

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning ....., 2016, and ending ....., 20 .....

**2016**Department of the Treasury  
Internal Revenue Service**▶ Do not send to the IRS. Keep for your records.****▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

Employer identification number

**61-0986164**

Name and title of officer

**KATE BURTON  
TREASURER****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1,275,641</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize BREEDING, HENDERSON & HORD, PLLC to enter my PIN 19891 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_

Date ▶ 11/10/17**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**61604617776**do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ 11/10/17

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, INC.</b>	<b>D</b> Employer identification number <b>61-0986164</b>
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. BOX 22414</b>	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>LEXINGTON KY 40522-2414</b>	
<b>F</b> Name and address of principal officer: <b>ANN EVANS P.O. BOX 22414 LEXINGTON KY 40522-2414</b>		<b>E</b> Telephone number <b>859-268-0757</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>2,420,568</b>
<b>J</b> Website: ▶ <b>WWW.RMHCLEXINGTON.COM</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶
<b>L</b> Year of formation: <b>1981</b>		<b>M</b> State of legal domicile: <b>KY</b>

Part I Summary			
<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION CREATES AND SUPPORTS PROGRAMS THAT DIRECTLY IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN AND STRENGTHENS FAMILIES BY KEEPING THEM TOGETHER IN TIMES OF MEDICAL NEED.</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>19</b>
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>22</b>
	6	Total number of volunteers (estimate if necessary)	<b>1000</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
	7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>1,246,409</b>
	9	Program service revenue (Part VIII, line 2g)	<b>73,746</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>68,390</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-38,202</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,350,343</b>
	<b>Expenses</b>	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)	<b>0</b>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>504,946</b>
16a		Professional fundraising fees (Part IX, column (A), line 11e)	<b>46,674</b>
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>175,850</b>	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>545,679</b>
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,123,799</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>226,544</b>
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>3,942,844</b>
	21	Total liabilities (Part X, line 26)	<b>33,370</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>3,909,474</b>
			<b>4,042,288</b>

**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.

<b>Sign Here</b>	Signature of officer <b>KATE BURTON</b> Type or print name and title	Date <b>TREASURER</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHARLES W HORD II</b>	Preparer's signature Date <b>11/10/17</b> Check <input type="checkbox"/> if self-employed PTIN <b>P00839909</b>
	Firm's name ▶ <b>BREEDING, HENDERSON &amp; HORD, PLLC</b> <b>1050 MONARCH ST STE 300</b> Firm's address ▶ <b>LEXINGTON, KY 40513-1877</b>	Firm's EIN ▶ <b>80-0874573</b> Phone no. <b>859-278-0112</b>

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **762,751** including grants of \$ ) (Revenue \$ **10,307** )

**HOUSE PROGRAM - THE RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS' HOUSE PROGRAM PROVIDES TEMPORARY HOUSING FOR CRITICALLY ILL OR INJURED CHILDREN AND THEIR FAMILIES DURING THEIR PERIOD OF TREATMENT. THEY CAN ENJOY TRANSPORTATION TO AND FROM LOCAL HOSPITALS THREE TIMES PER DAY, HOME-COOKED MEALS, LAUNDRY FACILITIES, A BEDROOM WITH A PRIVATE BATHROOM, INDOOR AND OUTDOOR PLAY AREAS FOR CHILDREN, AND RECREATIONAL ACTIVITIES. FOR THE YEAR ENDED DECEMBER 31, 2016, 6,813 NIGHTS OF LODGING WERE PROVIDED, AND ROOM CONTRIBUTIONS BY GUESTS TOTALED \$10,307.**

**4b** (Code: ) (Expenses \$ **57,058** including grants of \$ ) (Revenue \$ **42,500** )

**FAMILY ROOM PROGRAM - THE RONALD MCDONALD FAMILY ROOM BEGAN WELCOMING GUESTS IN 2009 INSIDE THE WALLS OF KENTUCKY CHILDREN'S HOSPITAL IN LEXINGTON, KY. THE FAMILY ROOM PROVIDES A COMFORTING AND QUIET AREA OF RESPITE, RELAXATION, AND REFLECTION FOR FAMILIES AND LOVED ONES OF CHILDREN WHO ARE BEING TREATED IN THE CRITICAL CARE UNITS (NEONATAL INTENSIVE CARE UNIT AND PEDIATRIC INTENSIVE CARE UNIT) OF THE HOSPITAL. THE FAMILY ROOM IS STAFFED WITH HELPFUL, SPECIALLY TRAINED AND SCREENED VOLUNTEERS. GUESTS OF THE FAMILY ROOM WILL FIND COMFORTABLE SEATING AREAS COMPLIMENTARY SNACKS, MCDONALD'S COFFEE, BOOKS AND MAGAZINES AS WELL AS THE USE OF PORTABLE ELECTRONIC DEVICES (DVD AND CD PLAYERS) WITH A LIBRARY OF FAMILY-FRIENDLY MEDIA.**

**4c** (Code: ) (Expenses \$ **12,917** including grants of \$ **12,917** ) (Revenue \$ )

**CHARITABLE GRANT MAKING PROGRAM - RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, THROUGH FUNDS DESIGNATED FROM MCDONALD'S OF CENTRAL AND SOUTHEASTERN KENTUCKY, PROVIDES CHARITABLE GRANTS TO LOCAL PROJECTS, PROGRAMS, OR ORGANIZATIONS THAT DIRECTLY BENEFIT INDIVIDUALS IN THE SOUTHEASTERN AND CENTRAL KENTUCKY REGION IN AMOUNTS RANGING FROM \$1,000 - \$5,000. THE PROJECT, PROGRAM, OR ORGANIZATION SHOULD BENEFIT CHILDREN, HAVE CONSISTENT AND EFFECTIVE MANAGEMENT IN PLACE, DEMONSTRATE CLEAR GOALS AND OBJECTIVES, HAVE A BROAD BASE OF FUNDING SUPPORT IN PLACE, AND HAVE A DEMONSTRATED ABILITY TO RESPOND TO THE NEEDS OF SPECIFIC GROUPS OF CHILDREN IN A MANNER THAT YIELDS MEASURABLE RESULTS. IN 2016, RMHC OF THE BLUEGRASS PROVIDED FIVE GRANTS RANGING**

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

(Expenses \$ **50,000** including grants of \$ **50,000** ) (Revenue \$ )

