

# Application Form

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## *Introduction*

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**As of 5 PM, 11/12/2020, Behavioral Health proposals for future programming will no longer be accepted. Under the Behavioral Health category, you may only apply for reimbursement of past expenses related to COVID-19.**

**NOTE: If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. This is determined at the contracting stage. Please consider this when developing your request and project start date.**

The submission of an application is not a guarantee or commitment of funding. This application will be made public, in its entirety, including any attachments or uploads.

To see the rubric by which your organization's application will be scored, [click here](#).

**Please answer these questions FIRST**, as the application will show you the required sections and fields to complete based on your answers.

### **Priority Funding Areas\***

Please select the priority area(s) most relevant to your request (see the PCF website for examples).

Food

### **Reimbursement\***

The Pinellas CARES Nonprofit Partnership Fund allows requests to ask for reimbursement of expenditures related to COVID-19 programming within the Priority Funding Areas that took place between March 1, 2020 and the time of application.

Will your organization be applying for this cost reimbursement?

Yes

### **Future Programming\***

Will your organization be applying for funding for services to be delivered between the grant award decision and December 30, 2020?

**As of 5 PM, 11/12/2020, you may no longer apply for future programming for Behavioral Health. You may only apply for reimbursement of already-rendered services related to COVID-19.**

Yes

**Project Name\***

Basic Needs for Pediatric Patient Families During COVID-19

**EIN\***

59-1835985

**DUNS Number\***

Please provide your organization's DUNS number. This is the Data Universal Numbering System.

You can search for your DUNS number here: <https://www.dnb.com/duns-number/lookup.html>

If you do not have a DUNS number, you can apply for one here (it is free and may take 3-4 days for approval): <https://www.dnb.com/duns-number/get-a-duns.html>

**This field is optional as to not stop a qualifying organization from applying. HOWEVER, a DUNS number *will* be required if your organization is approved for a grant. Your organization should apply for a DUNS number now if it does not yet have one.**

618424923

**Mission Statement\***

The mission of Ronald McDonald House Charities is to create, find and support programs that directly improve the health and well being of children and their families.

**Total Operating Expenditure\***

What are your total annual operating expenses?

\$3,256,729.00

## Amount Requested\*

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount should include any reimbursements your organization is seeking for past COVID-19 programming.

Typical funding requests will range between \$25,000 and \$250,000. Amounts above and below are accepted, provided the request can be justified by community need.

**Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.**

\$193,229.13

If you are requesting more than \$250,000 or a large capital expenditure, please speak with PCF program staff to discuss the feasibility of your request **PRIOR TO submission**.

## Priority Populations\*

Please select the priority populations your programming will serve:

Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

- Communities of color
- Children and/or the elderly
- Residents with language barriers
- Persons with disabilities
- Low-income families

## Guiding Principles\*

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

**From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).**

RMHC promotes an equitable space that is diverse in nature and where families are supported by each other. Particularly to attend to equity, we provide access to basic needs and also provide an inclusive environment where all families are respected while receiving medical care. Our diversity extends past where our families call home. Our 2019 data records indicated that 50% of our families were Caucasian, 20% was Latino/a, 15% was African American and the remaining 15% was other. We are saving families between \$1,200 to \$3,000, a month. This is approximately, one-month salary of the 30% of area median income for the state of Florida. The individuals that stay with us are siblings, parents, grandparents, extended family, adoptive parents and guardians. More importantly, they are the lifeline to their child. Furthermore, we have diverse representation in our board and advisory group to ensure the creation, design and impact of the organization are equitable in nature.

## Length of time operating program/project\*

Please briefly explain how long you have been operating the program or project for which you are requesting funds. **This funding is for expansion of existing programming or sustaining an existing expansion to meet community needs.**

We began the program on March 19, 2020 when RMHCTB suspended services (new family intake, volunteers, meal groups, Day-Use program, etc). Hence, we are seeking funds to purchase food and provide lodging (inclusive of home and hotels) for families.

## Service Area\*

In which areas of the county do you physically provide services?

South County (locations such as St. Petersburg, Lealman, Kenneth City)

## Impact on Organization\*

What has been the impact of the coronavirus/COVID-19 on the services of your organization? (Example: inability to provide enough food, unable to provide behavioral health sessions, lack of volunteerism, etc.)

COVID-19 has drastically changed our service delivery and how we offer resources to families in need. Virtually overnight, our organization pivoted from having three donated meals daily, volunteers and chore groups to purchasing meals to meet the needs of our families. Hence, the day-to-day normalcy at the home was disrupted. Due to precautions surrounding the pandemic, we continue to be unable to allow volunteer meal groups to prepare food on-site, and many of our restaurant partners are no longer able to donate meals due to the economic toll of COVID-19.

Additionally, to prevent the spread of COVID-19, we halted all family intake during the nationwide shut-down; each of our three St. Petersburg Houses is in a different stage of reopening, however, none are presently able to operate at full capacity, and families checking-in must adhere to extremely strict guidelines that can be burdensome on a family that is already at its limits.

The benefits of having a home away from home, like RMH, which acts as a place of solace, is essential to supporting the family's overall well-being because it reduces the financial burden and provides basic needs. We have continued serving families through purchased meals, as well as hosting families that cannot meet our stringent intake process at local hotels.

Moreover, the staff had to consider creative ways to communicate and further support families during this time of crisis. For example, doing wellness checks, supporting families that are transitioning home and having financial challenges and providing the convenience of everyday delights, like a cup of coffee on a portable tray.

## *Fiscal Accountability*

### Federal Fund Disclosure\*

If your organization is awarded this grant, you may be considered a subrecipient of federal funding. THEREFORE, if you are deemed a subrecipient and your organization reaches a threshold of having spent more than \$750,000 in federal funding this fiscal year (this INCLUDES other federally funded programs), it will be subject to requirements of the Federal Single Audit Act. This will require your organization to comply with Federal Compliance

**Requirements and may necessitate additional expenses for your organization and you should prepare for this.**

**It is advisable that you contact a certified public accountant (CPA) or other professional for guidance.**

Yes, my organization understands and assumes all liabilities/costs in regards to federal funding.

### **Audited Financial Statements\***

Does your organization routinely contract to have an audit conducted of its financial statements?

Yes

### **Most Recently Filed IRS Form 990\***

Please upload a copy of the organization's most recently filed IRS Form 990. **This is absolutely required.**

2019 Ronald McDonald House IRS Form 990.pdf

### **Board-Approved Budget\***

Please upload your most recently board-approved budget for this fiscal year in PDF format.

Ronald McDonald House Charities Tampa Bay 2020 Operating Budget.pdf

## ***Audited Financial Statements***

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### **Most Recent Audited Financial Statements\***

If your organization routinely contracts for an independent audit of its financial statements, including audits in accordance with Uniform Guidance and/or Chapter 10.650, Rules of the Auditor General, upload the most recent audit. The document should not be more than a year old.

RMHC Tampa Bay Audited 2019 Financial Statement.pdf

We have attached the independent audit that was conducted by Rivero, Gordimer & Company, P.A.

### **Management Letter\***

Please provide a management letter indicating any findings from your organization's most recent independent audit.

**If there is no management letter, please explain why.**

Ronald McDonald House Charities Tampa Bay- Financials Communication Letter 2019.pdf

We have attached our most recent management letter.

## ***Expansion or Sustaining of Exact Programming Funded by Another Source***

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### **Existing Contract**

If you are applying for funding to expand and/or sustain COVID-19 response programming that has already been funded by another source, please upload that contract here and provide a brief description of the funding source and relationship with the funder. Please note that any costs funded by another source are not allowed to be included in this application. Only the costs that are required to expand or sustain programs in excess of that funding will be considered for the purposes of this application.

RBC Foundation Grant- Ronald McDonald House.pdf

We received a \$5,000 grant from Royal Bank of Canada for COVID-19 cleaning supplies. We have a board member that works in the branch in St. Petersburg. The donation e-mail is attached to this proposal.

## ***Reimbursement of COVID-19 Related Expenses***

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Your organization may seek reimbursement for COVID-19 related expenditures between March 1, 2020 and the time of submittal of this application. **This is NOT a replacement for the loss of revenue from canceled fundraising events or a decrease in private/public support. These are costs already incurred and paid from reserves or rainy day funds that were used to deliver services within this funding's focus areas, *specifically* in response to the COVID-19 pandemic. These are funds that were NOT budgeted for use in this fiscal year.**

### **Attestation\***

I affirm that this funding was expended by my organization solely for program costs in relation to COVID-19, and is not being requested on a unit-of-service basis. None of these costs have been reimbursed by any other funding source.

Yes, I affirm the above is accurate and true.

### **Amount of Reimbursement Requested\***

Please specify the total amount of reimbursement your organization is seeking.

\$70,676.54

### **Documentation of Expenses\***

**Please use this template to describe the expenses for which you are seeking reimbursement.**

Upload records of expenses indicating the use of unbudgeted funds using some or all of the financial documents:

- Receipts documenting the purchase of unbudgeted items or service
- Credit Card Statements showing payment of items (with MOST account numbers REDACTED)
- Bank Statements showing payment of credit cards (with MOST account numbers REDACTED)
- Financial reports that were presented to a Board of Directors

- Board minutes that show authorization of withdrawal(s) from reserve funds
- Bank statements with redacted account numbers indicating usage of unbudgeted funds

**If you have selected more than one Priority Funding Area in the introductory section, please ensure to include information that separates the expenses.** If necessary, use the textbox below to indicate any clarifying information regarding uploaded documentation.

CARES-Reimbursement of Past Expenses and Documentation-Ronald McDonald House.pdf

The attached documents are organized by the item description. Included in these sections are the receipts, credit card statements and payment. You will also find board minutes and financial reports provided to the Board of Trustees.

Meals- March (Pages 1-27)

Meals-April (Pages 28-50)

Meals – May (Pages 51-61)

Meals- June (Pages 62-71)

Meals- July (Pages 72-84)

Meals- August (Pages 85-95)

Meals-September (Pages 96-132)

Hyatt Place Hotel (Pages 133-135)

Candlewood Suites Hotel (Pages 136-152)

Board minutes and financial reports (Pages 153-163)

### Number Served by Funding Area\*

Please *briefly* specify how many people were served by the programming for which you are seeking reimbursement. If you are applying for reimbursement in multiple Funding Areas, *be sure* to provide numbers for each one. Numbers do not need to be unduplicated.

#### **Example**

**Food: 1250 people**

**Behavioral Health: 250 people**

Food: 4,480 people

Hotels: 228 people

## *Funding and Usage*

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### **Client Service Delivery\***

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length of time the services will be provided. **Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.**

To abate some of the growing concerns (i.e. stress, financial burdens, meal insecurity, etc) among our families, we would like to facilitate a COVID-19 program that meets the basic human needs of food and shelter, and support family's overall wellness. Based on current COVID restrictions we can operate at 25% capacity. All these costs were not budgeted.

We intend to provide breakfasts and dinners daily for families that are staying bedside at our hospital partner (John's Hopkins All Children's Hospital-JHACH). Additionally, Ronald McDonald House will continue purchasing meals for our in-house residents throughout the remainder of 2020 since we cannot have any volunteer meal groups on site. Finally, through prior research, RMHCTB has determined to purchase groceries upon check-out for our families since they are often heading home with no paycheck in-hand and no food at their residence. We will order and provide a cooler worth of groceries for the families in these most dire circumstances.

We also began hosting more families in nearby hotels (i.e. Candlewood & Hyatt Place), allowing the families to still have a respite without the potential of spreading germs to other residents and/or staff. Additionally, we offer transportation to and from the hospital for follow-up care. Particularly, we created an Uber account to provide transportation services to families.

