHN BURRESS	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MR & MRS DONALD E FLOW	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MICHAEL JORDAN CELEBRITY GOLF CLASSIC	\$ 44,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	JOHN WESLEY & ANNA HODGIN HANES FOUNDATION	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	RONALD MCDONALD HOUSE CHARITY OF NORTH CAROLINA	\$ 68,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization RONALD MCDONALD HOUSE OF WINSTON-SALEM	Employer identification number 58-1454715
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	HANESBRAND 	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

RONALD MCDONALD HOUSE OF WINSTON-SALEM

Employer identification number

58-1454715

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2467933.				
b Contributions	39,981.				
c Investment earnings or losses	<503,790.>				
d Grants or scholarships					
e Other expenditures for facilities and programs	39,069.				
f Administrative expenses	11,672.				
g End of year balance	1953383.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment 75.00 %
 - b** Permanent endowment 25.00 %
 - c** Term endowment %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		575,379.		575,379.
b Buildings		2,005,742.	694,479.	1,311,263.
c Leasehold improvements				
d Equipment		452,111.	329,422.	122,689.
e Other		24,062.	16,435.	7,627.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,016,958.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely-held equity interests, and Other. Total value is 4,824,252.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Includes a Total row at the bottom.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Includes a Total row at the bottom.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Includes a row for Federal income taxes and a Total row at the bottom.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,247,783.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	794,681.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,453,102.
4	Net unrealized gains (losses) on investments	4	<1,712,374.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<1,712,374.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<259,272.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	535,407.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<1,712,376.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<1,712,376.>
3	Subtract line 2e from line 1	3	2,247,783.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,247,783.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	794,681.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	794,681.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	794,681.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: ENDOWMENT FUNDS ARE TO BE USED FOR CAPITAL

IMPROVEMENTS AND OPERATING SHORTFALL.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		SPORT A SHIRT (event type)	LUMINARY SALES (event type)	2 (total number)		
Revenue	1	Gross receipts	83,877.	48,802.	8,193.	140,872.
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	83,877.	48,802.	8,193.	140,872.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses		10,475.		10,475.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(10,475.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				130,397.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

Continuation Sheet for Form 990

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization

RONALD MCDONALD HOUSE OF WINSTON-SALEM

Employer Identification number

58-1454715

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CINDY MAHAN DIRECTOR	1.00	X					0.	0.	0.	
MARGARET MAUNEY DIRECTOR	1.00	X					0.	0.	0.	
CARROLL MCCULLOUGH DIRECTOR	1.00	X					0.	0.	0.	
CAROLINE MITCHELL DIRECTOR	1.00	X					0.	0.	0.	
BEVERLY MOORE DIRECTOR	1.00	X					0.	0.	0.	
BOB KIM DIRECTOR	1.00	X					0.	0.	0.	
BILL PARSLEY DIRECTOR	1.00	X					0.	0.	0.	
ANNE PHIPOTT DIRECTOR	1.00	X					0.	0.	0.	
JANE POTTER DIRECTOR	1.00	X					0.	0.	0.	
DAVID SMITH DIRECTOR	1.00	X					0.	0.	0.	
JIM SMITH DIRECTOR	1.00	X					0.	0.	0.	
TIM SMITH DIRECTOR	1.00	X					0.	0.	0.	
BECKY SYMONS DIRECTOR	1.00	X					0.	0.	0.	
JOE TOBIN DIRECTOR	1.00	X					0.	0.	0.	
JEAN WAUGH DIRECTOR	1.00	X					0.	0.	0.	
PEGGY C. CARTER DIRECTOR	1.00	X					0.	0.	0.	
SHANNON G HANSON DIRECTOR	1.00	X					0.	0.	0.	
MEREDITH WELCH DIRECTOR	1.00	X					0.	0.	0.	
JOHN NASH DIRECTOR	1.00	X					0.	0.	0.	
JIM THOMPSON DIRECTOR	1.00	X					0.	0.	0.	

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

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Employer identification number

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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDREN AT BRENNER HOSPITAL OF THE WAKE FOREST UNIVERSITY BAPTIST
MEDICAL CENTER AND FORSYTH MEDICAL CENTER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

IN 2008, THE HOUSE SERVED 687 FAMILIES FROM 49 NORTH CAROLINA COUNTIES,
10 OTHER STATES, AND 1 FOREIGN COUNTRY. FAMILIES ARE ASKED FOR A RENTAL
DONATION OF \$5.00 PER NIGHT, AND 50% OF OUR GUESTS CANNOT PAY EVEN THIS
SMALL FEE. THE DIFFERENCE BETWEEN THE COST TO OPERATE EACH ROOM (\$73.00
IN 2008) AND THE AMOUNT PAID BY OUR FAMILIES IS FUNDED BY COMMUNITY
DONATIONS.

CIVIC GROUPS, CHURCHES AND INDIVIDUALS ALL PARTICIPATE IN PROVIDING
FUNDING FOR THE HOUSE. IN-KIND GOODS WORTH THOUSANDS OF DOLLARS ARE
DONATED TO THE RONALD MCDONALD HOUSE EACH YEAR. THESE DONATIONS ALLOW
THE HOUSE TO ENHANCE THE SERVICES PROVIDED TO THE FAMILIES AND TO
REDUCE EXPENDITURES IN PROGRAM, ADMINISTRATIVE AND FUNDRAISING AREAS.
SOME EXAMPLES OF MAJOR IN-KIND GIFTS INCLUDE FREE LODGING AT A LOCAL
HOTEL, HOME COOKED MEALS MOST DAYS, REDUCED FEES FOR LOCAL TELEPHONE
SERVICE, SOFT DRINKS, PEST CONTROL SERVICES, GRAPHIC AND PRINT
SERVICES, PAGERS, PHONES, MAGAZINES AND NEWSPAPER SUBSCRIPTIONS, LINENS,
TOYS AND PAPER GOODS.