**4e** Total program service expenses **882,726**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		<b>X</b>
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b>	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>		<b>X</b>
<b>33</b>	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>		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b>	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>		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>13</b>
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>
<b>2a</b>	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	<b>2a</b>	<b>22</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **KY, TN, OH, WV, IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**TREASURER** **1300 SPORTS CENTER DRIVE** **859-268-0757**  
**LEXINGTON** **KY 40502**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICKY MYERS ..... DIRECTOR	1.00 0.00	X					0	0	0	
(2) MIKE WALLEN ..... SECRETARY	1.00 1.00	X		X			0	0	0	
(3) KATE BURTON ..... TREASURER	2.00 1.00	X		X			0	0	0	
(4) ALANSON BODEN ..... PRESIDENT	2.00 1.00	X		X			0	0	0	
(5) JULIE BURWELL ..... DIRECTOR	2.00 1.00	X					0	0	0	
(6) JULIE YOUKILIS ..... DIRECTOR	1.00 0.00	X					0	0	0	
(7) GIST HEINRICH ..... DIRECTOR	1.00 0.00	X					0	0	0	
(8) JOHN HOLLON ..... PRESIDENT ELECT	2.00 1.00	X					0	0	0	
(9) RICHARD JOHNSON ..... PAST PRESIDENT	2.00 1.00	X					0	0	0	
(10) JULIE OWENS ..... DIRECTOR	1.00 0.00	X					0	0	0	
(11) KAREN MILLIGAN ..... DIRECTOR	1.00 0.00	X					0	0	0	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>JOE TURLEY</b>	1.00									
DIRECTOR	0.00	X						0	0	
(13) <b>DAVID WINTERS</b>	1.00									
DIRECTOR	1.00	X						0	0	
(14) <b>BRANDON BAKER</b>	1.00									
DIRECTOR	0.00	X						0	0	
(15) <b>NANCY BELL</b>	1.00									
DIRECTOR	0.00	X						0	0	
(16) <b>PAUL DILLON</b>	1.00									
DIRECTOR	0.00	X						0	0	
(17) <b>DAVE FARDO</b>	1.00									
DIRECTOR	0.00	X						0	0	
(18) <b>ELLEN FERNANDEZ</b>	1.00									
DIRECTOR	0.00	X						0	0	
(19) <b>TONY LEWGOOD</b>	1.00									
DIRECTOR	0.00	X						0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>9,827</b>	<b>1,239</b>	
<b>d Total (add lines 1b and 1c)</b>								<b>9,827</b>	<b>1,239</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 314,800				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 944,558				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	317,827				
	<b>h Total.</b> Add lines 1a-1f		1,259,358			
<b>Program Service Revenue</b>	<b>2a</b> FAMILY ROOM PROGRAM	Busn. Code	42,500	42,500		
	<b>b</b> ROOM CONTRIBUTIONS		10,307	10,307		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		52,807			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		30,892	30,892	
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>6a</b> Gross rents		(i) Real				
		(ii) Personal				
<b>b</b> Less: rental exps.						
<b>c</b> Rental inc. or (loss)						
<b>d</b> Net rental income or (loss)						
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	955,044			
		(ii) Other	4,600			
		<b>b</b> Less: cost or other basis & sales exps.	955,597			
		<b>c</b> Gain or (loss)	-553	4,600		
<b>d</b> Net gain or (loss)			4,047	4,047		
<b>8a</b> Gross income from fundraising events (not including \$ 314,800 of contributions reported on line 1c). See Part IV, line 18		<b>a</b>	117,867			
		<b>b</b> Less: direct expenses	189,330			
	<b>c</b> Net income or (loss) from fundraising events		-71,463			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b>						
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.		1,275,641	87,746	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>62,917</b>	<b>62,917</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>9,827</b>	<b>6,977</b>	<b>1,572</b>	<b>1,278</b>
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>394,910</b>	<b>280,386</b>	<b>63,186</b>	<b>51,338</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>21,649</b>	<b>9,742</b>	<b>7,144</b>	<b>4,763</b>
<b>9</b> Other employee benefits	<b>43,382</b>	<b>26,897</b>	<b>10,412</b>	<b>6,073</b>
<b>10</b> Payroll taxes	<b>30,410</b>	<b>21,591</b>	<b>4,866</b>	<b>3,953</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	<b>230</b>	<b>163</b>	<b>37</b>	<b>30</b>
<b>c</b> Accounting	<b>15,841</b>	<b>11,248</b>	<b>2,534</b>	<b>2,059</b>
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	<b>69,173</b>			<b>69,173</b>
<b>f</b> Investment management fees	<b>13,951</b>	<b>13,951</b>		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>1,594</b>	<b>973</b>	<b>335</b>	<b>286</b>
<b>13</b> Office expenses	<b>12,020</b>	<b>8,534</b>	<b>1,923</b>	<b>1,563</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>317,334</b>	<b>274,469</b>	<b>42,865</b>	
<b>17</b> Travel	<b>7,677</b>	<b>4,922</b>	<b>2,755</b>	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>6,417</b>		<b>6,417</b>	
<b>20</b> Interest				
<b>21</b> Payments to affiliates	<b>37,975</b>	<b>37,975</b>		
<b>22</b> Depreciation, depletion, and amortization	<b>105,067</b>	<b>90,358</b>	<b>14,709</b>	
<b>23</b> Insurance	<b>20,842</b>	<b>17,924</b>	<b>2,918</b>	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>DONATION BOX EXPENSES</b>	<b>21,222</b>			<b>21,222</b>
<b>b</b> <b>MISCELLANEOUS</b>	<b>20,420</b>	<b>11,256</b>	<b>2,381</b>	<b>6,783</b>
<b>c</b> <b>BANK SERVICE CHARGES</b>	<b>9,772</b>	<b>2,443</b>		<b>7,329</b>
<b>d</b> <b>SUPPLIES</b>	<b>1,559</b>		<b>1,559</b>	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>1,224,189</b>	<b>882,726</b>	<b>165,613</b>	<b>175,850</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>441,974</b>	<b>1</b>	<b>365,304</b>
	<b>2</b> Savings and temporary cash investments	<b>66,360</b>	<b>2</b>	<b>177,274</b>
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>151,060</b>	<b>4</b>	<b>239,750</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>766</b>	<b>9</b>	<b>4,617</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>3,000,303</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>1,293,476</b>	<b>1,775,897</b>	<b>10c</b> <b>1,706,827</b>
	<b>11</b> Investments—publicly traded securities	<b>1,506,787</b>	<b>11</b>	<b>1,548,516</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>3,942,844</b>	<b>16</b>	<b>4,042,288</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>33,370</b>	<b>17</b>	<b>66,764</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>33,370</b>	<b>26</b>	<b>66,764</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>2,674,507</b>	<b>27</b>	<b>2,716,166</b>
	<b>28</b> Temporarily restricted net assets	<b>474,518</b>	<b>28</b>	<b>498,909</b>
	<b>29</b> Permanently restricted net assets	<b>760,449</b>	<b>29</b>	<b>760,449</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>3,909,474</b>	<b>33</b>	<b>3,975,524</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>3,942,844</b>	<b>34</b>	<b>4,042,288</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,275,641</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,224,189</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>51,452</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>3,909,474</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>14,598</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>3,975,524</b>

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. \_\_\_\_\_

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2016**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, INC.</b>	Employer identification number <b>61-0986164</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,078,999	1,054,707	1,106,003	1,212,595	1,259,358	5,711,662
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,078,999	1,054,707	1,106,003	1,212,595	1,259,358	5,711,662
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						5,711,662

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4	1,078,999	1,054,707	1,106,003	1,212,595	1,259,358	5,711,662
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,908	31,767	32,508	46,978	30,892	181,053
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,862	14,801				23,663
<b>11 Total support.</b> Add lines 7 through 10						5,916,378

**12** Gross receipts from related activities, etc. (see instructions) 12 201,566

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

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 96.54%

**15** Public support percentage from 2015 Schedule A, Part II, line 14 15 95.76%

**16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

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

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

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013 .....			
<b>d</b> From 2014 .....			
<b>e</b> From 2015 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013 .....			
<b>c</b> Excess from 2014 .....			
<b>d</b> Excess from 2015 .....			
<b>e</b> Excess from 2016 .....			

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER INCOME** **\$ 23,663**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, INC.