All services will occur within our 3 RMHC houses in St. Petersburg, which are located next to JHACH, as well as inside the hospital. The services offered will generally be in house and the delivery point for items received will be our houses located in zip code 33705. The target population will receive lodging (228 people), meals (4,480 people), groceries (480 people) and transportation (200 people) services.

RMHCTB allows families to stay with us as long as the child is still receiving medical treatment, no matter the length. This is the same for families that are staying bedside and need meals.

### **Communication/Outreach and Community Engagement Efforts\***

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them?

Our main way of marketing our services is through our hospital partners. The social workers and other hospital staff refer families to stay with us. We also have signage in the hospital and are on the hospital TV channel for families to contact us directly. When we provide meals to families staying bedside, we also have a small flyer that shares some more information about Ronald McDonald House to encourage families to call us if they did not hear about our services when arriving to the hospital.

Once families stay with us, we will work to qualify them for additional support such as providing groceries upon checking out of the Ronald McDonald House or providing transportation support for them to return home. The social work team will also assist in qualifying what families need this additional support. The staff will speak with families throughout their stay to make sure they utilize all the services we can provide.

## Hurricane Preparedness\*

If a hurricane-related emergency were to strike Pinellas County this year and cause an interruption in your organization's normal programming, how would you return to offering the programming, and continue to spend awarded funds from this grant?

**There is an expectation that your programming will be able to continue in the event of a hurricane-related emergency.**

*If your organization has a COOP (Continuity of Operations Plan), you may upload it here instead of providing a text answer. You may redact sensitive information from your organization's COOP.*

Ronald McDonald House is a shelter. Hence, our goal will remain the same, in which we assist families with children in the hospital and provide them with basic needs like meals and lodging. We have a hurricane emergency plan to manage our operations if something were to happen. If it was a significant storm and had to close our facilities, we would arrange for hotel accommodations for the families currently residing in the house and continue to purchase and deliver meals. This would mean we would continue to provide lodging and meals since Johns Hopkins All Children's Hospital and other hospital partners would stay open as well.

Moreover, we monitor the weather forecast and adhere to emergency personnel recommendation to be responsive in a timely fashion to ensure the well being of all parties. Hence, we will seek to be proactive in implementing a strategic emergency response to reduce the likelihood our services are interrupted.

## Evidence of Insurance Coverage\*

Grantees of the Pinellas CARES Nonprofit Partnership Fund will be required to maintain appropriate insurance to cover the services proposed in this application. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance policies that cover the programming for which your organization is requesting funds.

**If there is no insurance coverage for this programming, please provide an explanation as to why.**

Ronald McDonald House of Charities of Tampa Bay, Inc - COI Pinellas Community Foundation.pdf  
We have property insurance with the coverages attached. We are insured by Besnard Insurance. We have listed the Pinellas Community Foundation as an additional insured through our liability insurance.

## Insurance Requirement\*

**If you are awarded a contract for the Pinellas CARES Nonprofit Partnership Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance. If you would like to begin this process now, please contact your general liability insurance carrier.**

**Here is the information for your carrier:**

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement.

Yes, I understand this requirement.

The Budget Summary and Budget Narrative sections are absolutely critical to a successful application. Improperly completed forms will be returned to you to fix, and will delay a funding decision being made on your application. Please see the examples in each section. To avoid rejection of your organization's application, PCF HIGHLY recommends you watch this short, instructional video as well: [Budget Narrative/Summary Instructions](#)

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**Update as of 9/25/2020:** Due to new U.S. Department of the Treasury guidance, the CARES Act does not cover *any* administrative or indirect costs. The Budget Narrative and Summary have been updated. CFO, CEO, and other types of "administrative" time must be documented as a **direct cost on an hourly basis** under Personnel or Contracted Services. The above webinar will be updated shortly.

If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your budget narrative and summary.

**Note about Hazard Pay:** Hazard pay will not automatically be approved as a budget item. Hazard pay is only for hazardous duty or work involving physical hardship, in each case that is related to COVID-19. Much of the immediate hazards of COVID-19 can be mitigated by appropriate use of PPE and/or regular sanitizing of spaces. The threshold for approval of hazard pay is high. It is best that you inquire in advance of adding this to a budget in your grant application.

If you would like to use a unit of service cost as a basis for your budget, you MUST contact Pinellas Community Foundation program staff FIRST to discuss this possibility.

## Budget Summary\*

Please download the budget summary template [HERE](#) and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this summary.**

**Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.**

**CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET SUMMARY.**

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Summary-Grant- Ronald McDonald House Charities.pdf

**Budget Narrative\***

Please download the budget narrative template **HERE** and complete it.

**The budget narrative needs to do more than define the expenses. It should clearly state what is going to be paid using CARES funds and then justify the expenses as a program expansion (or sustaining an already expanded program) as a result of COVID-19. Do not bold, underline, or italicize. Use dollar amounts that match your Budget Summary.**

**If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.**

**CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.**

**Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.**

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Narrative-Ronald McDonald House Charities 11.12.20.pdf

**Capital Requests**

If you are requesting funding for capital expenses, please upload bids/estimates/rental agreements to match the expenses described in your budget summary and narrative.

Please upload in PDF format.

Logistical partner organizations (LPOs) are considered to be a critical part of service delivery strategy for this grant program, and using them is highly encouraged. Typical LPOs are:

- Grassroots organizations with small annual operating budgets (under \$50,000)
- Churches and other faith-based organizations
- Neighborhood associations
- Social organizations/collaboratives
- Resident councils in low-income house communities
- Neighborhood family centers
- Senior centers

Their essential role is to serve as outreach, information, referral and service delivery sites for food distribution, legal aid counseling to prevent evictions and behavioral health services, consistent with the three priority need areas in the grant specifications.

## Are you going to use LPOs in this programming?\*

Yes

## *Logistical Partner Organizations (LPOs)*

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### LPO List\*

Please upload a list with entity names and primary contact information for each LPO. If there is additional information to provide, do so in the text box below.

Ronald McDonald House-Logistical Partner Organizations & Letter of Support.pdf

You will find a list of our Logistical Partner Organizations attached. This also includes a letter of support from Dr. Katzenstein, Director of Psychology and Neuropsychology, and Director of Social Work at Johns Hopkins All Children's Hospital.

### Role in Programming\*

Please describe the role(s) of specified LPOs in the programming proposed in this application.

The role of the LPO is to partner with us to provide a very structured and fluid coordination of resources with the opportunity to provide normalcy for families. We collaborate with local hospitals and outpatient centers in the Pinellas County area. The hospital allows us access to patients to provide a variety of services. Moreover, the hospital provides the social workers who help to connect patient families needing a place to stay with RMHCTB. The social workers will also partner with us to determine what families need additional support, such as providing families with groceries upon check out or transportation services.

Additionally, we are collaborating with the hospital with scheduling and accommodations to provide bedside meals to families while maintaining patient privacy and confidentiality. Furthermore, the hospital helps to advertise RMHC initiatives so that families can reach out to us for additional support.

Moreover, the feedback received from the social workers is used formatively to improve the quality of services of the patient families in an effort to support overall wellness while seeking medical care. We also seek to align our efforts with Maslow's hierarchy of needs. Particularly, providing physiological needs, safety needs, a sense of love and belonging, developing self-esteem and encouraging self-actualization despite challenges faced. By collaborating, RMHC works to provide a safe space, provide basic needs and protect the overall well-being of children.

## *Food*

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This grant will require weekly reporting on the following measures:

- **Number of Pinellas County residents** accepting food by zip code of participant or distribution point (participant zip code is preferred)

### Affirmation of Reporting\*

I affirm that my organization is capable of providing weekly reports on the above measures.

Yes

### Number of Pinellas County Residents Served During Grant Period - Food\*

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served **food** by the end of the grant period.

4480

### September 2020 Projections - Food\*

Please estimate the number of individuals to be served **food** by this funding in **September 2020**.

0

### October 2020 Projections - Food\*

Please estimate the number of individuals to be served **food** by this funding in **October 2020**.

0

### November 2020 Projections - Food\*

Please estimate the number of individuals to be served **food** by this funding in **November 2020**.

2240

### December Projections - Food\*

Please estimate the number of individuals to be served **food** by this funding in **December 2020**.

2240

## *Funder Involvement*

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Which of the funders have provided a grant to your organization within the last three years?\*

None of the above

## Other Funding Sources

If your organization has submitted applications to other funders or has received funding in response to coronavirus/COVID-19 from another funder, please briefly describe below:

## Corrective Action\*

Is your organization currently under a corrective action agreement with any funder (including but not limited to those listed above)? If yes, please explain in detail, including the status of the corrective action. If no, state **No**.

No

## *Confirmation*

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### Signature and Affirmation\*

By submitting this application, I hereby swear that executive leadership is aware of this request for funding, and if this funding is approved, my organization will be able to use these funds in the manner described in the application.

**Please type your name as an electronic signature and the date on which you are submitting this application.**

Joseph M. Citro 11/4/2020

## File Attachment Summary

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### *Applicant File Uploads*

- 2019 Ronald McDonald House IRS Form 990.pdf
- Ronald McDonald House Charities Tampa Bay 2020 Operating Budget.pdf
- RMHC Tampa Bay Audited 2019 Financial Statement.pdf
- Ronald McDonald House Charities Tampa Bay- Financials Communication Letter 2019.pdf
- RBC Foundation Grant- Ronald McDonald House.pdf
- CARES-Reimbursement of Past Expenses and Documentation-Ronald McDonald House.pdf
- Ronald McDonald House of Charities of Tampa Bay, Inc - COI Pinellas Community Foundation.pdf
- CARES-Partnership-Fund-Budget-Summary-Grant- Ronald McDonald House Charities.pdf
- CARES-Partnership-Fund-Budget-Narrative-Ronald McDonald House Charities 11.12.20.pdf
- Ronald McDonald House-Logistical Partner Organizations & Letter of Support.pdf

**Form 990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the 2019 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 TAMPA BAY, INC.</b>		<b>D</b> Employer identification number <b>59-1835985</b>
	Doing business as		<b>E</b> Telephone number <b>813-258-6430</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>7,944,029.</b>
	<b>35 DAVIS BLVD</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)
City or town, state or province, country, and ZIP or foreign postal code <b>TAMPA, FL 33606</b>		<b>H(c)</b> Group exemption number ▶	
<b>F</b> Name and address of principal officer: <b>KRISTA GARNER</b> <b>35 DAVIS BLVD, TAMPA, FL 33606</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>J</b> Website: ▶ <b>WWW.RMHCTAMPABAY.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1978</b>
			<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVIDES A HOME-AWAY-FROM-HOME FOR FAMILIES OF PEDIATRIC PATIENTS IN AREA HOSPITALS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>20</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>20</b>	
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>49</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>0</b>	
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>2,737,999.</b>	<b>2,237,204.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>92,197.</b>	<b>97,817.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>608,049.</b>	<b>335,910.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10e, and 11e)	<b>398,943.</b>	<b>459,136.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,837,188.</b>	<b>3,130,067.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A) lines 1-3)	<b>0.</b>	<b>0.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,925,053.</b>	<b>1,977,193.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>237,234.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,422,135.</b>	<b>1,202,278.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,347,188.</b>	<b>3,179,471.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>490,000.</b>	<b>-49,404.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>15,142,835.</b>	<b>16,896,226.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>234,364.</b>	<b>220,993.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>14,908,471.</b>	<b>16,675,233.</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 <i>KRISTA GARNER</i>	Date <b>6/2/2020</b>			
	<b>KRISTA GARNER, TREASURER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SAM A. LAZZARA</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P01342929</b>
	Firm's name ▶ <b>RIVERO, GORDIMER &amp; COMPANY, P.A.</b>	Firm's EIN ▶ <b>59-3040705</b>		Phone no. (813) 875-7774	
Firm's address ▶ <b>P. O. BOX 172359 TAMPA, FL 33672</b>					

RONALD MCDONALD HOUSE CHARITIES  
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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:  
RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY CREATES, FINDS, AND  
SUPPORTS PROGRAMS THAT DIRECTLY IMPROVE THE HEALTH AND WELL-BEING OF  
CHILDREN AND THEIR FAMILIES.