A CORE GROUP OF 40 VOLUNTEERS SUPPORTS THE STAFF AND FAMILIES IN THE
HOUSE ON A REGULAR BASIS BY ASSISTING IN GUEST RELATIONS, OFFICE AND
HOUSEKEEPING DUTIES. ADDITIONALLY, 500 MEMBERS OF THE FRIENDS OF THE

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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Employer identification number

58-1454715

RONALD MCDONALD HOUSE ARE INVOLVED IN PROMOTING THE HOUSE AND IMPLEMENTING THE HOUSE'S ANNUAL LUMINARY FUNDRAISING PROJECT. HUNDREDS OF OTHER COMMUNITY CITIZENS ALSO CONTRIBUTE TIME TO THE PROJECT.

THE RONALD MCDONALD HOUSE ALSO OPERATES TWO RONALD MCDONALD HOUSE FAMILY ROOMS LOCATED ON THE SIXTH FLOOR OF BRENNER CHILDREN'S HOSPITAL AND THE THIRD FLOOR OF FORSYTH MEDICAL CENTER. THE FAMILY ROOMS OFFER THE DAY SERVICES OF THE RONALD MCDONALD HOUSE INCLUDING COMFORTABLE SEATING AREAS, A KITCHEN STOCKED WITH COMPLIMENTARY SNACKS AND COMPUTERS WITH INTERNET ACCESS. THE ROOM IS OPEN TO ANY FAMILY WITH A HOSPITALIZED PEDIATRIC PATIENT. A CORE GROUP OF 170 VOLUNTEERS STAFFS THE FAMILY ROOM. IN 2008 THE FAMILY ROOM WELCOMED NEARLY 22,313 VISITORS FROM 72 NORTH CAROLINA COUNTIES, 28 OTHER STATES, AND 2 FOREIGN COUNTRIES.

FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS CARROLL MCCULLOUGH AND MEREDITH WELCH ARE MOTHER AND DAUGHTER

FORM 990, PART VI, SECTION A, LINE 6: FRIENDS OF RONALD MCDONALD IS AN AUXILARY ORGANIZATION OF RONALD MCDONALD HOUSE FOR WHICH MEMBERS PAY DUES.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF FRIENDS OF RONALD MCDONALD ELECT THE PRESIDENT AND PRESIDENT-ELECT OF THE FRIENDS OF RONALD MCDONALD. THE PRESIDENT AND PRESIDENT-ELECT SERVE ON THE BOARD OF RONALD MCDONALD HOUSE AND HAVE VOTING RIGHTS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2008

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Inspection

Name of the organization

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Employer identification number

58-1454715

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE 990 WILL BE EMAILED TO THE BOARD MEMBERS FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, EACH MEMBER OF THE BOARD OF DIRECTORS AND BOARD COMMITTEES SIGN THE CONFLICT OF INTEREST FORM. THEY ARE FILED WITH THE EXECUTIVE OFFICER WHO REVIEWS EACH ONE TO DETERMINE IF THERE ARE ANY POTENTIAL CONFLICTS THAT MIGHT INFLUENCE DECISION MAKING.

FORM 990, PART VI, SECTION B, LINE 15: AS PART OF THE ANNUAL BUDGETING PROCESS, THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE AGGREGATE COMPENSATION PACKAGE OF THE STAFF. THE BOARD DESIGNATES THE HUMAN RESOURCE COMMITTEE TO GATHER BOARD COMMENTS AND COMPARABLE DATA AND TO RECOMMEND COMPENSATION BASED UPON THIS DATA AND COMPARABILITY FACTORS INCLUDING BUT NOT LIMITED TO THE SIZE OF THE ORGANIZATION, THE GEOGRAPHICAL LOCATION OF THE ORGANIZATION AND THE EMPLOYEE'S LENGTH OF SERVICE. THE BOARD DESIGNATES THE EXECUTIVE COMMITTEE TO REVIEW THE COMMENTS AND THE RECOMMENDATIONS FROM THE HUMAN RESOURCE COMMITTEE AND TO SET THE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 1023 IS AVAILABLE AT THE OFFICE AND IS AVAILABLE UPON REQUEST. THE FORM 990 IS AVAILABLE ON GUIDESTAR.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICTS OF INTEREST POLICY ARE AVAILABLE AT THE ORGANIZATIONS'S OFFICE UPON REQUEST.

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2008

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Name of the organization

RONALD MCDONALD HOUSE OF WINSTON-SALEM

Employer identification number

58-1454715

FORM 990 PART XI LINE 2C

PROCESS HAS NOT CHANGED

FINAL

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	SECOND HOUSE EXPANS	090197	SL	39.00	16	295,686.			295,686.	78,344.		7,582.
2	LAND	090184	NC	.000		115,000.			115,000.			0.
3	5' FENCE	100185	SL	10.00	16	770.			770.	770.		0.
4	SIDE WALKWAY	120185	SL	10.00	16	2,200.			2,200.	2,200.		0.
5	LANDSCAPING	060186	SL	10.00	16	996.			996.	996.		0.
6	BUILDING	090184	SL	30.00	16	378,035.			378,035.	294,027.		12,601.
7	STORM DOOR/AWNING	090185	SL	30.00	16	500.			500.	372.		17.
8	SHED	110190	SL	24.00	16	3,617.			3,617.	2,587.		151.
9	SPRINKLER SYSTEM	110190	SL	24.00	16	35,406.			35,406.	25,325.		1,472.
10	REDECORATION/RENOV	120190	SL	24.00	16	23,982.			23,982.	17,071.		999.
11	SUNROOM	070191	SL	23.00	16	10,205.			10,205.	7,321.		444.
12	ORIGINAL FURNITURE	090184	SL	8.00	16	35,390.			35,390.	35,390.		0.
13	EMER. LIGHT	070185	SL	8.00	16	195.			195.	195.		0.
14	FIRE ALARM SYSTEM	080186	SL	8.00	16	1,776.			1,776.	1,776.		0.
15	PORTA CRIB	010186	SL	8.00	16	55.			55.	55.		0.
16	SMOKE DETECTORS	050187	SL	8.00	16	494.			494.	494.		0.
17	FAN	060187	SL	8.00	16	60.			60.	60.		0.
18	DONORS PLAQUE	120187	SL	8.00	16	480.			480.	480.		0.