Employer identification number

61-0986164

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

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

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

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 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, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation 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)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	<b>1,234,967</b>	<b>1,251,538</b>	<b>1,189,497</b>	<b>1,061,055</b>	<b>983,123</b>
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....	<b>34,903</b>	<b>-5,343</b>	<b>72,500</b>	<b>154,214</b>	<b>87,035</b>
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....				<b>16,182</b>	
<b>f</b> Administrative expenses .....	<b>10,512</b>	<b>11,228</b>	<b>10,459</b>	<b>9,590</b>	<b>9,103</b>
<b>g</b> End of year balance .....	<b>1,259,358</b>	<b>1,234,967</b>	<b>1,251,538</b>	<b>1,189,497</b>	<b>1,061,055</b>

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

- a** Board designated or quasi-endowment ▶ .....%
- b** Permanent endowment ▶ **60.38** %
- c** Temporarily restricted endowment ▶ **39.62** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
<b>(i)</b> unrelated organizations .....		<b>X</b>
<b>(ii)</b> related organizations .....		<b>X</b>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....	<b>3b</b>	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>0</b>		
<b>b</b> Buildings .....		<b>2,606,984</b>	<b>1,044,469</b>	<b>1,562,515</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>393,319</b>	<b>249,007</b>	<b>144,312</b>
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>1,706,827</b>



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .....

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

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

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

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

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

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FIN 48 FOOTNOTE**

THE FASB ASC PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR HOW AN ENTITY SHOULD RECOGNIZE, MEASURE, PRESENT, AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE ENTITY HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. THE FASB ASC REQUIRES THAT THE FINANCIAL STATEMENTS REFLECT EXPECTED FUTURE TAX CONSEQUENCES OF SUCH POSITIONS PRESUMING THE TAXING AUTHORITIES' FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS, BUT WITHOUT CONSIDERING TIME VALUES. THE FEDERAL INCOME TAX RETURNS OF THE ORGANIZATIONS FOR THE YEARS ENDED DECEMBER 31, 2013, 2014, 2015, AND 2016 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. HOWEVER, THE ORGANIZATIONS ARE NOT CURRENTLY UNDER AUDIT NOR HAVE THE ORGANIZATIONS BEEN CONTACTED BY

**Part XIII Supplemental Information** *(continued)*

**ANY TAX JURISDICTIONS.**

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

Employer identification number

**61-0986164**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TRUE SENSE 1 P.O. BOX 64114 PITTSBURGH PA 15264	DIRECT MAIL	X		94,576	60,305	34,271
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				<b>94,576</b>	<b>60,305</b>	<b>34,271</b>

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**ALL STATES**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>MCDAZZLE GALA</u> (event type)	<u>KEENELAND LUNCH</u> (event type)	<u>4</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	<b>337,119</b>	<b>35,376</b>	<b>60,172</b>	<b>432,667</b>
	<b>2</b> Less: Contributions	<b>242,526</b>	<b>25,086</b>	<b>47,188</b>	<b>314,800</b>
	<b>3</b> Gross income (line 1 minus line 2)	<b>94,593</b>	<b>10,290</b>	<b>12,984</b>	<b>117,867</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes	<b>99,236</b>		<b>1,500</b>	<b>100,736</b>
	<b>6</b> Rent/facility costs	<b>5,028</b>		<b>5,988</b>	<b>11,016</b>
	<b>7</b> Food and beverages	<b>24,892</b>	<b>9,900</b>	<b>3,327</b>	<b>38,119</b>
	<b>8</b> Entertainment	<b>3,450</b>		<b>700</b>	<b>4,150</b>
	<b>9</b> Other direct expenses	<b>22,207</b>	<b>1,995</b>	<b>11,107</b>	<b>35,309</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				<b>189,330</b>
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				<b>-71,463</b>	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue			
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d)					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.** Employer identification number  
**61-0986164**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	RONALD MCDONALD HOUSE TRUST FUND P.O. BOX 22414 LEXINGTON KY 40522	61-6216083	501C3	50,000		FMV		CHARITABLE
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

Employer identification number

**61-0986164**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	<b>X</b>	<b>1</b>	<b>26,387</b>	<b>FMV</b>
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	<b>X</b>	<b>5</b>	<b>123,208</b>	<b>FMV</b>
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <b>HOUSE SUPPLIES</b> )	<b>X</b>	<b>7</b>	<b>68,996</b>	<b>FMV</b>
26 Other ▶ ( <b>AUCTION ITEMS</b> )	<b>X</b>	<b>50</b>	<b>99,236</b>	<b>FMV</b>
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

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

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS**

**RMHC HAS CONTRACTED WITH A THIRD PARTY - AUTO RECOVERY SERVICES INC. TO SECURE AND LIQUIDATE VEHICLES DONATED TO THE ORGANIZATION. AFTER LIQUIDATING THE VEHICLES, AUTO RECOVERY SERVICES INC. REMITS THE PROCEEDS TO RMHC.**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016****Open to Public  
Inspection**

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

Employer identification number

**61-0986164****FORM 990 - ORGANIZATION'S MISSION**

THE MISSION OF RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS IS TO  
CREATE AND SUPPORT PROGRAMS THAT DIRECTLY IMPROVE THE HEALTH AND  
WELL-BEING OF CHILDREN AND STRENGTHEN FAMILIES BY KEEPING THEM  
TOGETHER IN TIMES OF MEDICAL NEED.

**FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT**

FROM \$2,250-\$3,000 TO LOCAL PROJECTS, PROGRAMS, AND ORGANIZATIONS.

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT**

OTHER PROGRAM EXPENSES THAT ARE NOT DIRECTLY ALLOCABLE TO THE  
ORGANIZATION'S THREE MAJOR PROGRAMS.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

THE EXECUTIVE DIRECTOR ALONG WITH THE TREASURER REVIEW THE FORM 990 WITH  
THE CPA FIRM PREPARING THE RETURN BEFORE IT IS FILED. AFTER FILING, THE  
FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD  
DELEGATED POWERS SHALL COMPLETE A CONFLICT OF INTEREST SURVEY. THE BOARD  
GOVERNANCE CHAIR COMPILES THE RESULTS OF THE SURVEYS AND MAKES A  
PRESENTATION DURING A REGULARLY SCHEDULED BOARD MEETING ADVISING THE BOARD  
OF ANY POTENTIAL CONFLICTS OF INTEREST.

Name of the organization

Employer identification number

RONALD MCDONALD HOUSE CHARITIES

61-0986164

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
 THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION  
 PACKAGE. EACH BOARD MEMBER IS ASKED TO COMPLETE AN EVALUATION OF THE  
 EXECUTIVE DIRECTOR. THE RESULTS ARE COMPILED AND PRESENTED TO THE EXECUTIVE  
 COMMITTEE FOR THE PURPOSE OF DETERMINING THE EXECUTIVE DIRECTOR'S  
 COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 RMHC MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND OTHER RELATED  
 DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

SPECIAL EVENT EXPENSES	\$106,148	\$	0
VENDING INCOME	\$ 3,028	\$	0
SPECIAL EVENT EXPENSES	\$106,148	\$	0
VENDING INCOME	\$ 3,028	\$	0

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

Employer identification number

**61-0986164**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>RONALD MCDONALD HOUSE TRUST FUND</b> <b>P.O. BOX 22414</b> <b>61-6216083</b> <b>LEXINGTON KY 40522</b>	<b>TRUST HOLD</b>	<b>KY</b>		<b>12C</b>	<b>N/A</b>		<b>X</b>
(2) .....							
(3) .....							
(4) .....							
(5) .....							