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 \$ 2,680,968. including grants of \$ ) (Revenue \$ 133,072.)  
RONALD MCDONALD HOUSE CHARITIES TAMPA BAY HAS BEEN HELPING CHILDREN  
WITH CRITICAL MEDICAL NEEDS, AND THEIR FAMILIES, STAY CLOSE TOGETHER  
WHILE RECEIVING TREATMENT. SINCE 1980, OUR FOUR TAMPA BAY RONALD  
MCDONALD HOUSES HAVE COMFORTED AND CARED FOR MORE THAN 50,000 SICK  
CHILDREN AND THEIR FAMILIES. OUR ORGANIZATION IS COMPRISED OF FOUR  
HOUSES, THREE IN ST. PETERSBURG AND ONE IN TAMPA, OFFERING A TOTAL OF  
80 BEDROOMS WITH PRIVATE BATHS. MANY FAMILIES TRAVEL FAR FROM HOME TO  
GET TREATMENT FOR THEIR SERIOUSLY ILL OR INJURED CHILD. THE TREATMENT  
MAY LAST A DAY, A MONTH, OR OVER THE COURSE OF MANY YEARS. RONALD  
MCDONALD HOUSE OFFERS FAMILIES A PLACE TO STAY TOGETHER IN THE  
PROXIMITY TO THE TREATMENT HOSPITAL.

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

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

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

4e Total program service expenses 2,680,968.

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SEE SCHEDULE O FOR CONTINUATION(S)

**RONALD MCDONALD HOUSE CHARITIES  
OF TAMPA BAY, INC.**

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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>		X

**RONALD MCDONALD HOUSE CHARITIES  
OF TAMPA BAY, INC.**

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

		Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III		X
23	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? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<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? If "Yes," complete Schedule L, Part I		X
25b	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? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	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):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	X	
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

**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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

RONALD MCDONALD HOUSE CHARITIES  
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**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<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> 49		
<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)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country 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?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<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>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<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>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>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>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<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?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

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**RONALD MCDONALD HOUSE CHARITIES  
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**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 on 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
1a	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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19 Describe on 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 **LISA SUPRENAND, EXECUTIVE DIRECTOR - 813-258-6430**  
**35 DAVIS BLVD, TAMPA, FL 33606**

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**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.
- See instructions for the order in which to list the persons above.

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 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) PAM BARBER PRESIDENT	5.00	X		X				0.	0.	0.
(2) EDWARD AMEEN CHAIRMAN	10.00	X		X				0.	0.	0.
(3) DAN PAONE PAST PRESIDENT	5.00	X		X				0.	0.	0.
(4) CLAUDIA STRAW TREASURER	10.00	X		X				0.	0.	0.
(5) DIANE KEANE SECRETARY	5.00	X		X				0.	0.	0.
(6) KERRY O'REILLY VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(7) ERIC BLANKENSHIP DIRECTOR	1.00	X						0.	0.	0.
(8) TATE CASPER DIRECTOR	1.00	X						0.	0.	0.
(9) LAUREN CATOE DIRECTOR	1.00	X						0.	0.	0.
(10) BRIAN FORD DIRECTOR	1.00	X						0.	0.	0.
(11) CHRIS FROST DIRECTOR	1.00	X						0.	0.	0.
(12) JEFF HARRING DIRECTOR	1.00	X						0.	0.	0.
(13) CHRIS LAFACE DIRECTOR	1.00	X						0.	0.	0.
(14) JOHN IWANICKI DIRECTOR	1.00	X						0.	0.	0.
(15) BONNIE PATCHEN DIRECTOR	1.00	X						0.	0.	0.
(16) TOM POWERS DIRECTOR	1.00	X						0.	0.	0.
(17) BOB SANDERS DIRECTOR	1.00	X						0.	0.	0.

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**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 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			
(18) ANA WALLRAPP DIRECTOR	1.00	X						0.	0.	0.
(19) JULIE STAFF DIRECTOR	1.00	X						0.	0.	0.
(20) RUTH LYNCH DIRECTOR	1.00	X						0.	0.	0.
(21) LISA SUPRENAND EXECUTIVE DIRECTOR	40.00			X				111,039.	0.	14,678.
<b>1b Subtotal</b>								111,039.	0.	14,678.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								111,039.	0.	14,678.

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 **1**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
NONE		

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**

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	157,900.				
	<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>	2,079,304.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 119,360.				
	<b>h</b> Total. Add lines 1a-1f			2,237,204.			
<b>Program Service Revenue</b>	<b>2 a</b> GUEST DONATIONS	<b>Business Code</b>					
		624221	97,817.	97,817.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g</b> Total. Add lines 2a-2f			97,817.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		569,556.			569,556.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents		(i) Real				
		<b>6a</b>	(ii) Personal				
		<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		<b>7a</b>	(ii) Other	4,235,164.			
		<b>7b</b>		4,468,810.			
	<b>c</b> Gain or (loss)	<b>7c</b>	-233,646.				
	<b>d</b> Net gain or (loss)			-233,646.		-233,646.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 157,900. of contributions reported on line 1c). See Part IV, line 18						
		<b>8a</b>		769,033.			
<b>8b</b>			345,152.				
<b>c</b> Net income or (loss) from fundraising events			423,881.		423,881.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER REVENUE	<b>Business Code</b>					
		900099	35,255.	35,255.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d			35,255.				
<b>12</b> Total revenue. See instructions			3,130,067.	133,072.	0.	759,791.	

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**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,039.	99,177.	7,117.	4,745.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,429,745.	1,277,010.	91,641.	61,094.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,542.	34,425.	2,470.	1,647.
9 Other employee benefits	280,670.	253,114.	16,534.	11,022.
10 Payroll taxes	117,197.	104,942.	7,353.	4,902.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	38,641.	12,026.	26,615.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	58,201.		58,201.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	6,365.			6,365.
13 Office expenses	124,865.	110,429.	9,368.	5,068.
14 Information technology				
15 Royalties				
16 Occupancy	302,442.	294,982.	4,997.	2,463.
17 Travel	35,995.	9,445.	18,585.	7,965.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	272,137.	251,280.	12,514.	8,343.
23 Insurance	79,459.	70,971.	5,093.	3,395.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>GENERAL FUNDRAISING EXP</b>	120,225.			120,225.
b <b>DONATED LINENS AND SUPP</b>	101,542.	101,542.		
c <b>FOOD AND HOUSE SUPPLIES</b>	31,088.	31,088.		
d <b>CONTRACT SERVICES</b>	22,534.	22,471.	63.	0.
e All other expenses	8,784.	8,066.	718.	
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>3,179,471.</b>	<b>2,680,968.</b>	<b>261,269.</b>	<b>237,234.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**RONALD MCDONALD HOUSE CHARITIES  
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**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 .....	409,737.	<b>1</b>	410,890.	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....	208,293.	<b>3</b>	188,289.	
	<b>4</b> Accounts receivable, net .....	271,242.	<b>4</b>	184,474.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<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 .....	52,433.	<b>9</b>	9,762.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	8,663,722.			
	<b>b</b> Less: accumulated depreciation .....	5,889,942.			
	<b>11</b> Investments - publicly traded securities .....	2,988,557.	<b>10c</b>	2,773,780.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,806,460.	<b>11</b>	6,472,822.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	6,406,113.	<b>12</b>	6,856,209.	
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	15,142,835.	<b>15</b>	16,896,226.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	224,864.	<b>17</b>	213,249.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	9,500.	<b>19</b>	7,744.	
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	234,364.	<b>26</b>	220,993.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	12,779,134.	<b>27</b>	14,331,886.	
	<b>28</b> Net assets with donor restrictions .....	2,129,337.	<b>28</b>	2,343,347.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> <b>Total net assets or fund balances</b> .....	14,908,471.	<b>32</b>	16,675,233.	
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	15,142,835.	<b>33</b>	16,896,226.		

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,130,067.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,179,471.
3	Revenue less expenses. Subtract line 2 from line 1	3	-49,404.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,908,471.
5	Net unrealized gains (losses) on investments	5	1,816,166.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,675,233.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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RONALD MCDONALD HOUSE CHARITIES

Schedule A (Form 990 or 990-EZ) 2019

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**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2557755.	2918006.	2928954.	2737999.	2237204.	13379918.
<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 .....	2557755.	2918006.	2928954.	2737999.	2237204.	13379918.
<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) .....						945,036.
<b>6 Public support.</b> Subtract line 5 from line 4.						12434882.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	2557755.	2918006.	2928954.	2737999.	2237204.	13379918.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	283,768.	345,635.	353,256.	608,049.	569,556.	2160264.
<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.) .....	19,817.	13,604.	14,844.	17,635.	35,255.	101,155.
<b>11 Total support.</b> Add lines 7 through 10 .....						15641337.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 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 stop here .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	79.50 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	84.84 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> 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 .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
<b>16</b> Public support percentage for 2018 Schedule A, Part III, line 15	16	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? 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).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
<b>c</b> 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)? 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
<b>b</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?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</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? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> 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)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**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? 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.		
<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? 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.		

**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)? 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).		

**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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**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 (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<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? 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.		
<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? 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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<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? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

RONALD MCDONALD HOUSE CHARITIES

Schedule A (Form 990 or 990-EZ) 2019 OF TAMPA BAY, INC.

59-1835985 Page 6

**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).

Schedule A (Form 990 or 990-EZ) 2019

RONALD MCDONALD HOUSE CHARITIES

Schedule A (Form 990 or 990-EZ) 2019 OF TAMPA BAY, INC.

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

RONALD MCDONALD HOUSE CHARITIES

**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.)

PUBLIC DISCLOSURE COPY

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization <b>RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC.</b>	Employer identification number <b>59-1835985</b>
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Organization type (check one):

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>RONALD MCDONALD HOUSE CHARITIES                  OF TAMPA BAY, INC.</b>	Employer identification number <b>59-1835985</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 55,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 51,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 490,569.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC DISCLOSURE COPY

Name of organization <b>RONALD MCDONALD HOUSE CHARITIES                  OF TAMPA BAY, INC.</b>	Employer identification number <b>59-1835985</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 48,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC DISCLOSURE COPY

Name of organization <b>RONALD MCDONALD HOUSE CHARITIES                  OF TAMPA BAY, INC.</b>	Employer identification number <b>59-1835985</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

PUBLIC DISCLOSURE COPY

Name of organization <b>RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC.</b>	Employer identification number <b>59-1835985</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC.** Employer identification number **59-1835985**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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? .....

Yes  No

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)? .....

Yes  No

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.

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_



**RONALD MCDONALD HOUSE CHARITIES  
OF TAMPA BAY, INC.**

Schedule D (Form 990) 2019

59-1835985 Page 3

**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>MUTUAL AND MONEY MARKET</b>		
(B) <b>FUNDS</b>	6,856,209.	<b>END-OF-YEAR MARKET VALUE</b>
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	6,856,209.	

**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> (Col. (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019

RONALD MCDONALD HOUSE CHARITIES  
OF TAMPA BAY, INC.

**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.

1	Total revenue, gains, and other support per audited financial statements		1	5,170,647.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,816,166.	
b	Donated services and use of facilities	2b	282,615.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,098,781.
3	Subtract line 2e from line 1		3	3,071,866.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	58,201.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	58,201.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,130,067.

**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.

1	Total expenses and losses per audited financial statements		1	3,403,885.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	282,615.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	282,615.
3	Subtract line 2e from line 1		3	3,121,270.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	58,201.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	58,201.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,179,471.