2008 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	OFFICE CABINETS	120187	SL	8.00	16	2,367.			2,367.	2,367.		0.
20	LOCKS/PROTECTION SYS	080189	SL	8.00	16	2,987.			2,987.	2,987.		0.
21	DISPLAY BOARD	060190	SL	8.00	16	676.			676.	676.		0.
22	DISHWARE	120190	SL	8.00	16	1,159.			1,159.	1,159.		0.
23	THOMASV OFFICE DESK	010192	SL	8.00	16	225.			225.	225.		0.
24	THOMASVILLE HUTCH	010192	SL	8.00	16	140.			140.	140.		0.
25	RANGE	031497	SL	8.00	16	349.			349.	349.		0.
26	COOKTOP	031497	SL	8.00	16	399.			399.	399.		0.
27	COMBO	031497	SL	8.00	16	1,083.			1,083.	1,083.		0.
28	COMPACTOR	031497	SL	8.00	16	399.			399.	399.		0.
29	2 GE CARTS	031497	SL	8.00	16	238.			238.	238.		0.
30	RANGE	031497	SL	8.00	16	685.			685.	685.		0.
31	REGRIGERATOR	050997	SL	8.00	16	1,213.			1,213.	1,213.		0.
32	DISHWASHER	050997	SL	8.00	16	369.			369.	369.		0.
33	RANGE	050997	SL	8.00	16	909.			909.	909.		0.
34	SECOND HOUSE EXPANS	090197	SL	39.00	16	631,785.			631,785.	167,396.		16,200.
35	TELEPHONE SYSTEM	090197	SL	8.00	16	12,873.			12,873.	12,873.		0.
36	FURNISHING	090197	SL	8.00	16	6,154.			6,154.	6,154.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	DESK	062097	SL	8.00	16	768.			768.	768.		0.
38	CHAIR/LOVESEAT	070397	SL	8.00	16	785.			785.	785.		0.
39	IRRIGATION SYSTEM	090197	SL	39.00	16	2,500.			2,500.	662.		64.
40	FILE CABINETS	071897	SL	8.00	16	356.			356.	356.		0.
41	RUG	072497	SL	8.00	16	249.			249.	249.		0.
42	PANELS	090197	SL	39.00	16	4,504.			4,504.	1,193.		115.
43	BLINDS	090197	SL	8.00	16	3,070.			3,070.	3,070.		0.
44	HANGING FILES	081397	SL	8.00	16	721.			721.	721.		0.
45	PICTURES	090197	SL	8.00	16	361.			361.	361.		0.
46	FURNISHINGS	090197	SL	8.00	16	2,439.			2,439.	2,439.		0.
47	SECURITY LOCKS	082897	SL	8.00	16	417.			417.	417.		0.
48	FURNISHINGS	090197	SL	8.00	16	529.			529.	529.		0.
49	SOFA/CHAIRS	090897	SL	8.00	16	1,610.			1,610.	1,610.		0.
50	TIMBERLAKE TABLE	091097	SL	8.00	16	800.			800.	800.		0.
51	4 ROCKERS	092397	SL	8.00	16	440.			440.	440.		0.
52	PICTURES	092397	SL	8.00	16	681.			681.	681.		0.
53	PICTURES	100997	SL	8.00	16	421.			421.	421.		0.
54	SECOND HOUSE EXPANS	100997	SL	39.00	16	1,298.			1,298.	341.		33.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	PICTURES	100997	SL	8.00	16	1,048.			1,048.	1,048.		0.
56	RUG	102397	SL	8.00	16	384.			384.	384.		0.
57	FURNISHINGS	112097	SL	8.00	16	6,429.			6,429.	6,429.		0.
58	SECOND HOUSE EXPANS	112097	SL	39.00	16	23,982.			23,982.	6,252.		615.
59	GUTTERS	123197	SL	39.00	16	3,224.			3,224.	834.		83.
60	(D) CARPET/VINYL	123097	SL	8.00	16	568.			568.	568.		0.
61	SECOND HOUSE EXPANS	123197	SL	39.00	16	4,916.			4,916.	1,271.		126.
62	WASHER	013197	SL	8.00	16	480.			480.	480.		0.
63	TELEPHONE SETS	042597	SL	8.00	16	400.			400.	400.		0.
64	CHAIR	091097	SL	8.00	16	270.			270.	270.		0.
65	FURNISHINGS	070297	SL	8.00	16	4,416.			4,416.	4,416.		0.
66	FURNISHINGS	072597	SL	8.00	16	1,256.			1,256.	1,256.		0.
67	PLAQUES	091097	SL	8.00	16	1,650.			1,650.	1,650.		0.
68	FANS	041197	SL	8.00	16	1,700.			1,700.	1,700.		0.
69	FURNISHINGS	081397	SL	8.00	16	1,103.			1,103.	1,103.		0.
70	6 DINING TABLES	090197	SL	8.00	16	1,567.			1,567.	1,567.		0.
71	(D) 18 ARM CHAIRS	090197	SL	8.00	16	4,701.			4,701.	4,701.		0.
72	CHAIR	090197	SL	8.00	16	261.			261.	261.		0.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	COCKTAIL TABLE	090197	SL	8.00	16	261.			261.	261.		0.
74	SOFA TABLE	090197	SL	8.00	16	261.			261.	261.		0.
75	8 SIDE CHAIRS	090197	SL	8.00	16	2,089.			2,089.	2,089.		0.
76	2 LAMP TABLES	090197	SL	8.00	16	522.			522.	522.		0.
77	9 BEDS	090197	SL	8.00	16	2,351.			2,351.	2,351.		0.
78	4 NITE STANDS	090197	SL	8.00	16	1,045.			1,045.	1,045.		0.
79	CHAIRSIDE TABLE	090197	SL	8.00	16	261.			261.	261.		0.
80	ARCH BACK BENCH	090197	SL	8.00	16	261.			261.	261.		0.
81	2 ARCH BACK CHAIRS	090197	SL	8.00	16	522.			522.	522.		0.
82	2 RATTAN ARM CHAIRS	090197	SL	8.00	16	522.			522.	522.		0.
83	HI-BACK ARM CHAIR	090197	SL	8.00	16	261.			261.	261.		0.
84	8 MIRRORS	090197	SL	8.00	16	2,090.			2,090.	2,090.		0.
85	2 DRESSERS	090197	SL	8.00	16	523.			523.	523.		0.
86	10 COMMODES	090197	SL	8.00	16	2,612.			2,612.	2,612.		0.
87	3 CHESTS	090197	SL	8.00	16	784.			784.	784.		0.
88	7 END TABLES	090197	SL	8.00	16	1,828.			1,828.	1,828.		0.
89	SECOND HOUSE LAND	090195	NC	39.00		119,907.			119,907.			0.
90	SECOND HOUSE EXPAN	090197	SL	39.00	16	38,030.			38,030.	10,076.		975.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
91	SECOND HOUSE EXPANS	123197	SL	39.00	16	13,250.			13,250.	3,426.		340.
92	FENCE/GATE FOR PLAYG	090398	SL	10.00	16	2,150.			2,150.	2,007.		143.
93	PLAYGROUND EQUIPMENT	070198	SL	8.00	16	4,142.			4,142.	4,142.		0.
94	WALLPAPER	100698	SL	8.00	16	1,147.			1,147.	1,147.		0.
95	(D) CARPET	110398	SL	8.00	16	3,046.			3,046.	3,046.		0.
96	ELECTRICAL WIRING	010198	SL	39.00	16	5,691.			5,691.	1,459.		146.
97	CRUELLA ANIMATED CEL	022898	NC	8.00		2,300.			2,300.			0.
98	SLEEPING BEAUTY CELL	022898	NC	8.00		2,050.			2,050.			0.
99	GETTING IN MISC CELL	022898	NC	8.00		2,650.			2,650.			0.
100	INSTALLATION OF 2 FIRE ALARM STROBES	063099	200DB	7.00	17	1,511.			1,511.	1,511.		0.
101	INSTALLATION OF ALARM SYSTEM	063099	200DB	7.00	17	755.			755.	755.		0.
102	DESK	063099	200DB	7.00	17	925.			925.	925.		0.
103	PENNSLYVANIA HOUSE CHERRY BUFFET	063099	200DB	7.00	17	1,000.			1,000.	1,000.		0.
104	RONALD MCDONALD BENCH FOR PLAYGROUND	063099	200DB	7.00	17	800.			800.	800.		0.
105	TWO BATH FLOORS - TILE/PAINTING	031600	SL	39.00	17	19,630.			19,630.	3,922.		503.
106	PAINTING/WALLPAPER REMOVAL/WALL PREP	032200	150DB	7.00	17	4,477.			4,477.	4,477.		0.
107	SECURITY PANEL/FIRE ALARM PANEL	010100	200DB	7.00	17	1,018.			1,018.	1,018.		0.
108	COMPUTER STAND, SIDE TABLE, LAMP	083002	200DB	7.00	17	2,103.			2,103.	1,822.		188.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
109	PAINTING - 2ND FLOOR/LOWER HALL	060800	200DB	7.00	17	1,591.			1,591.	1,591.		0.
110	INSTALL WINDOW WALLPAPER - 2ND	111600	SL	39.00	17	1,660.			1,660.	303.		43.
111	FLOOR/LOWER HALL	100500	200DB	7.00	17	8,946.			8,946.	8,946.		0.
112	2 SOFAS, LOVESEAT, VARIOUS FURNITURE	060302	200DB	7.00	17	4,230.			4,230.	3,664.		378.
113	DUPONT CORIAN COUNTERTOP	060302	200DB	7.00	17	3,170.			3,170.	2,746.		283.
114	8 CHAIRS WITH PERSIMMON FINISH, FABR	060302	200DB	7.00	17	9,635.			9,635.	8,345.		860.
115	CABINETS	060302	200DB	7.00	17	9,934.			9,934.	8,604.		887.
116	MIRRORS	041300	200DB	7.00	17	232.			232.	232.		0.
117	6 FRAMED PICTURES, VARIOUS FURNISHINGS	060302	200DB	7.00	17	7,624.			7,624.	6,603.		681.
118	PAINTING ROOM #23	100400	200DB	7.00	17	410.			410.	410.		0.
119	PAINTING CARPET - 2ND	061802	SL	39.00	16	5,010.			5,010.	707.		128.
120	FLOOR/LOWER HALL	120100	200DB	7.00	17	7,171.			7,171.	7,171.		0.
121	FABRIC	050702	200DB	7.00	17	5,621.			5,621.	4,868.		502.
122	VARIOUS FURNITURE	060302	200DB	7.00	17	866.			866.	750.		77.
123	LANDSCAPING	100200	150DB	15.00	17	8,094.			8,094.	4,330.		478.
124	2 SCULPTURES "SAND BETWEEN MY TOES" AND "	061402	200DB	5.00	17	800.			800.	800.		0.
125	HOME OFFICE ARMOIRE	101700	200DB	7.00	17	900.			900.	900.		0.
126	SLAT BED, BUNK BED, DRAWER CHEST, DRESSER,	111500	200DB	7.00	17	2,000.			2,000.	2,000.		0.