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity		<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>X</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<b>X</b>
<b>d</b> Loans or loan guarantees to or for related organization(s)		<b>X</b>
<b>e</b> Loans or loan guarantees by related organization(s)		<b>X</b>
<b>f</b> Dividends from related organization(s)		<b>X</b>
<b>g</b> Sale of assets to related organization(s)		<b>X</b>
<b>h</b> Purchase of assets from related organization(s)		<b>X</b>
<b>i</b> Exchange of assets with related organization(s)		<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		<b>X</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		<b>X</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s)		<b>X</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses		<b>X</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses		<b>X</b>
<b>r</b> Other transfer of cash or property to related organization(s)		<b>X</b>
<b>s</b> Other transfer of cash or property from related organization(s)		<b>X</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> <b>RONALD MCDONALD HOUSE TRUST FUND</b>	<b>B</b>	<b>50,000</b>	<b>FAIR MARKET VALUE</b>
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													





Form **4562**

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

OMB No. 1545-0172

**2016**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment Sequence No. **179**

Name(s) shown on return **RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS, INC.**

Identifying number  
**61-0986164**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

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

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	<b>500,000</b>
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	<b>2,010,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	<b>13</b>	

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

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

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	<b>104,845</b>

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

**Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2016	<b>17</b>	<b>0</b>
<b>18</b>	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 2016 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
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	<b>104,845</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2016)

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	VAN	7/31/97	20,069			20,069	5 MO S/L	20,069	0
	Sold/Scrapped: 1/01/16								
2	BUILDING	12/31/84	630,594			630,594	45 MO S/L	435,576	14,013
3	IMPROVEMENTS	12/31/89	12,158			12,158	45 MO S/L	7,047	270
4	WATER DRAIN SYSTEM	12/31/89	11,500			11,500	45 MO S/L	6,667	256
5	ROOF	5/11/92	6,208			6,208	45 MO S/L	3,265	138
6	BUILDING EXPANSION	5/17/94	493,517			493,517	45 MO S/L	237,619	10,967
7	BUILDING EXPANSION 2	8/08/94	17,600			17,600	45 MO S/L	8,376	391
8	OUTSIDE LIGHTING	12/15/96	2,240			2,240	45 MO S/L	951	50
9	LAM. TOY/BOOK SHELVES	2/25/99	5,800			5,800	45 MO S/L	2,181	129
10	RENOVATION	12/13/99	12,592			12,592	45 MO S/L	4,501	280
11	HEAT PUMP & AIR HAND	1/24/00	3,990			3,990	45 MO S/L	1,420	89
12	BOARD OFFICE HEAT	11/27/00	2,750			2,750	45 MO S/L	927	61
13	WINDOWS	2/04/01	6,908			6,908	45 MO S/L	2,291	154
14	ARCHITECTURAL FEES	9/01/01	17,345			17,345	45 MO S/L	5,523	385
15	RENOVATIONS	11/05/01	2,540			2,540	45 MO S/L	798	56
16	WINDOWS	11/19/01	6,140			6,140	45 MO S/L	1,932	136
17	RENOVATIONS	12/03/01	2,021			2,021	45 MO S/L	633	45
18	RENOVATIONS	12/03/01	42,278			42,278	45 MO S/L	13,233	940
19	RENOVATIONS	12/03/01	6,228			6,228	45 MO S/L	1,948	138
20	RENOVATIONS	12/03/01	2,034			2,034	45 MO S/L	636	45
21	RENOVATIONS - A/C	12/03/01	10,882			10,882	45 MO S/L	3,406	242
22	RENOVATIONS	12/24/01	45,419			45,419	45 MO S/L	14,214	1,009
23	RENOVATIONS	1/14/02	24,982			24,982	45 MO S/L	7,772	555
24	RENOVATIONS	2/11/02	74,046			74,046	45 MO S/L	22,898	1,645
25	RENOVATIONS	3/15/02	52,523			52,523	45 MO S/L	16,145	1,167
26	ARCHITECTURAL FEES	3/25/02	4,064			4,064	45 MO S/L	1,248	90
27	RENOVATIONS	6/03/02	2,830			2,830	45 MO S/L	855	63
28	NEW DOOR	12/16/02	1,452			1,452	45 MO S/L	421	32
29	SUMP PUMP	12/30/02	2,000			2,000	7 MO S/L	2,000	0
30	SECURITY SYSTEM CARD READER	3/17/03	1,054			1,054	7 MO S/L	1,054	0
31	RENOVATION - PIPE	4/02/03	1,958			1,958	45 MO S/L	556	44
32	OUTSIDE LIGHTS	6/09/03	1,948			1,948	7 MO S/L	1,948	0
33	RENOVATIONS	6/16/03	36,771			36,771	45 MO S/L	10,282	817
34	CABINETS	8/11/03	5,124			5,124	45 MO S/L	1,414	114
35	WINDOWS	8/11/03	7,040			7,040	45 MO S/L	1,941	156
36	GENERATOR	10/20/03	5,370			5,370	7 MO S/L	5,370	0
37	KITCHEN PLANS	11/17/03	1,000			1,000	45 MO S/L	270	22
38	WINDOWS	2/09/04	2,770			2,770	45 MO S/L	735	62
39	CHIMNEY REPAIR	11/08/04	3,800			3,800	45 MO S/L	942	84
40	KITCHEN RENOVATION	5/20/05	360,677			360,677	45 MO S/L	85,494	8,015
41	UPSTAIRS STORAGE TRANE A/C UNIT	7/25/05	3,759			3,759	7 MO S/L	3,759	0
42	PLAYROOM WINDOWS	11/20/05	4,357			4,357	45 MO S/L	985	97
43	BRONZE PLAQ & PLATES	3/31/86	1,172			1,172	5 MO S/L	1,172	0
44	POSTER & FRAMINGS	8/05/86	2,186			2,186	5 MO S/L	2,186	0
45	ATRIUM FURNITURE	7/31/90	1,323			1,323	7 MO S/L	1,323	0
	Sold/Scrapped: 1/01/16								
46	CEILING WALL LIGHTS	5/17/94	4,399			4,399	7 MO S/L	4,399	0
47	POOL TABLE	5/17/94	1,574			1,574	7 MO S/L	1,574	0
48	CARPET	6/26/96	3,375			3,375	7 MO S/L	3,375	0
49	LAMBRAQUIN ( PRINT)	6/26/96	1,000			1,000	7 MO S/L	1,000	0
50	PIANO	3/19/99	3,795			3,795	7 MO S/L	3,795	0
51	FURNITURE/REMODELING	9/13/99	7,027			7,027	7 MO S/L	7,027	0
52	ACQUARIUM	6/06/01	6,486			6,486	7 MO S/L	6,486	0
53	DISPLAY CASE	6/11/01	5,960			5,960	7 MO S/L	5,960	0
	Sold/Scrapped: 1/01/16								
54	TV - PLAYROOM	7/30/01	1,570			1,570	7 MO S/L	1,570	0
55	FURNITURE	12/24/01	13,516			13,516	7 MO S/L	13,516	0
56	B. MEADE INTERIORS	12/31/01	1,166			1,166	7 MO S/L	1,166	0
57	INSTALL FURNITURE	1/21/02	1,852			1,852	7 MO S/L	1,852	0
58	INSTALL FURNITURE	3/18/02	2,021			2,021	7 MO S/L	2,021	0
59	SHELVING	1/29/03	1,014			1,014	7 MO S/L	1,014	0
60	SLIDE-IN-RANGE	2/07/05	1,359			1,359	7 MO S/L	1,359	0
61	WALL DOUBLE OVEN	2/07/05	1,004			1,004	7 MO S/L	1,004	0
62	BLACK MINI FRIDGE	2/10/05	3,200			3,200	7 MO S/L	3,200	0
63	KITCHEN HOOD	2/16/05	7,119			7,119	7 MO S/L	7,119	0
64	DINING ROOM FURNITURE	3/28/05	6,883			6,883	7 MO S/L	6,883	0
65	DISHWASHER	11/07/05	8,838			8,838	7 MO S/L	8,838	0