**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, LINE 2:**

THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION; HOWEVER, THE ORGANIZATION HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE ORGANIZATION IS NOT CURRENTLY

**Part XIII** Supplemental Information (continued)

UNDER EXAMINATION BY ANY TAXING JURISDICTION. THE ORGANIZATION'S FEDERAL RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.

PUBLIC DISCLOSURE COPY



RONALD MCDONALD HOUSE CHARITIES

Schedule G (Form 990 or 990-EZ) 2019 OF TAMPA BAY, INC.

59-1835985 Page 2

**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 (add col. (a) through col. (c))	
		STORYBOOK BALL (event type)	GOLF TOURNAMENT (event type)	2 (total number)		
Revenue	1	Gross receipts	657,607.	169,856.	99,470.	926,933.
	2	Less: Contributions	127,900.	30,000.		157,900.
	3	Gross income (line 1 minus line 2)	529,707.	139,856.	99,470.	769,033.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	254,942.	76,150.	14,060.	345,152.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				345,152.
	11	Net income summary. Subtract line 10 from line 3, column (d)				423,881.

**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))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. 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: \_\_\_\_\_

RONALD MCDONALD HOUSE CHARITIES

Schedule G (Form 990 or 990-EZ) 2019 OF TAMPA BAY, INC.

59-1835985 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer     Employee     Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information *(continued)*

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**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.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **RONALD MCDONALD HOUSE CHARITIES  
OF TAMPA BAY, INC.** Employer identification number **59-1835985**

**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 .....	X	71	22,592	STOCK MARKET
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 .....	X	100	22,100	ESTIMATED VALUE
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( MISC HOUSEHOL ) .....	X	100	74,668	ESTIMATED VALUE
26 Other ▶ ( ) .....				
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? .....		X
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? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
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.		

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

Schedule M (Form 990) 2019



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization **RONALD MCDONALD HOUSE CHARITIES  
OF TAMPA BAY, INC.** Employer identification number  
**59-1835985**

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

FAMILIES ARE STRONGER WHEN THEY ARE TOGETHER, WHICH HELPS THE HEALING  
PROCESS. BY STAYING AT A RONALD MCDONALD HOUSE, PARENTS SLEEP BETTER,  
EAT BETTER, AND CAN COMMUNICATE EASIER WITH THEIR CHILD'S MEDICAL TEAM.  
THE HOUSES SERVE ANY FAMILY OF A PEDIATRIC PATIENT 21 AND UNDER  
REGARDLESS OF INCOME. THERE IS NO CHARGE FOR A FAMILY TO STAY, BUT  
FAMILIES MAY MAKE A DONATION. AT RMHC WE STRIVE TO ALLEVIATE THE BURDEN  
FROM FAMILIES DURING THIS STRESSFUL TIME INCLUDING THE FINANCIAL  
BURDEN.

OUR CHAPTER'S VALUES ARE TO: FOCUS ON THE CRITICAL NEEDS OF CHILDREN;  
LEAD WITH COMPASSION, CELEBRATE THE DIVERSITY OF OUR PEOPLE AND  
PROGRAMS, OPERATE WITH ACCOUNTABILITY AND TRANSPARENCY.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS A BOARD OF TRUSTEES AND THEY ARE CONSIDERED MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

BOARD OF TRUSTEES VOTES ON NEW MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE, CHAIRMAN OF THE BOARD, TREASURER AND CEO REVIEW THE  
RETURN AND PROVIDE THE REVIEW AND RECOMMENDATION FOR APPROVAL OF THE IRS  
FORM 990 TO THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization <b>RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC.</b>	Employer identification number <b>59-1835985</b>
--	---

JANUARY OF EACH YEAR A CONFLICT OF INTEREST POLICY IS GIVEN TO EACH BOARD MEMBER. COPIES OF THE SIGNED POLICIES ARE KEPT ON FILE AND MAINTAINED BY THE EXECUTIVE DIRECTOR/CEO.

FORM 990, PART VI, SECTION B, LINE 15:

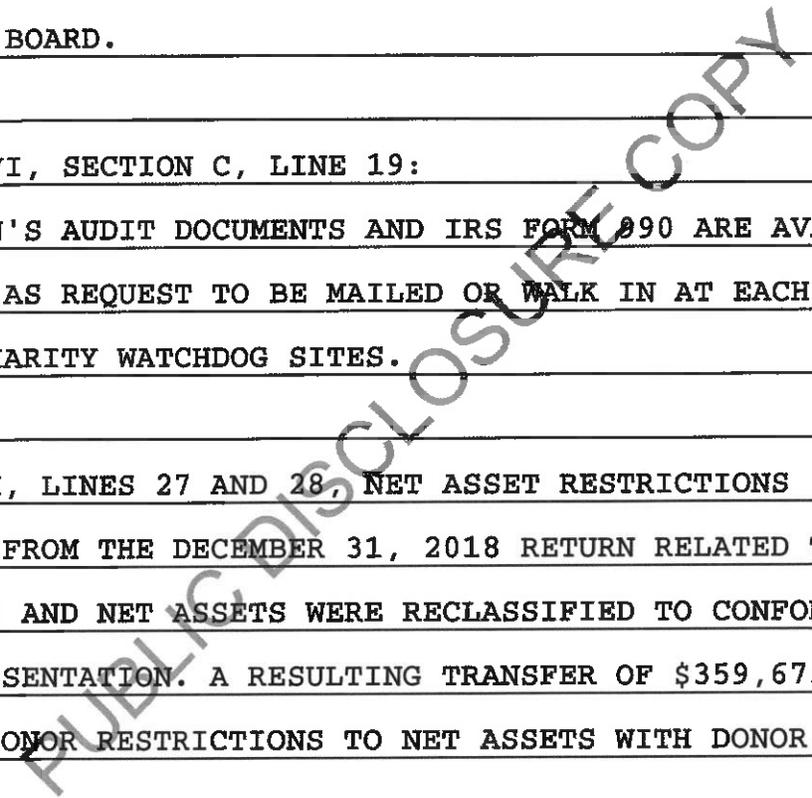
ANNUAL REVIEWS ARE PERFORMED EACH YEAR. THE CEO REVIEW IS CONDUCTED BY THE PRESIDENT AND REVIEWED BY THE EXECUTIVE COMMITTEE WITH THE COMPENSATION APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S AUDIT DOCUMENTS AND IRS FORM 990 ARE AVAILABLE ON OUR WEBSITE AS WELL AS REQUEST TO BE MAILED OR WALK IN AT EACH HOUSE FOR REVIEW AND LINKED TO CHARITY WATCHDOG SITES.

FORM 990, PART X, LINES 27 AND 28, NET ASSET RESTRICTIONS

CERTAIN AMOUNTS FROM THE DECEMBER 31, 2018 RETURN RELATED TO ENDOWMENT FUND INVESTMENTS AND NET ASSETS WERE RECLASSIFIED TO CONFORM TO THE CURRENT YEAR PRESENTATION. A RESULTING TRANSFER OF \$359,675 OF NET ASSETS WITHOUT DONOR RESTRICTIONS TO NET ASSETS WITH DONOR RESTRICTION TOOK PLACE.



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time. Only submit original (no copies needed).**

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. <b>RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC.</b>	Taxpayer identification number (TIN) <b>59-1835985</b>
	File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>35 DAVIS BLVD</b>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TAMPA, FL 33606</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**LISA SUPRENAND, EXECUTIVE DIRECTOR**

- The books are in the care of ► **35 DAVIS BLVD - TAMPA, FL 33606**  
Telephone No. ► **813-258-6430** Fax No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year **2019** or  
 ►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

## Ronald McDonald House Charities Tampa Bay 2020 Operating Budget

2020 Budget	
<b>INCOME</b>	<b>TOTALS</b>
Donations (Individuals & Corporations)	\$840,000
McDonald's Fundraisers	\$608,500
RMHCTB Fundraisers	\$817,000
Community Fundraisers	\$219,410
Grants	\$85,500
RMHC Global Fundraisers	\$22,319
Adopt a Room	\$80,000
Wills & Trusts	\$150,000
Miscellaneous Income	\$34,000
Interest Income	\$400,000
<b>Total Income</b>	<b>\$3,256,729</b>
<b>EXPENSES</b>	<b>TOTALS</b>
Salaries	\$1,669,460
Payroll Tax Expense	\$122,000
Health Insurance	\$341,000
Workers Comp Insurance	\$9,000
Employee 401K	\$44,500
Employee Reimbursement	\$5,790
Utilities	\$170,613
House Supplies, Repairs & Services	\$175,000
Office Supplies & Expenses	\$67,000
Postage	\$18,000
Dues & Subscriptions	\$1,000
Advertising & Promotion	\$12,000
Cost of Items Sold	\$4,500
Fund Raising Expense	\$40,000
McDonald's Fundraisers Expenses	\$90,000
Red Shoe Council Expense	\$4,400
Special Event Expenses	\$295,000
Grant - Coke Expense	\$13,000
Volunteer Program	\$10,000
Meeting & Travel	\$38,500
House Insurance	\$70,000
Parking	\$3,750
Legal & Accounting	\$44,000
All Taxes & Licenses	\$2,000
Bank & Credit Card Fees	\$20,000
Capital Improvement Expense	\$300,480
<b>Total Expenses 2020</b>	<b>\$3,570,993</b>

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT  
RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC.

December 31, 2019

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Statement of Functional Expenses	7
Statement of Cash Flows	8
Notes to Financial Statements	9 - 23



## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Ronald McDonald House Charities of Tampa Bay, Inc.

We have audited the accompanying financial statements of Ronald McDonald House Charities of Tampa Bay, Inc. (a nonprofit organization) (the Organization), which comprise the statement of financial position as of December 31, 2019, and the related statement of activities, functional expenses, and cash flows, for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

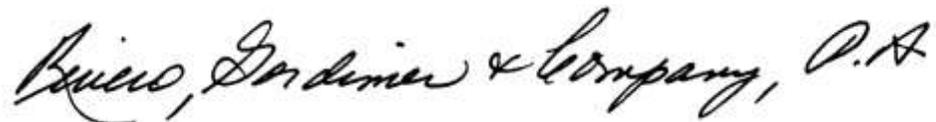


## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2019, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

## Report on Summarized Comparative Information

We have previously audited Ronald McDonald House Charities of Tampa Bay, Inc. 2018 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated May 23, 2019. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2018 is consistent, in all material respects, with the audited financial statements from which it has been derived.

A handwritten signature in black ink that reads "Buco, Gordinier & Company, P.A." The signature is written in a cursive, flowing style.

Tampa, Florida  
May 28, 2020

Ronald McDonald House Charities of Tampa Bay, Inc.

STATEMENT OF FINANCIAL POSITION

December 31, 2019  
(With comparative total for December 31, 2018)

	Without Donor Restrictions	With Donor Restrictions	Total	
			2019	2018
<b>ASSETS</b>				
Cash (note A6)	\$ 153,408	\$ 257,482	\$ 410,890	\$ 409,737
Unconditional promises to give, net (notes A7 and C)	-	188,289	188,289	208,293
Other receivables	184,474	-	184,474	271,242
Prepaid expenses	9,762	-	9,762	52,433
Investments (notes A5, A8, E and F)	11,431,455	1,897,576	13,329,031	11,212,573
Property and equipment, net (notes A9 and D)	2,773,780	-	2,773,780	2,988,557
	<u>\$ 14,552,879</u>	<u>\$ 2,343,347</u>	<u>\$ 16,896,226</u>	<u>\$ 15,142,835</u>
<b>TOTAL ASSETS</b>				
 <b>LIABILITIES AND NET ASSETS</b>				
<b>LIABILITIES</b>				
Line of credit (note I)	\$ -	\$ -	\$ -	\$ -
Accounts payable	129,441	-	129,441	149,732
Accrued expenses	83,808	-	83,808	75,132
Deferred revenue	7,744	-	7,744	9,500
	<u>220,993</u>	<u>-</u>	<u>220,993</u>	<u>234,364</u>
<b>Total liabilities</b>				
<b>NET ASSETS</b>				
Net assets without donor restrictions	14,331,886	-	14,331,886	12,779,134
Net assets with donor restrictions	-	2,343,347	2,343,347	2,129,337
	<u>14,331,886</u>	<u>2,343,347</u>	<u>16,675,233</u>	<u>14,908,471</u>
<b>Total net assets</b>				
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$ 14,552,879</u>	<u>\$ 2,343,347</u>	<u>\$ 16,896,226</u>	<u>\$ 15,142,835</u>

The accompanying notes are an integral part of this statement.