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127	2 HALL CONSOLES, AND ONE HALL MIRROR	101700	200DB	7.00	17	1,750.			1,750.	1,750.		0.
128	BREAST PUMP	082900	200DB	7.00	17	800.			800.	800.		0.
129	PLAYHOUSE	123100	200DB	7.00	17	7,000.			7,000.	7,000.		0.
130	WEEKEND RETREAT MIRROR	102700	200DB	7.00	17	500.			500.	500.		0.
131	SIDEBOARD	102700	200DB	7.00	17	1,200.			1,200.	1,200.		0.
132	LANDSCAPING PLAN	060900	150DB	15.00	17	5,000.			5,000.	2,823.		295.
133	RESERVE MAINTENANCE PLAN	033000	200DB	7.00	17	4,400.			4,400.	4,400.		0.
134	CARPET FOR APARTMENT	091001	200DB	7.00	17	871.			871.	854.		17.
135	TELEVISION IN ACTIVITY ROOM	111901	200DB	7.00	17	1,372.		412.	960.	637.		73.
136	REFRIGERATOR	060302	200DB	5.00	17	1,400.			1,400.	1,400.		0.
137	COPIER CLOSET	121401	SL	39.00	17	1,238.			1,238.	192.		32.
138	CHINESE ELM TREE	010401	150DB	15.00	17	400.			400.	208.		24.
139	2 DRAGON CHESTS	062101	200DB	7.00	17	658.			658.	636.		22.
140	MICROWAVE GE INSTALLED FREEZER	060302	200DB	5.00	17	503.			503.	503.		0.
141	CLOSET AND DOORS TO LA	071902	SL	39.00	16	1,190.			1,190.	165.		31.
142	FAMILY ROOM FURNITURE AND FIXTURES - VARIOUS	060302	200DB	5.00	17	1,441.			1,441.	1,441.		0.
143	FREEZER	060302	200DB	5.00	17	503.			503.	503.		0.
144	FAMILY ROOM CABINETS	060302	200DB	5.00	17	484.			484.	484.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
145	INSTALLATION AND SOFTWARE	013002	SL	3.00	16	895.			895.	895.		0.
146	ENTERTAINMENT CENTER	021202	200DB	7.00	17	889.			889.	770.		79.
147	CARPET	022202	200DB	7.00	17	2,054.			2,054.	1,779.		183.
148	PAPERHANGING	022202	200DB	7.00	17	781.			781.	676.		70.
149	BLINDS	030102	200DB	7.00	17	986.			986.	854.		88.
150	WALLPAPER	030802	200DB	7.00	17	839.			839.	727.		75.
151	TEEN ROOM REFURBISHED	072202	200DB	7.00	17	3,952.			3,952.	3,423.		353.
152	PLAYROOM REFURBISHED	102502	200DB	7.00	17	4,900.			4,900.	4,244.		438.
153	IRRIGATION	051002	150DB	15.00	17	950.			950.	417.		56.
154	IRRIGATION	061402	150DB	15.00	17	1,500.			1,500.	659.		89.
155	WALLPAPER	060302	200DB	7.00	17	8,192.		2,458.	5,734.	4,966.		512.
156	CABINETS	060302	200DB	7.00	17	7,319.		2,196.	5,123.	4,437.		458.
157	DESK, BARSTOOLS, CHAIRS, TABLES, CREDEN	060302	200DB	7.00	17	4,296.		1,289.	3,007.	2,604.		269.
158	COMPUTER INSTALLATION	010102	200DB	5.00	17	1,333.		400.	933.	933.		0.
159	TEEN ROOM REBURBISHED	123102	200DB	7.00	17	545.			545.	472.		49.
160	PLAYROOM REFURBISHED	123102	200DB	7.00	17	138.			138.	119.		12.
161	HATCH COMPUTER W/ TOUCH SCREEN MONITOR	100102	200DB	5.00	17	2,450.			2,450.	2,450.		0.
162	DESIGH SERVICES FOR FAMILY ROOM	060102	SL	39.00	17	6,500.			6,500.	924.		167.