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
66	LANDSCAPING	7/08/85	1,861			1,861	0 -- Land	0	0
67	DRAINAGE DITCH	6/30/88	1,628			1,628	0 -- Land	0	0
68	LANDSCAPING	8/12/93	1,340			1,340	0 -- Land	0	0
69	LANDSCAPING - EXPANSION	5/17/94	8,289			8,289	15 MO S/L	8,289	0
70	IRRIGATION SYSTEM	4/01/96	10,960			10,960	15 MO S/L	10,960	0
Sold/Scrapped: 1/01/16									
71	SHRUBS, MULCH ETC	10/25/99	1,600			1,600	15 MO S/L	1,600	0
72	PHONE SYSTEM	9/15/91	2,622			2,622	7 MO S/L	2,622	0
73	FILE CAB & DRAWERS	10/31/95	1,665			1,665	7 MO S/L	1,665	0
74	PHONES	12/31/03	3,600			3,600	7 MO S/L	3,600	0
75	PATIO CHAIRS & TABLES	6/13/89	1,000			1,000	12 MO S/L	1,000	0
76	BRONZE STATUE - JOE LE	8/29/01	5,000			5,000	7 MO S/L	5,000	0
77	ROOF REPAIRS	7/17/06	8,700			8,700	45 MO S/L	1,836	193
78	UPDATE LAUNDRY ROOM	11/30/06	21,678			21,678	45 MO S/L	4,417	482
79	FURNITURE	12/18/06	3,714			3,714	7 MO S/L	3,714	0
80	ENTERTAINMENT CENTER	1/09/07	2,435			2,435	7 MO S/L	2,435	0
81	RESERVE STUDY	1/29/07	3,600			3,600	7 MO S/L	3,600	0
82	AV SYSTEM	2/05/07	3,229			3,229	5 MO S/L	3,229	0
Sold/Scrapped: 1/01/16									
83	PHASE II LIVING ROOM	12/11/07	4,128			4,128	7 MO S/L	4,128	0
84	Woodsmith Creations - Living Room Phase II	11/22/08	6,406			6,406	10 MO S/L	5,126	641
85	Woodsmith Creations - Insulation	1/22/08	2,100			2,100	10 MO S/L	1,680	210
86	2007 Toyota Sienna	1/24/08	21,331			21,331	10 MO S/L	17,065	2,133
87	Woodsmith Creations - Living Room Phase II	2/05/08	3,662			3,662	10 MO S/L	2,898	366
88	Woodsmith Creations - Living Room Phase II	2/20/08	4,627			4,627	10 MO S/L	3,664	463
89	Living Room Phase II costs	3/11/08	917			917	10 MO S/L	719	92
90	Woodsmith Creations - Living Room Phase II	4/03/08	7,305			7,305	10 MO S/L	5,663	731
91	HVAC & HEAT PUMP KITCHEN	8/25/10	7,344			7,344	10 MO S/L	3,977	734
92	ROLL AWAY	2/08/10	1,793			1,793	10 MO S/L	1,060	179
93	ICE MAKER	4/06/10	1,025			1,025	10 MO S/L	591	103
94	BUSINESS & VOLUNTEER CENTER IM	8/25/10	28,061			28,061	15 MO S/L	10,134	1,871
95	INT & EXT PAINTING	12/15/10	7,500			7,500	15 MO S/L	2,542	500
96	EXIT SIGNS AND SMOKE DETECTORS	11/17/10	3,105			3,105	15 MO S/L	1,070	207
97	RONALD BENCH	9/24/10	3,882			3,882	10 MO S/L	2,070	388
98	COMPUTERS	6/10/11	1,624			1,624	5 MO S/L	1,489	135
99	LAPTOPS(2)	8/09/11	1,716			1,716	5 MO S/L	1,515	201
100	4 Maytag Dryers	7/01/11	2,200			2,200	10 MO S/L	990	220
101	La-Z-Boy Furniture	7/01/11	2,460			2,460	10 MO S/L	1,107	246
102	RECEPTION AREA RENOVATIONS	10/31/12	39,590			39,590	30 MO S/L	4,950	1,320
103	RECEPTION AREA CHAIRS	10/31/12	802			802	7 MO S/L	365	115
104	RECEPTION AREA COMPUTERS	10/31/12	1,505			1,505	3 MO S/L	1,460	45
105	WATER HEATER	4/26/12	4,953			4,953	10 MO S/L	1,856	495
106	GUEST ROOM DESIGN PLANS	5/01/14	26,272			26,272	45 MO S/L	1,192	584
107	GUEST ROOM DESIGN PLANS	5/01/14	1,932			1,932	45 MO S/L	72	43
108	DESIGN BY POHL ROSA POHL	5/01/14	468			468	45 MO S/L	17	10
109	POHL ROSA POHL PLANS FOR ENTRY	5/01/14	108			108	45 MO S/L	4	2
110	HEAT PUMP - MORRIS H/C	6/21/13	3,661			3,661	10 MO S/L	915	366
111	DESIGN BY POHL ROSA POHL	5/01/14	312			312	45 MO S/L	12	7
112	AIR CONDITIONER	6/21/13	1,451			1,451	10 MO S/L	363	145
113	AIR CONDITIONER	7/10/13	1,521			1,521	10 MO S/L	380	152
114	POHL ROSA POHL - ENTRY WAY DOC	5/01/14	686			686	45 MO S/L	25	15
115	POHL ROSA POHL - ENTRY WAY DESI	5/01/14	434			434	45 MO S/L	16	10
116	WATER HEATER	12/20/13	5,023			5,023	10 MO S/L	1,004	502
117	HVAC UNIT	1/01/13	2,750			2,750	10 MO S/L	825	275
118	ROOM REN. FURNISHINGS	5/01/14	101,787			101,787	7 MO S/L	24,235	14,541
119	ROOM REN. BARNWOOD FRAMES	5/01/14	5,250			5,250	7 MO S/L	1,250	750
120	WASHER - BRAND SOURCE	7/01/13	1,190			1,190	5 MO S/L	595	238
121	ARCHAMBEAULT PRINTS	5/01/14	3,990			3,990	7 MO S/L	950	570
122	48 LAMP ROOM RENOVATIONS	8/29/14	6,240			6,240	7 MO S/L	1,188	891
123	2 SINGLE PHASE ZOELLER 841 GRIND	6/21/14	13,444			13,444	5 MO S/L	4,033	2,689
124	RENOVATION - SPRINKLER SYSTEM	5/01/14	9,821			9,821	24 MO S/L	682	409
125	2014 ROOM RENOVATIONS		0			0	0 HY	0	0
126	Bedroom Ceilings finishing and Misc materials	5/01/14	8,563			8,563	24 MO S/L	595	357
127	Restroom Walls Finishing and misc materials	5/01/14	5,492			5,492	24 MO S/L	382	229
128	Restroom Ceilings Finishing and misc materials	5/01/14	1,665			1,665	24 MO S/L	115	69
129	Bedroom Floors Finishing and misc materials	5/01/14	8,563			8,563	24 MO S/L	595	357
130	Restroom Floors Finishing and misc materials	5/01/14	1,665			1,665	24 MO S/L	115	69
131	Paint Drywall	5/01/14	14,219			14,219	24 MO S/L	987	592
132	Paint Deduct due to Owner furnish Materials	5/01/14	-1,265			-1,265	24 MO S/L	0	-53
133	CDI Floors	5/01/14	33,619			33,619	24 MO S/L	2,335	1,401
134	Add one Suite to total renovation (total of 2	5/01/14	15,692			15,692	24 MO S/L	1,090	654