Ronald McDonald House Charities of Tampa Bay, Inc.

STATEMENT OF ACTIVITIES

For the year ended December 31, 2019  
(With comparative total for December 31, 2018)

	Without Donor Restrictions	With Donor Restrictions	Total	
			2019	2018
<b>OPERATING REVENUE</b>				
Contributions	\$ 1,743,171	\$ 239,365	\$ 1,982,536	\$ 2,374,859
Contributions - non-cash	379,383	-	379,383	580,929
Guest donations	97,817	-	97,817	92,197
Special events, net of direct costs of \$345,152	497,781	84,000	581,781	521,308
Other revenue	35,255	-	35,255	17,635
Total operating revenue	<u>2,753,407</u>	<u>323,365</u>	<u>3,076,772</u>	<u>3,586,928</u>
Net assets released from restrictions (note M)	<u>362,666</u>	<u>(362,666)</u>	<u>-</u>	<u>-</u>
Total operating revenues and net assets released from restrictions	<u>3,116,073</u>	<u>(39,301)</u>	<u>3,076,772</u>	<u>3,586,928</u>
<b>EXPENSES</b>				
Program services	2,951,843	-	2,951,843	3,031,692
Management and general	210,088	-	210,088	201,418
Fundraising	241,954	-	241,954	336,611
Unallocated payments to RMHC Global	-	-	-	78,575
Total expenses	<u>3,403,885</u>	<u>-</u>	<u>3,403,885</u>	<u>3,648,296</u>
Change in net assets before nonoperating revenues and losses	<u>(287,812)</u>	<u>(39,301)</u>	<u>(327,113)</u>	<u>(61,368)</u>
<b>Nonoperating revenues (losses)</b>				
Investment income	412,086	99,269	511,355	470,122
Realized (loss) gain on investments	(180,836)	(52,810)	(233,646)	81,246
Unrealized gain (loss) on investments	1,609,314	206,852	1,816,166	(1,286,922)
	<u>1,840,564</u>	<u>253,311</u>	<u>2,093,875</u>	<u>(735,554)</u>
Change in net assets	<u>1,552,752</u>	<u>214,010</u>	<u>1,766,762</u>	<u>(796,922)</u>
Net assets at beginning of year	<u>12,779,134</u>	<u>2,129,337</u>	<u>14,908,471</u>	<u>15,705,393</u>
Net assets at end of year	<u>\$ 14,331,886</u>	<u>\$ 2,343,347</u>	<u>\$ 16,675,233</u>	<u>\$ 14,908,471</u>

The accompanying notes are an integral part of this statement.

Ronald McDonald House Charities of Tampa Bay, Inc.

STATEMENT OF FUNCTIONAL EXPENSES

For the year ended December 31, 2019  
(With comparative total for December 31, 2018)

	Program Services					Supporting Services		Total Expenses	
	Tampa House	St. Pete East House	St. Pete West House	Central House	Total Program Services	Management and General	Fundraising	2019	2018
Salaries	\$ 228,509	\$ 619,374	\$ 215,874	\$ 312,429	\$ 1,376,186	\$ 98,758	\$ 65,839	\$ 1,540,783	\$ 1,491,580
Payroll taxes	17,383	47,389	16,416	23,754	104,942	7,353	4,902	117,197	114,174
Health insurance	55,904	102,190	55,120	39,899	253,113	16,534	11,022	280,669	279,587
Retirement plan expense	5,716	15,493	5,400	7,815	34,424	2,470	1,647	38,541	39,710
Total salaries and benefits	<u>307,512</u>	<u>784,446</u>	<u>292,810</u>	<u>383,897</u>	<u>1,768,665</u>	<u>125,115</u>	<u>83,410</u>	<u>1,977,190</u>	<u>1,925,051</u>
Advertising	-	-	-	-	-	-	6,365	6,365	4,339
Cost of items sold	300	5,886	300	300	6,786	-	-	6,786	4,064
Depreciation	55,783	129,120	24,340	42,037	251,280	12,514	8,343	272,137	265,976
Donated linens and supplies	17,770	43,155	22,847	17,770	101,542	-	-	101,542	314,161
Food service and supplies	2,557	18,754	3,740	6,037	31,088	-	-	31,088	32,016
General fundraising expenses	-	-	-	-	-	-	120,225	120,225	220,079
House administration	15,097	36,664	19,410	15,097	86,268	-	-	86,268	69,429
Insurance	11,784	31,941	11,133	16,112	70,970	5,093	3,395	79,458	73,709
Legal and professional fees	7,232	11,564	8,098	7,232	34,126	26,615	-	60,741	65,150
Meetings and travel	2,135	3,455	88	3,767	9,445	18,585	7,965	35,995	31,668
Office expense	4,827	8,893	5,641	4,800	24,161	9,368	5,068	38,597	23,529
Outside services	14,874	13,115	6,593	2,065	36,647	7,081	4,720	48,448	61,295
Rent	43,248	2,845	2,772	194,100	242,965	-	-	242,965	237,130
Repairs and maintenance	41,446	54,218	25,116	6,509	127,289	1,302	-	128,591	68,393
Taxes and licenses	314	969	-	-	1,283	720	-	2,003	2,023
Utilities	40,090	68,013	31,399	19,826	159,328	3,695	2,463	165,486	171,709
	<u>257,457</u>	<u>428,592</u>	<u>161,477</u>	<u>335,652</u>	<u>1,183,178</u>	<u>84,973</u>	<u>158,544</u>	<u>1,426,695</u>	<u>1,644,670</u>
	<u>\$ 564,969</u>	<u>\$ 1,213,038</u>	<u>\$ 454,287</u>	<u>\$ 719,549</u>	<u>\$ 2,951,843</u>	<u>\$ 210,088</u>	<u>\$ 241,954</u>	<u>3,403,885</u>	<u>3,569,721</u>
Unallocated payments to RMHC Global								-	78,575
Total expenses								<u>\$ 3,403,885</u>	<u>\$ 3,648,296</u>

The accompanying notes are an integral part of this statement.

Ronald McDonald House Charities of Tampa Bay, Inc.

STATEMENT OF CASH FLOWS

For the year ended December 31, 2019

Cash flows from operating activities	
Change in net assets	\$ 1,766,762
Adjustments to reconcile change in net assets to net cash provided by operating activities	
Depreciation	272,137
Unrealized gain on investments	(1,816,166)
Realized loss on investments	233,646
Decrease in unconditional promises to give	20,004
Decrease in other receivables	86,768
Decrease in prepaid expenses	42,671
Decrease in accounts payable	(20,291)
Increase in accrued expenses	8,676
Decrease in deferred revenue	(1,756)
	<hr/>
Net cash provided by operating activities	<u>592,451</u>
Cash flows from investing activities	
Proceeds from sale of investments	4,119,971
Purchases of investments	(4,653,909)
Purchase of property and equipment	(57,360)
	<hr/>
Net cash used in investing activities	<u>(591,298)</u>
Net increase in cash	1,153
Cash and cash equivalents at beginning of year	<u>409,737</u>
Cash and cash equivalents at end of year	<u><u>\$ 410,890</u></u>
Supplemental disclosures of cash flow information	
Cash paid during the year	
Interest	<u><u>\$ -</u></u>
Income taxes	<u><u>\$ -</u></u>

The accompanying notes are an integral part of this statement.

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2019

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A description of the organization and a summary of its significant accounting policies consistently applied in the preparation of the accompanying financial statements follow:

1. Description of the Organization and Activities

Ronald McDonald House Charities of Tampa Bay, Inc. (the Organization) is a State of Florida chartered not-for-profit corporation. The mission of the Organization is to create, fund and support programs that directly improve the health and well-being of children. Guiding the Organization in this mission are the core values:

- Focusing on the critical needs of children
- Celebrating the diversity of our people and programs
- Valuing our heritage
- Operating with accountability and transparency

To achieve the mission, the Organization operates four Ronald McDonald Houses; three in St. Petersburg and one in Tampa, offering a total of 80 bedrooms with private baths. The Organization is supported by the local community and corporate sponsors.

2. Basis of Presentation

The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

The Organization presents information regarding its financial position and activities according to two classes of net assets described as follows:

- *Net Assets Without Donor Restrictions* - Net assets without donor restrictions are net assets not subject to donor-imposed restrictions or the donor-imposed restrictions have expired. These net assets are available for use at the discretion of the Board of Directors (the Board) and/or management for general operating purposes.
- *Net Assets With Donor Restrictions* - Net assets with donor restrictions are net assets subject to donor-imposed stipulations that may be fulfilled by actions of the Organization to meet the stipulations, that may become undesignated by the passage of time, or that require net assets to be permanently maintained, thereby restricting the use of principal.

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2019

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

3. Change in Accounting Standard

During 2019, the Organization adopted ASU 2018-08, *Clarifying the Scope of the Accounting Guidance for Contributions Received and Contributions made* as well as ASU 2014-09 *Revenue from Contracts with Customers*. The Organization adopted ASU 2018-08 and 2014-09 using the retrospective method. The adoption of these standards did not result in significant changes to the Organization's accounting policies or impact its financial position, results of operations, or cash flows. As such, prior period financial statements were not restated and there was no cumulative effect adjustment upon adoption.

4. Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates. Significant estimates include useful lives on related assets, expenses by function, the discount rate for the present value of the unconditional promises to give, and fair value measurement of investments.

5. Fair Value Measurement

The financial statements are prepared in accordance with an accounting standard for all financial assets and liabilities and for nonfinancial assets and liabilities recognized or disclosed at fair value in the financial statements or on a recurring basis (at least annually). Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on a measurement date. The standard also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

There are three levels of inputs that may be used to measure fair value:

- Level 1: Quoted market prices in active markets for identical assets or liabilities.
- Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data.
- Level 3: Unobservable inputs that are not corroborated by market data.

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2019

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

6. Cash and Cash Equivalents

The Organization classifies all short-term investments with an original maturity of three months or less as cash equivalents.

Financial instruments which potentially subject the Organization to concentrations of credit risk consist principally of cash held in financial institutions in excess of federally-insured limits. The Organization's cash balance may have exceeded the federally insured limit from time to time throughout the year ended December 31, 2019. However, the Organization has not experienced and does not expect to incur any losses in such accounts.

7. Unconditional Promises to Give

Unconditional promises to give that are expected to be collected within one year are recorded as contributions receivable at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated cash flows. Conditional promises to give are not included as support until the conditions are substantially met.

Unconditional promises to give due in more than one year are reflected at the present value of estimated future cash flows using current risk-free rates of return based on the U.S. Treasury Securities yield with maturity dates similar to the expected contribution collection period. The rate applied for the year ended December 31, 2019 was 2.5%. The Organization uses the allowance method to determine uncollectible unconditional promises. The allowance is based on prior years' experience and management's analysis of specific promises made. No allowance was deemed necessary at December 31, 2019.