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163	MAGAZINE RACK	032803	200DB	7.00	17	426.			426.	331.		38.
164	REPLACE DUCTWORK AND FLEX LINE IN ATTIC	060203	SL	39.00	16	3,575.			3,575.	420.		92.
165	6' WIDE GATE ADDED TO FENCE	091203	SL	7.00	16	440.			440.	272.		63.
166	3 WASHERS, 3 DRYERS	013103	200DB	7.00	17	2,955.			2,955.	2,296.		264.
167	ART WALL MURAL	030403	SL	5.00	16	338.			338.	326.		11.
168	DINING ROOM OFFICE CABLE/WIRING	041703	200DB	7.00	17	852.			852.	662.		76.
169	CARPET, CHAIR, FLOORLAMP FOR WEEKEND	082903	SL	5.00	16	1,389.			1,389.	1,204.		185.
170	DELL LAPTOP	091203	200DB	5.00	17	2,710.			2,710.	2,554.		156.
171	PAINTING	121503	SL	10.00	16	6,700.			6,700.	2,736.		670.
172	MOVING IMAGE VIDEO	093003	SL	5.00	16	15,820.			15,820.	13,447.		2,373.
173	DELL COMPUTER	080603	200DB	5.00	17	1,200.			1,200.	1,131.		69.
174	DESIGN SERVICES FOR FAMILY ROOM - FMC	123103	SL	39.00	16	1,625.			1,625.	167.		42.
175	DISHWASHER	010504	200DB	7.00	17	750.			750.	516.		67.
176	WASHER	061504	200DB	7.00	17	247.			247.	170.		22.
177	2 CHAIRS - MANAGER'S OFFICE	051004	200DB	7.00	17	530.			530.	364.		47.
178	CHAIR - MANAGER'S OFFICE	051704	200DB	7.00	17	365.			365.	251.		33.
179	MANAGER'S OFFICE MAT	051804	200DB	7.00	17	59.			59.	41.		5.
180	DESK - MANAGER'S OFFICE	052304	200DB	7.00	17	2,734.			2,734.	1,880.		244.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
181	INSTALLATION OF MANAGER'S OFFICE FURNI	062904	200DB	7.00	17	128.			128.	88.		11.
182	COMPUTER WORKSPACE - LEX ROOM	040905	SL	7.00	16	716.			716.	281.		102.
183	REFRIGERATOR ONLY	050205	SL	7.00	16	636.			636.	242.		91.
184	COMPUTER - LEX ROOM	042105	SL	5.00	16	1,022.			1,022.	545.		204.
185	COMPRESSOR - MANAGER'S OFFICE	071305	SL	7.00	16	989.			989.	353.		141.
186	WEB SITE REDESIGN	101705	SL	5.00	16	4,750.			4,750.	2,058.		950.
187	REUPHOLSTERED CHAIRS - ROOMS 31, 37	093005	SL	7.00	16	1,333.			1,333.	429.		190.
188	NEW LIGHTS - WEEKEND MGR/NANCY	110205	SL	7.00	16	392.			392.	121.		56.
189	MINDY'S COMPUTER	110705	SL	5.00	16	1,249.			1,249.	541.		250.
190	PAINTING - OLD SIDE OF HOUSE UPSTAIRS/MAIN F	121905	SL	7.00	16	1,790.			1,790.	511.		256.
191	NEW SERVER	110705	SL	5.00	16	1,301.			1,301.	564.		260.
192	MINDY'S NEW PRINTER	110305	SL	5.00	16	553.			553.	240.		111.
193	REFRIGERATOR	071305	SL	7.00	16	1,599.			1,599.	571.		228.
194	REFRIGERATOR	071305	SL	7.00	16	1,599.			1,599.	571.		228.
195	DISHWASHER	071305	SL	7.00	16	409.			409.	146.		58.
196	WASHER	071305	SL	7.00	16	519.			519.	185.		74.
197	DRYER	071305	SL	7.00	16	599.			599.	214.		86.
198	422 HAWTHORNE ROAD	110106	SL	39.00	17	125,783.			125,783.	3,628.		3,225.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
199	LAND - 422 HAWTHORNE ROAD	110106	L	.000		50,000.			50,000.			0.
200	PAINTING - 426 HAWTHORNE ROAD	120406	200DB	5.00	17	500.			500.	215.		114.
201	PAINTING - 426 HAWTHORNE ROAD	121106	200DB	5.00	17	900.			900.	387.		205.
202	TECHLINE OFFICE SYSTEM - NANCY'S OFFICE	010406	200DB	5.00	17	3,141.			3,141.	1,916.		490.
203	2" ULTIMATE WOOD BLINDS - NANCY'S OFFICE	010406	200DB	5.00	17	3,007.			3,007.	1,834.		469.
204	MAIN ENTRANCE RUG	081006	200DB	5.00	17	700.			700.	343.		143.
205	WALLPAPER - ROOM 28	112206	200DB	5.00	17	1,097.			1,097.	472.		250.
206	LEXINGTON ROOM SOFA AND LOVESEAT	112206	200DB	5.00	17	2,485.			2,485.	1,068.		567.
207	426 HAWTHORNE ROAD	110106	SL	39.00	17	125,783.			125,783.	3,628.		3,225.
208	LAND - 426 HAWTHORNE ROAD	110106	L	.000		50,000.			50,000.			0.
209	PROPERTY 426 HAWTHORNE ROAD - INSPECTION/RAD	091806	SL	39.00	17	590.			590.	20.		15.
210	PROPERTY 422 HAWTHORNE ROAD - INSPECTION/RAD	091806	SL	39.00	17	590.			590.	20.		15.
211	DOH LAPTOP	012307	200DB	5.00	17	1,442.			1,442.	288.		461.
212	SERVER	061807	200DB	5.00	17	556.			556.	111.		178.
213	LATHAM ROOM ACCESSORIES	101207	200DB	7.00	17	888.			888.	127.		217.
214	WIRELESS SERVER	041207	200DB	5.00	17	641.			641.	128.		205.
215	CLEAN UP 422 HAWTHORNE	012607	200DB	7.00	17	562.			562.	80.		138.
216	CLEAN UP 426 HAWTHORNE	012607	200DB	7.00	17	1,000.			1,000.	143.		245.