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
135	Demo/Insulate/Rehang Option 3	5/01/14	60,470			60,470	24 MO S/L	4,200	2,520
136	FOAM INSULATION	5/01/14	16,300			16,300	24 MO S/L	1,132	679
137	PLUMBING	5/01/14	56,196			56,196	24 MO S/L	3,903	2,342
138	HVAC Allowance	5/01/14	10,000			10,000	24 MO S/L	695	417
139	Exhaust Fan Replacement Base	5/01/14	12,741			12,741	24 MO S/L	885	531
140	Replace all hvac alternate pricing	5/01/14	33,483			33,483	24 MO S/L	2,325	1,395
141	19pc. Plam Vanity with solid Surface top and	5/01/14	19,010			19,010	24 MO S/L	1,320	792
142	ADA Solid Surface Shower Surrounds	5/01/14	6,000			6,000	24 MO S/L	417	250
143	Standard Room Solid Surface Tub Surrounds	5/01/14	17,480			17,480	24 MO S/L	1,214	728
144	ELECTRICAL	5/01/14	15,000			15,000	24 MO S/L	1,042	625
145	DUMPSTERS	5/01/14	2,250			2,250	24 MO S/L	157	94
146	CLEANUP/ACCESSORIES/GENERAL C	5/01/14	12,000			12,000	24 MO S/L	833	500
147	MARKUP	5/01/14	57,996			57,996	24 MO S/L	4,028	2,417
148	Additional shut off valve in Phase 1	5/01/14	978			978	24 MO S/L	68	41
149	repair Broken Pipe by street	5/01/14	145			145	24 MO S/L	10	6
150	Paint hallway frames outside rooms	5/01/14	242			242	24 MO S/L	17	10
151	Paint Additional Walls in Corridor	5/01/14	1,087			1,087	24 MO S/L	75	45
152	Paint other Doors/Frames	5/01/14	431			431	24 MO S/L	30	18
153	2nd floor corridor ceiling, priming	5/01/14	230			230	24 MO S/L	16	10
154	Paint 1st floor Support Columns	5/01/14	46			46	24 MO S/L	3	2
155	Paint 2nd Floor wood handrails at balcony	5/01/14	288			288	24 MO S/L	20	12
156	Belkin Wireless booster for lounge	5/01/14	322			322	24 MO S/L	22	13
157	Replace bad exit signs/emergency Fixtures	5/01/14	328			328	24 MO S/L	23	14
158	Add corner protectors	5/01/14	587			587	24 MO S/L	40	24
159	Add access panels for sprinkler work	5/01/14	621			621	24 MO S/L	43	26
160	Add quarter round to stairwells	5/01/14	1,259			1,259	24 MO S/L	87	52
161	Replace window stops in office	5/01/14	518			518	24 MO S/L	36	22
162	Install wire mold in rear intrance	5/01/14	282			282	24 MO S/L	20	12
163	Add Common Area LVT and Base	5/01/14	9,906			9,906	24 MO S/L	688	413
164	C & C Fire Sprinkler Systems & Inspections,	16/01/14	8,504			8,504	24 MO S/L	590	354
165	LIFT STATION LID	7/16/14	2,150			2,150	5 MO S/L	609	430
166	BEDROOM WALL FINISHING	5/01/14	16,586			16,586	24 MO S/L	1,152	691
167	Retainer/Deposit for Entry Remodel	6/03/15	10,000			10,000	24 MO S/L	243	417
168	AMAZON - FRONT ENTRANCE REMOI	6/03/15	43			43	24 MO S/L	1	2
169	IMAGE 360 - FRONT ENTRANCE SIGNS	6/03/15	155			155	24 MO S/L	4	6
170	REPAIR AND REPLACE BAND BOARD	6/03/15	3,925			3,925	24 MO S/L	95	164
171	REMOVE AND REPLACE CONCRETE V	6/03/15	7,650			7,650	24 MO S/L	186	319
172	SUPERIOR PAINT & DECOR - FRONT R	6/03/15	120			120	24 MO S/L	3	5
173	FRONT ENTRY RENOVATIONS	6/03/15	4,090			4,090	24 MO S/L	99	170
174	ENTRY REMODEL	6/03/15	26,892			26,892	24 MO S/L	654	1,121
175	SUPERIOR PAINT & DECOR - FRONT R	6/03/15	36			36	24 MO S/L	1	2
176	ADMIN ASST OFFICE REMODEL	11/19/15	1,725			1,725	24 MO S/L	6	72
177	IKEA VOL CENTER	10/01/15	205			205	7 MO S/L	7	29
178	IKEA ADMIN ASST OFFICE	10/01/15	781			781	7 MO S/L	28	112
179	IKEA VOL AND GUEST SERVICES OFF	10/01/15	685			685	7 MO S/L	24	98
180	AMAZON - ADMIN OFFICE RELOCATI	11/19/15	48			48	24 MO S/L	0	2
181	AMAZON - ADMIN OFFICE MOVE	11/19/15	165			165	24 MO S/L	1	7
182	DELL PRECISION 3420 WORKSTATION	11/09/15	1,617			1,617	3 MO S/L	90	539
183	2015 DODGE GRAND CARAVAN SXT	8/06/15	19,572			19,572	5 MO S/L	1,631	3,914
184	Amazon - Arcade Game	9/01/15	3,015			3,015	5 MO S/L	201	603
185	Marketing Office Renovation	5/16/16	19,942			19,942	24 MO S/L	0	485
186	LIFT STATION	12/02/16	10,000			10,000	5 MO S/L	0	167
187	FURNITURE	10/15/16	4,736			4,736	7 MO S/L	0	169
188	DELL LAPTOP	5/20/16	1,319			1,319	3 MO S/L	0	256
	<b>Total Other Depreciation</b>		<u>3,041,844</u>			<u>3,041,844</u>		<u>1,230,173</u>	<u>104,845</u>
	<b>Total ACRS and Other Depreciation</b>		<u>3,041,844</u>			<u>3,041,844</u>		<u>1,230,173</u>	<u>104,845</u>
	<b>Grand Totals</b>		3,041,844			3,041,844		1,230,173	104,845
	<b>Less: Dispositions and Transfers</b>		41,541			41,541		41,541	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>3,000,303</u>			<u>3,000,303</u>		<u>1,188,632</u>	<u>104,845</u>