8. Investments

Investments in debt and equity securities and mutual funds are stated at fair value in the statements of financial position. Investment income or loss (including gains or losses on investments, interest, and dividends) is included in the statement of activities as increases or decreases in unrestricted net assets unless the income or loss is restricted by donor or law.

Investment income and gains earned on the endowment fund are reported as increases in net assets with donor restrictions in the reporting period in which the income and gains are recognized and released from restrictions when distributed for operating purposes.

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2019

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

9. Property and Equipment

Property and equipment expenditures in excess of \$1,000 are capitalized at cost when purchased or, if donated, at estimated fair value. Improvements and betterments that materially prolong the useful lives of assets are capitalized. Depreciation is computed using the straight-line method over the estimated useful lives which range from five to forty years.

10. Impairment of Long-Lived Assets

The Organization evaluates its long-lived assets for any events or changes in circumstances which indicate that the carrying amount of such assets may not be fully recoverable. The Organization evaluates the recoverability of long-lived assets by measuring the carrying amount of such assets against the estimated undiscounted future cash flows associated with them. At the time such evaluation indicates that the future undiscounted cash flows of certain long-lived assets are not sufficient to recover the carrying value of such assets, the assets are adjusted to their fair values.

11. Revenue Recognition

Contributions received are recorded as without donor restrictions or with donor restrictions, depending on the existence and/or nature of any donor restrictions.

All donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires (that is, when a stipulated time restriction ends or the purpose of the restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

12. Donated Premises, Services, and Materials

Donated materials are recorded as support at their fair value at the date of donation. Contributions of services are recorded as support at their estimated fair value if the services received create or enhance non-financial assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

For the year ended December 31, 2019, the value of contributed services meeting the requirements for recognition in the financial statements has been recorded as support without restrictions. In addition, many individuals volunteer their time and perform a variety of tasks that assist the Organization, but these services do not meet the criteria for recognition as contributed services under U.S. GAAP.

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2019

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

13. Expense Allocation

The costs of providing the various programs and other activities have been summarized on a functional basis in the accompanying statements of activities and functional expenses. Expenses are allocated among program, management and general, and fundraising based on management's estimate of the time, number of rooms per house and related square footage, and direct expenses spent for each of the functions. These functions are defined as follows:

- Program services - the costs associated with the Organization's efforts to achieve the stated mission and goals.
- Management and general - the costs of operating the Organization's offices, including gathering, processing, and maintaining financial information.
- Fundraising - the costs associated with soliciting contributions or holding special events for the benefit of the Organization.

14. Advertising

Advertising costs are expensed as incurred and were approximately \$6,400 for the year ended December 31, 2019.

15. Income Tax Status

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

16. Uncertain Tax Positions

The Organization accounts for the effect of any uncertain tax positions based on a "more likely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax liability is estimated based on a "cumulative probability assessment" that aggregates the estimated tax liability for all uncertain tax positions.

The Organization has identified its tax status as a tax-exempt entity as its only significant tax position; however, the Organization has determined that such a tax position does not result in an uncertainty requiring recognition. The Organization is not currently under examination by any taxing jurisdiction. The Organization's federal returns are generally open for examination for three years following the date filed. Accordingly, tax years after 2015 remain open for examination.

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2019

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

17. Summarized Comparative Information

The consolidated financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's consolidated financial statements for the year ended December 31, 2018, from which the summarized information was derived.

18. Reclassifications

Certain amounts from the December 31, 2018 financial statements related to endowment fund investments and net assets were reclassified to conform to the current year presentation as follows:

	Without donor restrictions	With donor restrictions	Total
Net assets, previously stated	\$ 13,138,809	\$ 1,769,662	\$ 14,908,471
Reclassification	<u>(359,675)</u>	<u>359,675</u>	<u>-</u>
Net assets, as restated	<u>\$ 12,779,134</u>	<u>\$ 2,129,337</u>	<u>\$ 14,908,471</u>

NOTE B - LIQUIDITY AND AVAILABILITY OF RESOURCES

As a part of the Organization's liquidity management, it invests cash in excess of daily requirements in short-term investments. The Organization also has a line of credit to draw upon at management discretion. See also Note I.

The following reflects the Organization's financial assets as of December 31, 2019, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of statement of financial position date. Amounts not available include amounts restricted by time or purpose and amounts restricted by donors in perpetuity:

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2019

NOTE B - LIQUIDITY AND AVAILABILITY OF RESOURCES - Continued

Cash and cash equivalents	\$ 410,890
Investments - money market funds	420,126
Investments - stocks and mutual funds	11,030,332
Investments - other	1,878,573
Unconditional promises to give	188,289
Other receivables	<u>184,474</u>
Total financial assets available within one year	<u>14,112,684</u>
Less:	
Amounts unavailable for general expenditures within one year, due to:	
Time restrictions	(84,000)
Accumulated earnings on endowments	(897,576)
Restricted by donors for specific purpose	(361,771)
Restricted by donors in perpetuity	<u>(1,000,000)</u>
Total amounts unavailable for general expenditures within one year	<u>(2,343,347)</u>
Total financial assets available to management for expenditure within one year	<u><u>\$ 11,769,337</u></u>

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations become due. The Organization invests cash in excess of daily requirements in highly liquid investments held in a regulated brokerage account.

NOTE C - UNCONDITIONAL PROMISES TO GIVE

Unconditional promises to give consist of the following at December 31, 2019:

Gross unconditional promises to give	\$ 194,362
Less unamortized discount	<u>(6,073)</u>
Net unconditional promises to give	<u><u>\$ 188,289</u></u>
Amount due in	
Less than one year	\$ 60,445
One to five years	<u>133,917</u>
	<u><u>\$ 194,362</u></u>

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2019

NOTE D - PROPERTY AND EQUIPMENT

Property and equipment consist of the following at December 31, 2019:

Land - St. Petersburg - East	\$ 515,000
St. Petersburg Houses and improvements	4,374,567
Central House improvements	403,167
Tampa House and improvements	2,853,593
Tampa administrative office	517,395
	<u>8,663,722</u>
Less accumulated depreciation	<u>(5,889,942)</u>
	<u><u>\$ 2,773,780</u></u>

NOTE E - INVESTMENTS

Investments are carried at fair value and are as follows:

Unrestricted	
Money market funds	\$ 362,112
Equity securities	3,957,795
Preferred stock	405,449
Exchange-trade and closed-end funds	70,956
Debt securities	803,035
Corporate fixed income	1,004,582
Mutual funds	4,827,526
	<u>11,431,455</u>
Permanently and temporarily restricted	
Money market funds	58,014
Equity securities	231,005
Mutual funds	1,608,557
	<u>1,897,576</u>
	<u><u>\$ 13,329,031</u></u>

The components of investment income are summarized as follows for the year ended December 31, 2019:

Interest and dividends	\$ 511,355
Realized losses	(233,646)
Unrealized gains	1,816,166
	<u>2,093,875</u>
	<u><u>\$ 2,093,875</u></u>

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2019

NOTE E - INVESTMENTS - Continued

Expenses related to investment revenue, including custodial fees and investment advisory fees, amounted to approximately \$58,200 for the year ended December 31, 2019.

NOTE F - FAIR VALUE MEASUREMENT

The Organization's investments are reported at fair value in the accompanying statements of financial position. Following is a description of valuation methodologies used for investments measured at fair value. There have been no changes in the methodology used at December 31, 2019.

- Money market funds: Valued at the net asset value (NAV) of shares held by the Organization at year-end.
- Equity securities: Comprised of common stock valued at the closing price reported in the active market in which the individual securities are traded.
- Preferred stock: Comprised of preferred stock valued based on pricing models that use inputs such as recent transactions for identical securities and quoted prices of similar securities that are traded in the active market.
- Corporate fixed income and debt securities: Valued at the closing quoted price reported in the active market using market pricing and other observable inputs for similar securities obtained from industry standard data providers.
- Mutual funds: Valued at the net asset value (NAV) of shares held by the Organization at year-end based on quoted prices of the various funds in active markets.
- Exchange-traded and closed-end funds: Valued at the net asset value (NAV) of shares held by the Organization at year-end based on quoted prices of each fund's securities, cash, and other assets traded in active markets less all of its liabilities divided by the total number of shares outstanding.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2019

NOTE F - FAIR VALUE MEASUREMENT - Continued

The fair value by investment assets at December 31, 2019 is as follows:

	Level 1	Level 2	Level 3	Total
Money market funds	\$ 420,126	\$ -	\$ -	\$ 420,126
Equity securities	4,188,800	-	-	4,188,800
Preferred stocks	-	405,449	-	405,449
Exchange-trade and closed-end funds	70,956	-	-	70,956
Mutual funds	6,436,083	-	-	6,436,083
Corporate fixed income	-	1,004,582	-	1,004,582
Debt securities	-	803,035	-	803,035
	<u>\$ 11,115,965</u>	<u>\$ 2,213,066</u>	<u>\$ -</u>	<u>\$ 13,329,031</u>

NOTE G - ENDOWMENT FUND

The Organization's endowment consists of a gift of McDonald's Corporation stock received from Mrs. Joan Kroc in 1994. The terms of this \$1 million gift created an endowment fund which requires the principal to be held in perpetuity for the benefit of the Ronald McDonald Houses in St. Petersburg and Tampa. Only income from the endowment fund may be used for operating expenses of the Houses. The Organization has now sold 100% of the McDonald's stock and has reinvested the proceeds in other income producing investments as allowed by the terms of the gift. The endowment is comprised of donor-restricted endowment funds. As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

*Interpretation of Relevant Law*

The Organization has interpreted the Florida Uniform Prudent Management of Institutional Funds Act (FUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as net assets with donor restrictions restricted in perpetuity (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified as with donor restrictions in perpetuity is classified as with donor restrictions until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by FUPMIFA.

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2019

NOTE G - ENDOWMENT FUND - Continued

In accordance with FUPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund
- The purposes of the Organization and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Organization
- The investment policies of the Organization

For the year ended December 31, 2019, the Organization has elected not to add appreciation for cost of living or other spending policies to its endowment restricted in perpetuity for inflation and other economic conditions.

Changes in endowment net assets as of:

	Without donor restrictions	With donor restrictions	With donor restrictions - in perpetuity	Total
Endowment net assets, beginning	\$ -	\$ 358,487	\$ 1,000,000	\$ 1,358,487
Reclassification addition	-	359,675	-	359,675
Withdrawals	-	(73,897)	-	(73,897)
Investments earnings, net	-	99,269	-	99,269
Net investment appreciation	-	154,042	-	154,042
Endowment net assets, ending	<u>\$ -</u>	<u>\$ 897,576</u>	<u>\$ 1,000,000</u>	<u>\$ 1,897,576</u>

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2019

NOTE G - ENDOWMENT FUND - Continued

*Return Objectives, Risk Parameters, and Strategies*

The Organization has adopted an investment and spending policy for endowment assets that attempts to preserve the real (inflation adjusted) value of endowment assets, increase the real value of the portfolio and facilitate a potential distribution to support some level of future operations. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity or for a donor-specified period(s). The terms of the operating policies of the endowment fund (the Fund) requires that the Fund will be managed by the Investment Committee and approved by the Board of Directors. The Investment Committee is responsible to oversee the portfolio's investments and monitor the investments on an ongoing basis to ensure that long-term objectives are being met. The Investment Committee has agreed to a target asset allocation for the portfolio's assets and seeks advice from professional investment managers which hold the assets. The Fund is to invest funds in accordance with the standards set forth in the Organization's investment policy.

*Spending Policy*

The Organization is operating under an approved endowment policy that seeks to preserve the purchasing power of the Fund while providing income at the highest attainable level. The endowment fund may distribute income and dividends. Under Florida UPMIFA capital gains may also be distributed. Investment earnings and capital gains are accumulated in net assets with donor restrictions. Distributions are considered as a release from restriction from the net assets with donor restrictions. There is to be no invasion of the original principal of the gift given to the Organization unless the donor instructs otherwise.