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217	VC LAPTOP	012307	200DB	5.00	17	1,442.			1,442.	288.		461.
218	BALD EAGLE - OPERATING SYSTEM	111607	200DB	3.00	17	752.			752.	251.		334.
219	COMPUTER	111607	200DB	5.00	17	1,055.			1,055.	211.		338.
220	MIELE TOUCHTRONIC LARGE CAPACITY DRYER	020108	200DB	7.00	19C	1,650.			1,650.			236.
221	MIELE TOUCHTRONIC FRONT LOAD WASHER	020108	200DB	7.00	19C	1,650.			1,650.			236.
222	LATHAM ROOM WIRING	101207	200DB	7.00	17	762.			762.	109.		187.
223	FR CABINETS	020108	200DB	5.00	19B	9,634.			9,634.			1,927.
224	FR CABINETS	020108	200DB	5.00	19B	9,634.			9,634.			1,927.
225	ORECK VACUUM	061807	200DB	5.00	17	575.			575.	115.		184.
226	DELL LAPTOP - CHACY	082307	200DB	5.00	17	1,321.			1,321.	264.		423.
227	DELL LAPTOP-JUDY	082307	200DB	5.00	17	1,321.			1,321.	264.		423.
228	FAUX FINISH FR	020108	200DB	7.00	19C	750.			750.			107.
229	LATHAM ROOM CARPET	101207	200DB	7.00	17	1,362.			1,362.	195.		333.
230	MASONRY REPAIR FAMILY ROOM	010407	200DB	7.00	17	1,650.			1,650.	236.		404.
231	UPHOLSTERED FURNITURE	020108	200DB	5.00	19B	9,056.			9,056.			1,811.
232	SHELVING AND CAGINETRY FORMING ROOM DIVIDER	020108	200DB	7.00	19C	6,293.			6,293.			899.
233	FAIRY MURAL	020108	200DB	5.00	19B	1,700.			1,700.			340.
234	DINING ROOM CARPET	101207	200DB	7.00	17	1,428.			1,428.	204.		350.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
235	LATHAM ROOM FURNITURE QUILT DESIGN	101207	200DB	7.00	17	2,960.			2,960.	423.		725.
236	CHEST-LEXINGTON ROOM	051007	200DB	7.00	17	1,500.			1,500.	214.		367.
237	ED DESKTOP	012307	200DB	5.00	17	1,444.			1,444.	289.		462.
238	CRC DESKTOP	012307	200DB	5.00	17	1,444.			1,444.	289.		462.
239	25 CU FT REFRIGERATOR	020108	200DB	7.00	19C	1,345.			1,345.			192.
240	18 CU FT REFRIGERATOR MICROWAVE CONVECTION	020108	200DB	7.00	19C	475.			475.			68.
241	OVEN W/ CONVERSION KIT	020108	200DB	7.00	19C	680.			680.			97.
242	DISHWASHER	020108	200DB	7.00	19C	700.			700.			100.
243	TILE BACKSPLASH IN FR KITCHEN	020108	200DB	7.00	19C	1,511.			1,511.			216.
244	FAMILY ROOM WINDOW TREATMENTS	020108	200DB	5.00	19B	1,139.			1,139.			228.
245	DRAPERIES - FORSYTH FAMILY ROOM	020108	200DB	5.00	19B	2,715.			2,715.			543.
246	FORSYTH FR LAMPS	020108	200DB	7.00	19C	633.			633.			90.
247	FORSYTH FR RUG FOR CHILDREN'S PLAY AREA	020108	200DB	5.00	19B	825.			825.			165.
248	FORSYTH FR - 5 PIECES ARTWORK	020108	200DB	5.00	19B	1,255.			1,255.			251.
249	FORSYTH FR - LOUNGE FURNITURE	020108	200DB	7.00	19C	5,918.			5,918.			845.
250	FORSYTH FR - CAFE AREA FURNITURE	020108	200DB	7.00	19C	3,654.			3,654.			522.
251	FORSYTH FR - QUIET ROOM FURNITURE	020108	200DB	7.00	19C	1,720.			1,720.			246.
252	PAINTING - BASEMENT APARTMENT	010807	200DB	7.00	17	850.			850.	121.		208.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
253	DRAPERY INSTALLATION	02/01/08	200DB	5.00	19B	308.			308.			62.
254	ACCESSORIES - BIRDS LOVESEAT FOR QUIET	02/01/08	200DB	7.00	19C	220.			220.			31.
255	ROOM LOVESEAT FOR LOUNGE	02/01/08	200DB	7.00	19C	1,377.			1,377.			197.
256	AREA MIDSIZE SOFA FOR	02/01/08	200DB	7.00	19C	1,161.			1,161.			166.
257	LOUNGE AREA	02/01/08	200DB	7.00	19C	1,268.			1,268.			181.
258	6 EMPIRE DINING CHAIRS	02/01/08	200DB	7.00	19C	3,501.			3,501.			500.
259	3 COUNTER STOOLS FOR CAFE AREA	02/01/08	200DB	7.00	19C	1,836.			1,836.			262.
260	LARGE STORAGE OTTOMAN FOR LOUNGE AREA	02/01/08	200DB	7.00	19C	534.			534.			76.
261	LAMP FOR LOUNGE AREA	02/01/08	200DB	7.00	19C	173.			173.			25.
262	ACCESSORIES - WIRE BRACKETS	02/01/08	200DB	7.00	19C	173.			173.			25.
263	DRAPERIES	02/01/08	200DB	5.00	19B	53.			53.			11.
264	ACCESSORIES - BOOKENDS	02/01/08	200DB	7.00	19C	32.			32.			5.
265	ACCESSORIES - SMALL BIRDS	02/01/08	200DB	7.00	19C	43.			43.			6.
266	ACCESSORIES - BIRD TAIL BIRDS	02/01/08	200DB	7.00	19C	39.			39.			6.