# Depreciation Adjustment Report

## All Business Activities

AMT  
Adjustments/  
Preferences

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

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
2	BUILDING	12/31/84	630,594	14,013	0
3	IMPROVEMENTS	12/31/89	12,158	270	0
4	WATER DRAIN SYSTEM	12/31/89	11,500	255	0
5	ROOF	5/11/92	6,208	138	0
6	BUILDING EXPANSION	5/17/94	493,517	10,967	0
7	BUILDING EXPANSION 2	8/08/94	17,600	391	0
8	OUTSIDE LIGHTING	12/15/96	2,240	50	0
9	LAM. TOY/BOOK SHELVES	2/25/99	5,800	129	0
10	RENOVATION	12/13/99	12,592	280	0
11	HEAT PUMP & AIR HAND	1/24/00	3,990	88	0
12	BOARD OFFICE HEAT	11/27/00	2,750	61	0
13	WINDOWS	2/04/01	6,908	153	0
14	ARCHITECTURAL FEES	9/01/01	17,345	386	0
15	RENOVATIONS	11/05/01	2,540	57	0
16	WINDOWS	11/19/01	6,140	137	0
17	RENOVATIONS	12/03/01	2,021	45	0
18	RENOVATIONS	12/03/01	42,278	939	0
19	RENOVATIONS	12/03/01	6,228	139	0
20	RENOVATIONS	12/03/01	2,034	45	0
21	RENOVATIONS - A/C	12/03/01	10,882	242	0
22	RENOVATIONS	12/24/01	45,419	1,010	0
23	RENOVATIONS	1/14/02	24,982	555	0
24	RENOVATIONS	2/11/02	74,046	1,646	0
25	RENOVATIONS	3/15/02	52,523	1,167	0
26	ARCHITECTURAL FEES	3/25/02	4,064	91	0
27	RENOVATIONS	6/03/02	2,830	63	0
28	NEW DOOR	12/16/02	1,452	33	0
29	SUMP PUMP	12/30/02	2,000	0	0
30	SECURITY SYSTEM CARD READER	3/17/03	1,054	0	0
31	RENOVATION - PIPE	4/02/03	1,958	43	0
32	OUTSIDE LIGHTS	6/09/03	1,948	0	0
33	RENOVATIONS	6/16/03	36,771	817	0
34	CABINETS	8/11/03	5,124	114	0
35	WINDOWS	8/11/03	7,040	157	0
36	GENERATOR	10/20/03	5,370	0	0
37	KITCHEN PLANS	11/17/03	1,000	22	0
38	WINDOWS	2/09/04	2,770	61	0
39	CHIMNEY REPAIR	11/08/04	3,800	85	0
40	KITCHEN RENOVATION	5/20/05	360,677	8,015	0
41	UPSTAIRS STORAGE TRANE A/C UNIT	7/25/05	3,759	0	0
42	PLAYROOM WINDOWS	11/20/05	4,357	97	0
43	BRONZE PLAQ & PLATES	3/31/86	1,172	0	0
44	POSTER & FRAMINGS	8/05/86	2,186	0	0
46	CEILING WALL LIGHTS	5/17/94	4,399	0	0
47	POOL TABLE	5/17/94	1,574	0	0
48	CARPET	6/26/96	3,375	0	0
49	LAMBRAQUIN ( PRINT)	6/26/96	1,000	0	0
50	PIANO	3/19/99	3,795	0	0
51	FURNITURE/REMODELING	9/13/99	7,027	0	0
52	ACQUARIUM	6/06/01	6,486	0	0
54	TV - PLAYROOM	7/30/01	1,570	0	0
55	FURNITURE	12/24/01	13,516	0	0
56	B. MEADE INTERIORS	12/31/01	1,166	0	0
57	INSTALL FURNITURE	1/21/02	1,852	0	0
58	INSTALL FURNITURE	3/18/02	2,021	0	0
59	SHELVING	1/29/03	1,014	0	0
60	SLIDE-IN-RANGE	2/07/05	1,359	0	0
61	WALL DOUBLE OVEN	2/07/05	1,004	0	0
62	BLACK MINI FRIDGE	2/10/05	3,200	0	0
63	KITCHEN HOOD	2/16/05	7,119	0	0
64	DINING ROOM FURNITURE	3/28/05	6,883	0	0
65	DISHWASHER	11/07/05	8,838	0	0
66	LANDSCAPING	7/08/85	1,861	0	0
67	DRAINAGE DITCH	6/30/88	1,628	0	0
68	LANDSCAPING	8/12/93	1,340	0	0
69	LANDSCAPING - EXPANSION	5/17/94	8,289	0	0
71	SHRUBS, MULCH ETC	10/25/99	1,600	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
72	PHONE SYSTEM	9/15/91	2,622	0	0
73	FILE CAB & DRAWERS	10/31/95	1,665	0	0
74	PHONES	12/31/03	3,600	0	0
75	PATIO CHAIRS & TABLES	6/13/89	1,000	0	0
76	BRONZE STATUE - JOE LE	8/29/01	5,000	0	0
77	ROOF REPAIRS	7/17/06	8,700	194	0
78	UPDATE LAUNDRY ROOM	11/30/06	21,678	481	0
79	FURNITURE	12/18/06	3,714	0	0
80	ENTERTAINMENT CENTER	1/09/07	2,435	0	0
81	RESERVE STUDY	1/29/07	3,600	0	0
83	PHASE II LIVING ROOM	12/11/07	4,128	0	0
84	Woodsmith Creations - Living Room Phase II	1/22/08	6,406	639	0
85	Woodsmith Creations - Insulation	1/22/08	2,100	210	0
86	2007 Toyota Sienna	1/24/08	21,331	2,133	0
87	Woodsmith Creations - Living Room Phase II	2/05/08	3,662	366	0
88	Woodsmith Creations - Living Room Phase II	2/20/08	4,627	462	0
89	Living Room Phase II costs	3/11/08	917	91	0
90	Woodsmith Creations - Living Room Phase II Co	4/03/08	7,305	730	0
91	HVAC & HEAT PUMP KITCHEN	8/25/10	7,344	735	0
92	ROLL AWAY	2/08/10	1,793	180	0
93	ICE MAKER	4/06/10	1,025	102	0
94	BUSINESS & VOLUNTEER CENTER IMP	8/25/10	28,061	1,870	0
95	INT & EXT PAINTING	12/15/10	7,500	500	0
96	EXIT SIGNS AND SMOKE DETECTORS	11/17/10	3,105	207	0
97	RONALD BENCH	9/24/10	3,882	388	0
98	COMPUTERS	6/10/11	1,624	0	0
99	LAPTOPS(2)	8/09/11	1,716	0	0
100	4 Maytag Dryers	7/01/11	2,200	220	0
101	La-Z-Boy Furniture	7/01/11	2,460	246	0
102	RECEPTION AREA RENOVATIONS	10/31/12	39,590	1,319	0
103	RECEPTION AREA CHAIRS	10/31/12	802	114	0
104	RECEPTION AREA COMPUTERS	10/31/12	1,505	0	0
105	WATER HEATER	4/26/12	4,953	496	0
106	GUEST ROOM DESIGN PLANS	5/01/14	26,272	584	0
107	GUEST ROOM DESIGN PLANS	5/01/14	1,932	43	0
108	DESIGN BY POHL ROSA POHL	5/01/14	468	11	0
109	POHL ROSA POHL PLANS FOR ENTRY	5/01/14	108	3	0
110	HEAT PUMP - MORRIS H/C	6/21/13	3,661	366	0
111	DESIGN BY POHL ROSA POHL	5/01/14	312	7	0
112	AIR CONDITIONER	6/21/13	1,451	145	0
113	AIR CONDITIONER	7/10/13	1,521	152	0
114	POHL ROSA POHL - ENTRY WAY DOCS	5/01/14	686	15	0
115	POHL ROSA POHL - ENTRY WAY DESIGN	5/01/14	434	9	0
116	WATER HEATER	12/20/13	5,023	503	0
117	HVAC UNIT	1/01/13	2,750	275	0
118	ROOM REN. FURNISHINGS	5/01/14	101,787	14,541	0
119	ROOM REN. BARNWOOD FRAMES	5/01/14	5,250	750	0
120	WASHER - BRAND SOURCE	7/01/13	1,190	238	0
121	ARCHAMBEAULT PRINTS	5/01/14	3,990	570	0
122	48 LAMP ROOM RENOVATIONS	8/29/14	6,240	892	0
123	2 SINGLE PHASE ZOELLER 841 GRINDER P	6/21/14	13,444	2,689	0
124	RENOVATION - SPRINKLER SYSTEM	5/01/14	9,821	409	0
125	2014 ROOM RENOVATIONS		0	0	0
126	Bedroom Ceilings finishing and Misc materials	5/01/14	8,563	357	0
127	Restroom Walls Finishing and misc materials	5/01/14	5,492	229	0
128	Restroom Ceilings Finishing and misc material	5/01/14	1,665	70	0
129	Bedroom Floors Finishing and misc materials	5/01/14	8,563	357	0
130	Restroom Floors Finishing and misc materials	5/01/14	1,665	70	0
131	Paint Drywall	5/01/14	14,219	593	0
132	Paint Deduct due to Owner furnish Materials	5/01/14	-1,265	-52	0
133	CDI Floors	5/01/14	33,619	1,401	0
134	Add one Suite to total renovation (total of 2	5/01/14	15,692	654	0
135	Demo/Insulate/Rehang Option 3	5/01/14	60,470	2,519	0
136	FOAM INSULATION	5/01/14	16,300	679	0
137	PLUMBING	5/01/14	56,196	2,341	0
138	HVAC Allowance	5/01/14	10,000	416	0
139	Exhaust Fan Replacement Base	5/01/14	12,741	531	0
140	Replace all hvac alternate pricing	5/01/14	33,483	1,395	0
141	19pc. Plam Vanity with solid Surface top and	5/01/14	19,010	792	0
142	ADA Solid Surface Shower Surrounds	5/01/14	6,000	250	0
143	Standard Room Solid Surface Tub Surrounds	5/01/14	17,480	729	0