NOTE H - LEASES

The Organization leases land from the City of Tampa, Florida on which a building owned by the Organization was constructed. The lease originated in 1989 and calls for an annual payment of \$1 per year. In 2018, the option to renew for an additional twenty years was exercised and the lease extended to 2038. The Organization recorded an in-kind donation and rent expense on the land at its net realizable value estimated by management at \$40,500 for the year ended December 31, 2019. The City of Tampa has the right to terminate the lease with 60 days advance notice. No amount has been recorded in the accompanying financial statements for the future fair value of the lease agreement as the value cannot be estimated and the right to terminate the lease renders it conditional.

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2019

NOTE H - LEASES - Continued

The Organization leases space from All Children's Hospital in St. Petersburg, Florida for the Central House that opened in 2010. The lease originated in 2009 and calls for annual payments of \$1 per year over fifteen years. This 7,319 square foot space is donated by All Children's Hospital and recorded at its net realizable value as an in-kind donation and rent expense of \$194,100 for the year ended December 31, 2019. Both parties have the right to terminate the lease. No amount has been recorded in the accompanying financial statements for the future fair value of the lease agreement, as the value cannot be estimated, the term is not substantiated, and the right to terminate the lease renders it conditional.

The Organization also leases various office equipment. The total lease expense for these leased items was approximately \$8,000 for the year ended December 31, 2019.

NOTE I - LINE-OF-CREDIT

The Organization entered into a \$2,500,000 line-of-credit with a financial institution in December 2016. The line-of-credit is collateralized by the non-endowment fund investment accounts of the Organization. There was no balance outstanding at December 31, 2019.

NOTE J - CONCENTRATIONS OF CREDIT RISK

The majority of the Organization's revenue, both from contributions and from fundraising events, is from businesses and individuals in the Tampa Bay area.

NOTE K - RETIREMENT PLAN

Effective January 1, 2016, the Organization adopted a plan covered under Section 401(k) of the Internal Revenue Code. The 401(k) plan allows participants to defer some of their compensation by electing to make contributions into the plan. The plan has a nonelective safe harbor provision requiring a 3% annual employer contribution to eligible employees. The plan covers all employees at least 21 years of age after completing one year of service. Contributions to the plan totaled \$38,542 during the year ended December 31, 2019.

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2019

NOTE L - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions at December 31, 2019 were as follows:

Accumulated earnings on endowment	\$	897,576
St. Petersburg East House		55,000
Tampa House		95,000
Adopt A Room		128,289
Other Program Restrictions		83,482
Other Time Restrictions		84,000
Total net assets with time and purpose restrictions		<u>1,343,347</u>
Net assets restricted in perpetuity		<u>1,000,000</u>
Total net assets with donor restrictions	\$	<u><u>2,343,347</u></u>

NOTE M - NET ASSETS RELEASED FROM RESTRICTIONS

Net assets released from donor restrictions were comprised of the following:

Time restrictions expired on pledges	\$	100,887
Use restrictions expired		<u>261,779</u>
	\$	<u><u>362,666</u></u>

NOTE N - SUBSEQUENT EVENTS

The Organization has evaluated events and transactions occurring subsequent to December 31, 2019 as of May 28, 2020 which is the date the financial statements were available to be issued.

Subsequent to year-end, the United States and global financial markets experienced significant declines in value resulting from uncertainty caused by the world-wide coronavirus pandemic (COVID-19). The Organization is closely monitoring its investment portfolio and its liquidity and is actively working to minimize the impact of these declines. The Organization's financial statements do not include adjustments to fair value that have resulted from these declines.

General economic uncertainties have arisen that may impact future cash flows and changes in net assets as a result of COVID-19. The related financial impact cannot be reasonably estimated at this time.

Ronald McDonald House Charities of Tampa Bay, Inc.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2019

NOTE N - SUBSEQUENT EVENTS - Continued

In response to the COVID-19 Pandemic, the U.S. Congress passed the CARES Act and allows the U.S. Small Business Administration (SBA) to administer the Paycheck Protection Program to provide loans to qualifying businesses. The Paycheck Protection Program loans have a two-year maturity at one percent annual interest with a loan forgiveness provision should the business spend the proceeds on qualifying expenses (payroll, rent, mortgage interest and utilities) within the eight-week covered period following the receipt of the loan proceeds. In April 2020, the Organization was approved for an SBA Paycheck Protection Program loan of \$362,300 and intends on following the loan forgiveness provisions of the program.

INDEPENDENT AUDITORS' COMMUNICATION WITH  
THOSE CHARGED WITH GOVERNANCE  
RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC.  
December 31, 2019



RIVERO, GORDIMER & COMPANY, P.A.

Member  
American Institute of Certified Public Accountants  
Florida Institute of Certified Public Accountants

Herman V. Lazzara  
Marc D. Sasser  
Sam A. Lazzara  
Kevin R. Bass  
Jonathan E. Stein  
Richard B. Gordimer, of Counsel  
Cesar J. Rivero, in Memoriam (1942-2017)

Stephen G. Douglas  
Michael E. Helton  
Christopher F. Terrigino  
James K. O'Connor  
David M. Bohnsack

To the Board of Directors  
Ronald McDonald House Charities of Tampa Bay, Inc.

We have audited the financial statements of the Ronald McDonald House Charities of Tampa Bay, Inc. (the "Organization") as of and for the year ended December 31, 2019 and have issued our report thereon dated May 28, 2020. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 14, 2019. Professional standards also require that we communicate to you the following information related to our audit.

### Significant Audit Findings

#### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Organization are described in Note A to the financial statements. During the year ended December 31, 2019, the Organization adopted ASU 2018-08, *Clarifying the Scope of the Accounting Guidance for Contributions Received and Contributions Made*, as well as ASU 2014-09 *Revenue from Contracts with Customers*. We noted no transactions entered into by the Organization during the years for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

- Management's estimate of the collectability of pledges receivable is based on prior experience, historical collection trends and current and anticipated economic conditions.
- Management's estimate of the useful life of capital assets is based on historical experience, physical condition and external factors affecting future utility.
- Management's estimate of the functional allocation of expenses is based on prior experience, percentage of time devoted by employees to various activities and which functions utilize various supplies and resources.
- Management's estimate of in-kind revenues is based on values provided from donor organizations and estimated values in the marketplace.

We evaluated the key factors and assumptions used to develop the valuation estimates in determining that they are reasonable in relation to the financial statements taken as a whole.



The financial statement disclosures are neutral, consistent, and clear.

*Difficulties Encountered in Performing the Audit*

We encountered no significant difficulties in dealing with management in performing and completing our audit.

*Corrected and Uncorrected Misstatements*

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements.

*Disagreements with Management*

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

*Management Representations*

We have requested certain representations from management that are included in the management representation letter dated May 28, 2020.

*Management Consultations with Other Independent Accountants*

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Organization's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

*Other Audit Findings or Issues*

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Board of Directors and management of the Ronald McDonald House Charities of Tampa Bay, Inc. and is not intended to be, and should not be, used by anyone other than these specified parties.



Tampa, Florida  
May 28, 2020

**From:** "Powers, Thomas (RBC Wealth Mgmt)" <[thomas.powers@rbc.com](mailto:thomas.powers@rbc.com)>

**Date:** October 19, 2020 at 10:11:31 AM EDT

**To:** "Vaughan, Pat" <[pat.vaughan@rbc.com](mailto:pat.vaughan@rbc.com)>, Lisa Suprenand <[lsuprenand@rmhctampabay.org](mailto:lsuprenand@rmhctampabay.org)>

**Cc:** "Turner, Kirstin" <[kirstin.turner@rbc.com](mailto:kirstin.turner@rbc.com)>, "Mason, Clark (RBC Wealth Mgmt)" <[clark.mason@rbc.com](mailto:clark.mason@rbc.com)>

**Subject:** RBC Foundation Grant

Pat- on behalf of The Ronald McDonald House Board of Trustees of Tampa Bay and the families that we serve, I can't thank you enough for your \$5000 grant for COVID-19 Supplies. Your generosity and support over the years is overwhelming and we couldn't successfully serve our families and community without your assistance. Thank you Pat, we greatly appreciate it!

Thomas J. Powers  
Senior Vice President-Financial Advisor  
Senior Consulting Group, President's Council  
RBC Wealth Management  
100 2nd Ave. South Suite 800  
St. Petersburg, FL. 33701  
[800-987-8876](tel:800-987-8876)(Toll Free)  
[727-825-7728](tel:727-825-7728)(Direct Line)  
[727-825-7775](tel:727-825-7775)(Fax)  
[us.rbcwm.com/powerswealth](http://us.rbcwm.com/powerswealth)  
NMLS # [1547890](#) through City National Bank

RBC Wealth Management was ranked "Highest in Investor Satisfaction with Full-Service Brokerage Firms" in the J.D. Power 2020 Full-Service Investor Satisfaction Study. We believe this achievement reflects our firm's strong commitment to putting client interests first and carefully managing the wealth that clients entrust to our care. For more information, view the [J.D. Power press release](#).

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RBC Wealth Management, a division of RBC Capital Markets, LLC, Member NYSE/FINRA/SIPC.



**Reimbursement Template  
Summary of Expenses**

For each unbudgeted/unplanned, but COVID-19 related expenditure, provide the following:

- Receipt or invoice for the purchase
- Method of payment for the purchase
- If paid via credit card or credit arrangement, provide a copy of the credit card statement with the appropriate charge (for security REDACT most account numbers)
- Include bank statement demonstrating paying of credit card (for security REDACT most account numbers)

You may add additional rows to the table below in order to properly document expenses. Keep items and documentation in the item order in your summary chart to easily follow the documentation.

Item Number	Quantity	Item Description	Total Cost
1	~843 meals	March meals	\$4,231.11
2	~1,794 meals	April meals	\$8,969.47
3	~369 meals	May meals	\$2,948.64
4	~511 meals	June meals	\$4,086
5	~413 meals	July meals	\$3,300.74
6	~332 meals	August meals	\$2,649.24
7	~332 meals	September meals	\$2,653.09
8	482 nights	Hyatt Place hotel (August – October)	\$37,581.54
9	83 nights	Candlewood Suites hotel (Aug – Oct)	\$4,256.71

**Total Reimbursement Request: \$70,676.54**\_\_\_\_\_

The attached documents are organized by the item description. Included in these sections are the receipts, credit card statements and payment. You will also find board minutes and financial reports provided to the Board of Trustees.

- **Meals- March** (Pages 3-29)
- **Meals-April** (Pages 30-52)

- **Meals – May** (Pages 53-62)
- **Meals- June** (Pages 63-72)
- **Meals- July** (Pages 73-85)
- **Meals- August** (Pages 86-97)
- **Meals-September** (Pages 98-134)
- **Hyatt Place Hotel** (Pages 135-137)
- **Candlewood Suites Hotel** (Pages 138-154)
- **Board minutes and financial reports** (Pages 155-165)



**If your card is ever lost or stolen:**

Please notify us immediately by calling: 1-800-231-5511, 24 hours a day, 7 days a week.

**Questions about your statement:**

If you have a question about your statement, please write to us within 30 days after the statement was mailed to you. Please use a separate letter and include your account number and the date of the statement in question. Please refer to the front of the statement for our Inquiry mailing address.