267	TABLE LAMP FOR QUIET ROOM	02/01/08	200DB	7.00	19C	109.			109.			16.
268	CONSOLE TABLE W/ GLASS TOP FOR QUIET ROOM	02/01/08	200DB	7.00	19C	297.			297.			42.
269	PEDESTAL TABLES FOR LOUNGE AREA	02/01/08	200DB	7.00	19C	801.			801.			114.
270	ROUND END TABLE FOR QUIET ROOM	02/01/08	200DB	7.00	19C	376.			376.			54.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
271	RECTANGULAR SIDE TABLE FOR LOUNGE AREA	02/01/08	200DB	7.00	19C	273.			273.			39.
272	2 ROUND END TABLES FOR LOUNGE AREA	02/01/08	200DB	7.00	19C	850.			850.			121.
273	2 DINING TABLES FOR CAFE AREA	02/01/08	200DB	7.00	19C	960.			960.			137.
274	OVAL MIRROR FOR QUIET ROOM	02/01/08	200DB	7.00	19C	309.			309.			44.
275	CARPENTRY WORK IN FORSYTH FAMILY ROOM	03/21/08	200DB	7.00	19C	2,000.			2,000.			286.
276	ORLEANS WALL SCONCE FOR COMPUTER AREA W/ S	02/01/08	200DB	7.00	19C	189.			189.			27.
277	GAUGIN II LAMP	02/01/08	200DB	7.00	19C	311.			311.			44.
278	LARGE AQUA/SHAL OBLONG BOWL ON SHELVING	02/01/08	200DB	7.00	19C	200.			200.			29.
279	POTTERY CANDLE JAR WITH OPEN WORK FROM SE	02/01/08	200DB	7.00	19C	175.			175.			25.
280	SMALL POTTERY VASE ON TABLE BESIDE BRONZE LA	02/01/08	200DB	7.00	19C	35.			35.			5.
281	POTTERY PLANTER IN ANGLED CORNER OF LOUNGE	02/01/08	200DB	5.00	19B	25.			25.			5.
282	PAIR OF BIRDS - EGRETS ON KITCHEN COUNTER	02/01/08	200DB	7.00	19C	78.			78.			11.
283	PITCHER FROM SEAGROVE POTTERS ON TABLE BESID	02/01/08	200DB	7.00	19C	35.			35.			5.
284	TABLE LAMP OUT OF BRONZE METAL IN LOUNGE	02/01/08	200DB	7.00	19C	175.			175.			25.
285	BIG TAIL BIRD FOR THE MEDITATION ROOM	02/01/08	200DB	7.00	19C	54.			54.			8.
286	ROUND COFFEE TABLE IN METAL WITH GLASS TOP	02/01/08	200DB	7.00	19C	614.			614.			88.
287	SMALL RECTANGLE TABLE IN LOUNGE SEATING AREA	02/01/08	200DB	7.00	19C	363.			363.			52.
288	2 DESK CHAIRS WITH REMOVABLE ARM KITS	02/01/08	200DB	7.00	19C	1,116.			1,116.			159.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
289	PLANTS FOR FORSYTH FAMILY ROOM	060308	200DB	5.00	19B	354.			354.			71.
290	DEMI LUNE TABLE BEHIND SOFA IN LOUNGE SEATIN	070708	200DB	7.00	19C	789.			789.			113.
291	2 MAGAZINE RACKS	070708	200DB	7.00	19C	133.			133.			19.
292	2 TABLE TOP ACCESSORIES	070708	200DB	7.00	19C	141.			141.			20.
293	2 LEATHER AND WICKER CUBES	070708	200DB	7.00	19C	456.			456.			65.
294	RECTANGULAR OTTOMAN IN LOUNGE AREA	070708	200DB	7.00	19C	362.			362.			52.
295	2 LAMP SHADES FOR SCONCE IN COMPUTER SEC	070708	200DB	7.00	19C	109.			109.			16.
296	MICROWAVE - BRENNER FAMILY ROOM	112108	200DB	7.00	19C	459.			459.			66.
297	22 ACF SIDE CHAIRS W/ UPHOLSTERED SEAT - DIN	123108	200DB	7.00	19C	2,300.			2,300.			329.
298	WINDOW VALANCES - DINING ROOM	123108	200DB	7.00	19C	614.			614.			88.
299	FILE CABINETS	030508	200DB	7.00	19C	620.			620.			89.
300	DELL COMPUTER - MAIN OFFICE - 2ND WORKSTATI	021108	200DB	5.00	19B	996.			996.			199.
301	DELL COMPUTER - HALL WORKSTATION	021108	200DB	5.00	19B	996.			996.			199.
302	SIDE DOOR HANDLES	091008	200DB	7.00	19C	354.			354.			51.
303	DELL COMPUTER - FOR FAMILY USE	081408	200DB	5.00	19B	1,264.			1,264.			253.
304	LOCK CYLINDERS	081408	200DB	7.00	19C	1,101.			1,101.			157.
305	407 N. HAWTHORNE ROAD - BUILDING	070308	SL	39.00	19I	66,161.			66,161.			778.
306	407 N. HAWTHORNE ROAD - LAND	070308	L	.000		34,356.			34,356.			0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
307	409 N. HAWTHORNE ROAD - BUILDING	070308	SL	39.00	19I	163,908.			163,908.			1,926.
308	409 N. HAWTHORNE ROAD - LAND	070308	L	.000		45,791.			45,791.			0.
309	430 N. HAWTHORNE ROAD - LAND	061608	L	.000		160,325.			160,325.			0.
310	FABRIC TO RECOVER BAR STOOLS AND BISTRO CHAIRS	112108	200DB	7.00	19C	134.			134.			19.
	* TOTAL 990 PAGE 10 DEPR					3,065,612.		6,755.	3,058,857.	949,367.	0.	92,527.