Asset	Description	Date In Service	Cost	Tax	AMT
144	ELECTRICAL	5/01/14	15,000	625	0
145	DUMPSTERS	5/01/14	2,250	94	0
146	CLEANUP/ACCESSORIES/GENERAL COND	5/01/14	12,000	500	0
147	MARKUP	5/01/14	57,996	2,416	0
148	Additional shut off valve in Phase 1	5/01/14	978	41	0
149	repair Broken Pipe by street	5/01/14	145	6	0
150	Paint hallway frames outside rooms	5/01/14	242	10	0
151	Paint Additional Walls in Corridor	5/01/14	1,087	46	0
152	Paint other Doors/Frames	5/01/14	431	18	0
153	2nd floor corridor ceiling, priming	5/01/14	230	9	0
154	Paint 1st floor Support Columns	5/01/14	46	2	0
155	Paint 2nd Floor wood handrails at balcony	5/01/14	288	12	0
156	Belkin Wireless booster for lounge	5/01/14	322	14	0
157	Replace bad exit signs/emergency Fixtures	5/01/14	328	13	0
158	Add corner protectors	5/01/14	587	25	0
159	Add access panels for sprinkler work	5/01/14	621	26	0
160	Add quarter round to stairwells	5/01/14	1,259	53	0
161	Replace window stops in office	5/01/14	518	21	0
162	Install wire mold in rear entrance	5/01/14	282	12	0
163	Add Common Area LVT and Base	5/01/14	9,906	413	0
164	C & C Fire Sprinkler Systems & Inspections,In	5/01/14	8,504	355	0
165	LIFT STATION LID	7/16/14	2,150	430	0
166	BEDROOM WALL FINISHING	5/01/14	16,586	691	0
167	Retainer/Deposit for Entry Remodel	6/03/15	10,000	416	0
168	AMAZON - FRONT ENTRANCE REMODEL	6/03/15	43	2	0
169	IMAGE 360 - FRONT ENTRANCE SIGNS	6/03/15	155	7	0
170	REPAIR AND REPLACE BAND BOARD	6/03/15	3,925	163	0
171	REMOVE AND REPLACE CONCRETE WAL	6/03/15	7,650	319	0
172	SUPERIOR PAINT & DECOR - FRONT RENC	6/03/15	120	5	0
173	FRONT ENTRY RENOVATIONS	6/03/15	4,090	171	0
174	ENTRY REMODEL	6/03/15	26,892	1,120	0
175	SUPERIOR PAINT & DECOR - FRONT RENC	6/03/15	36	1	0
176	ADMIN ASST OFFICE REMODEL	11/19/15	1,725	72	0
177	IKEA VOL CENTER	10/01/15	205	30	0
178	IKEA ADMIN ASST OFFICE	10/01/15	781	111	0
179	IKEA VOL AND GUEST SERVICES OFFICE	10/01/15	685	98	0
180	AMAZON - ADMIN OFFICE RELOCATION	11/19/15	48	2	0
181	AMAZON - ADMIN OFFICE MOVE	11/19/15	165	7	0
182	DELL PRECISION 3420 WORKSTATION	11/09/15	1,617	539	0
183	2015 DODGE GRAND CARAVAN SXT	8/06/15	19,572	3,915	0
184	Amazon - Arcade Game	9/01/15	3,015	603	0
185	Marketing Office Renovation	5/16/16	19,942	831	0
186	LIFT STATION	12/02/16	10,000	2,000	0
187	FURNITURE	10/15/16	4,736	677	0
188	DELL LAPTOP	5/20/16	1,319	440	0
<b>Total Other Depreciation</b>			<u>3,000,303</u>	<u>107,338</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>3,000,303</u>	<u>107,338</u>	<u>0</u>
<b>Grand Totals</b>			<u>3,000,303</u>	<u>107,338</u>	<u>0</u>

**SCHEDULE G  
(Form 990 or  
990-EZ)****Fundraising Other Events****2016**

For calendar year 2016, or tax year beginning , and ending

Name

**RONALD MCDONALD HOUSE CHARITIES  
OF THE BLUEGRASS, INC.**

Employer Identification Number

**61-0986164**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>ALL OTHERS</u>	_____	_____	(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	<b>1</b> Gross receipts	<b>60,172</b>			<b>60,172</b>
	<b>2</b> Less: Charitable contributions	<b>47,188</b>			<b>47,188</b>
	<b>3</b> Gross income (line 1 minus line 2)	<b>12,984</b>			<b>12,984</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes	<b>1,500</b>			<b>1,500</b>
	<b>6</b> Rent/facility costs	<b>5,988</b>			<b>5,988</b>
	<b>7</b> Food/beverages	<b>3,327</b>			<b>3,327</b>
	<b>8</b> Entertainment	<b>700</b>			<b>700</b>
	<b>9</b> Other expenses	<b>11,107</b>			<b>11,107</b>

**Federal Statements****Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 30,892					
TOTAL	<u>\$ 30,892</u>					

**Federal Statements****Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
OTHER CONTRIBUTIONS	\$ 944,558
MCDAZZLE GALA	
CASH CONTRIBUTION	143,290
NONCASH CONTRIBUTION	99,236
KEENELAND LUNCHEON	
CASH CONTRIBUTION	25,086
ALL OTHERS	
CASH CONTRIBUTION	47,188
TOTAL	<u>\$ 1,259,358</u>

**Schedule A, Part II, Line 12 - Current year**

<u>Description</u>	<u>Amount</u>
ROOM CONTRIBUTIONS	\$ 10,307
FAMILY ROOM PROGRAM	42,500
DIVIDEND INCOME	30,892
MCDAZZLE GALA	94,593
KEENELAND LUNCHEON	10,290
ALL OTHERS	12,984
TOTAL	<u>\$ 201,566</u>