FORM 990

OTHER SECURITIES
SCHEDULE D, PART VII

STATEMENT 1

DESCRIPTION OF SECURITY OR CATEGORY	BOOK VALUE	COST/FMV
CORNERSTONE CAPITAL INVESTMENTS	1,184,358.	FMV
MCCIP INVESTMENTS	199,950.	FMV
WACHOVIA - TREASURY BILLS/NOTES	67,437.	FMV
CERTIFICATES OF DEPOSIT	1,720,078.	FMV
WINSTON-SALEM FOUNDATION	1,358,467.	FMV
VANGUARD GROUP	180,075.	FMV
WSF-MARGARET PARKER	104,915.	FMV
MARKET INC (DEC) FOR T-BILLS/NOTES	8,972.	COST
TO FORM 990, SCHEDULE D, PART VII	4,824,252.	

FINAL

Depreciation and Amortization 990
 (Including Information on Listed Property)

2008
 Attachment
 Sequence No. **67**

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

Name(s) shown on return: _____ Business or activity to which this form relates: _____ Identifying number: _____
RONALD MCDONALD HOUSE OF WINSTON-SALEM FORM 990 PAGE 10 58-1454715

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	48,986.

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	25,096.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

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		39,954.	5 YRS.	HY	200DB	7,992.
c 7-year property		54,228.	7 YRS.	HY	200DB	7,749.
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	07 / 08	66,161.	39 yrs.	MM	S/L	778.
	07 / 08	163,908.	39.0 YRS	MM	S/L	1,926.

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	92,527.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 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 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

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.

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 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.

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? 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 44 Total. Add amounts in column (f). See the instructions for where to report

Application for Extension of Time To File an Exempt Organization Return

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

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

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

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	Name of Exempt Organization RONALD MCDONALD HOUSE OF WINSTON-SALEM	Employer identification number 58-1454715
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 419 S. HAWTHORNE ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINSTON-SALEM, NC 27103	

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

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

ANITA OGBURN, EXECUTIVE DIRECTOR

- The books are in the care of ▶ **419 S. HAWTHORNE ROAD, WINSTON-SALEM, NC - 27103**
 Telephone No. ▶ **336-723-0228** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box **X**
- 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.