**For all your personal or business financial service needs  
Visit us at [www.wellsfargo.com](http://www.wellsfargo.com)**

**Important Payment Information:**

**Payments made at a Wells Fargo branch.** You may use cash or checks when making payments at a Wells Fargo branch.

**Payments by mail.** Mail your check and the payment coupon to the Payment Remittance Center address printed on this statement. For fastest delivery, please use the enclosed window envelope. If using a single check to pay multiple accounts, we must receive a completed payment coupon for each account being paid or a list showing the full account number and amount to be credited to each account. If you are paying multiple accounts with a single check, the total of the check must equal the sum of the payments to be applied to each individual account, with at least the total minimum payment due for all accounts.

**Payments by phone.** If you are authorized to transact on the account, you may be able to initiate a payment by calling the Customer Service number listed on the front of this statement.

**Payments made using Wells Fargo Online Banking or Wells Fargo Mobile.** If you have access to the account via Wells Fargo Online Banking or Mobile you may be able to make a payment depending on your level of access.

**Automatic Payments.** You can establish automatic payments to this credit account from a Wells Fargo deposit account or any other financial institution. For enrollment information, please contact our Customer Service number listed on the front of this statement.

**Timing of payment by mail or payments made at a Wells Fargo branch.** Payments that are received at the designated payment processing address (printed on each statement) by 5:00 p.m. on any business day will be credited as of the day of receipt. Payments received after 5:00 p.m. or on non-business days may be credited as of the next business day.

**When a payment is considered late.** If your payment is received or initiated any time after the Due Date, it is considered late and your account will be subject to a late fee.

**Promotional Rates:**

All promotional rates are subject to early termination if there are late payments or other defaults. Please see sections "Default" and "Remedies" in your Cardholder Agreement.

**Transaction Details**

Trans	Post	Reference Number	Description	Credits	Charges
03/19	03/19	2401339F002J9QX16	NUEVA CANTINA SAINT PETERSB FL		328 91
03/23	03/23	2442806F38PRTWMFT	CICCIO CALI - ST PETE SAINT PETERSB FL		300 00
03/24	03/24	2426979F500KBD101	JIMMY JOHNS # 1404 SAINT PETERSB FL		106 02
03/25	03/25	2469216F52XYPDQFM	SQ *MAGGIE ON THE MOVE St Petersburg FL		200 00
03/26	03/26	2469216F62XHH2P90	SQ *SHISO CRISPY St Petersburg FL		230 10
03/27	03/27	2400097F9D7V1GBTY	THE LURE 727-9148000 FL		300 03
03/27	03/27	2469216F72X6HMB1V	SQ *PAMZ PIZZA CONEZ BELLEAIR BLF FL		246 10
03/27	03/27	2469216F72X716BX7	SQ *A FRESH CONNECTION CA gosq com FL		412 00
03/27	03/27	2480197F85SY862NE	THE BURG BAR & GRILL INC ST PETERSBURG FL		105 19
03/29	03/29	2401339FA03JWPH5M	NUEVA CANTINA SAINT PETERSB FL		146 19
03/30	03/30	2442806FA8PPK90NZ	CICCIO CALI - ST PETE SAINT PETERSB FL		300 00
04/01	04/01	2469216FQ2XS0NFYV	SQ *MAGGIE ON THE MOVE St Petersburg FL		436 00
04/02	04/02	2469216FD2XFR45EF	SQ *POWER DESIGN St Petersburg FL		428 00
04/02	04/02	2469216FE2XHSSZ2R	SQ *SHISO CRISPY SAINT PETERSB FL		400 18

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\*Availability may be affected by your mobile carrier's coverage area. Your mobile carrier's message and data rates may apply.

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**From:** [Meghan Chisolm](#)  
**To:** [Brenyn Stoyanov](#)  
**Subject:** FW: Receipt from Maggie on the Move  
**Date:** Tuesday, April 7, 2020 2:31:31 PM

On your Visa—meals for all three houses

**Meghan Chisolm**

St. Pete Central House Manager

601 5<sup>th</sup> Street S, St. Petersburg, FL 33701

P: 727.767.3026; E: [mchisolm@rmhctampabay.org](mailto:mchisolm@rmhctampabay.org)

**From:** Maggie on the Move via Square <receipts@messaging.squareup.com>  
**Sent:** Wednesday, April 1, 2020 4:53 PM  
**To:** Meghan Chisolm <mchisolm@rmhctampabay.org>  
**Subject:** Receipt from Maggie on the Move

Square automatically sends receipts to the email address you used at any Square seller. [Learn more](#)



Maggie on the Move

How was your experience?

Positive



Negative



**\$436.00**

Custom Amount \$436.00

---

Total **\$436.00**



Maggie on the Move  
[727-667-7001](tel:727-667-7001)

Visa 8023 (Keyed)



Apr 1  
2020 at  
4:52  
PM  
#PXY0  
Auth  
code:  
001361



### Receipt Settings

- [Not your receipt?](#)
- [Turn off automatic receipts](#)
- [Manage preferences](#)

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1455 Market Street, Suite 600  
San Francisco, CA 94103



**From:** [Meghan Chisolm](#)  
**To:** [Brenyn Stoyanov](#)  
**Subject:** FW: Receipt from Maggie on the Move  
**Date:** Tuesday, April 7, 2020 2:31:51 PM

On your Visa—meals for Central and West

**Meghan Chisolm**

St. Pete Central House Manager

601 5<sup>th</sup> Street S, St. Petersburg, FL 33701

P: 727.767.3026; E: [mchisolm@rmhctampabay.org](mailto:mchisolm@rmhctampabay.org)

**From:** Maggie on the Move via Square <receipts@messaging.squareup.com>  
**Sent:** Wednesday, March 25, 2020 5:27 PM  
**To:** Meghan Chisolm <mchisolm@rmhctampabay.org>  
**Subject:** Receipt from Maggie on the Move

Now when you shop at sellers who use Square, your receipts will be delivered automatically.

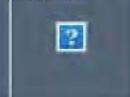
[Not your receipt?](#)



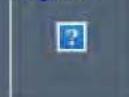
Maggie on the Move

How was your experience?

Positive



Negative



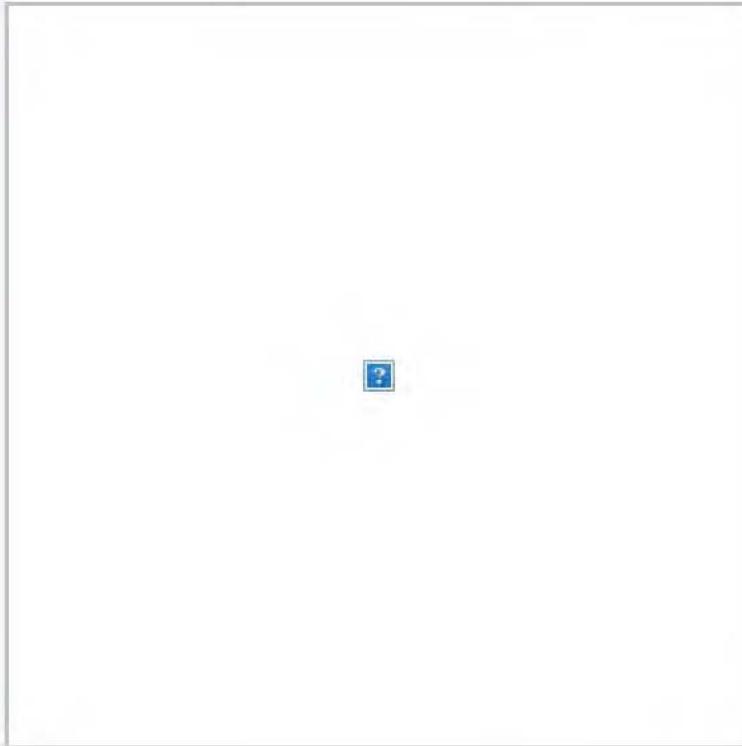
\$200.00

---

Custom Amount \$200.00

---

Total \$200.00



Maggie on the Move

Last Location

[727-667-7001](tel:727-667-7001)

Visa 8023 (Swipe)



BRENYN STOYANOV

Mar 25

2020 at

5:25

PM

#ZKZ7

Auth

code:

025033

---

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### Receipt Settings

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San Francisco, CA 94103



**From:** [Meghan Chisolm](#)  
**To:** [Brenyn Stoyanov](#)  
**Subject:** FW: Receipt from Pamz Pizza Conez  
**Date:** Tuesday, April 7, 2020 2:34:47 PM  
**Attachments:** [image001.png](#)

On your visa—meals for Central and West

**Meghan Chisolm**

St. Pete Central House Manager

601 5<sup>th</sup> Street S, St. Petersburg, FL 33701

P: 727.767.3026; E: [mchisolm@rmhctampabay.org](mailto:mchisolm@rmhctampabay.org)

**From:** Pamz Pizza Conez via Square <receipts@messaging.squareup.com>  
**Sent:** Friday, March 27, 2020 6:07 PM  
**To:** Meghan Chisolm <mchisolm@rmhctampabay.org>  
**Subject:** Receipt from Pamz Pizza Conez

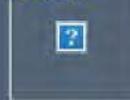
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Pamz Pizza Conez

How was your experience?

Positive



Negative



\$246.10

---

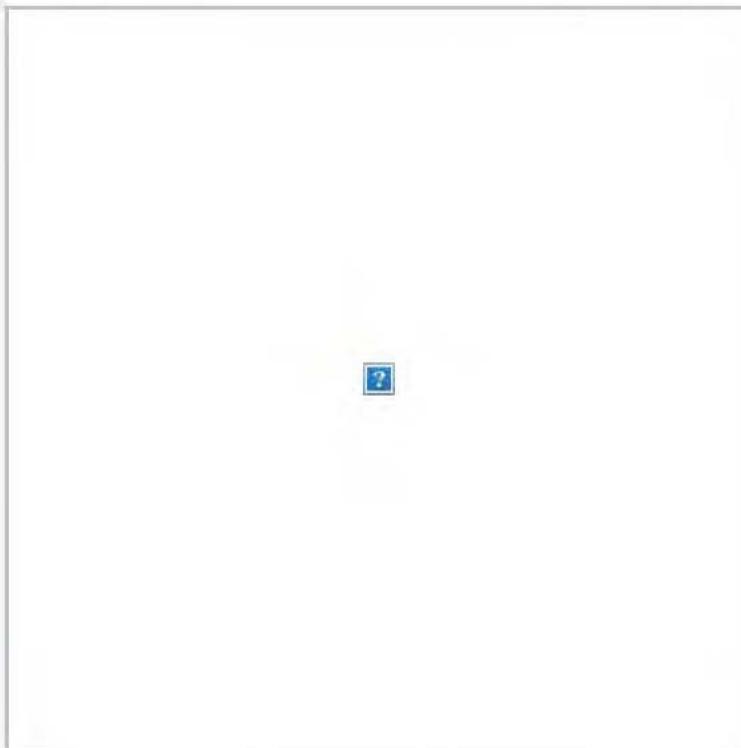
Custom Amount	\$200.00
---------------	----------

---

Purchase Subtotal	\$200.00
Pinellas (7%)	\$14.00
Tip	\$32.10

---

<b>Total</b>	<b>\$246.10</b>
--------------	-----------------



Pamz Pizza Conez  
Last Location  
[214-586-2661](tel:214-586-2661)



BRENYN STOYANOV

2020 at  
6:06  
PM  
#5YQ9  
Auth  
code:  
027963

---

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free.

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San Francisco, CA 94103

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**From:** [Meghan Chisolm](#)  
**To:** [Brenyn Stoyanov](#)  
**Subject:** FW: Receipt from Shiso Crispy  
**Date:** Tuesday, April 7, 2020 2:36:41 PM  
**Attachments:** [image001.png](#)

On your Visa—meals for Central and West

**Meghan Chisolm**

St. Pete Central House Manager

601 5<sup>th</sup> Street S, St. Petersburg, FL 33701

P: 727.767.3026; E: [mchisolm@rmhctampabay.org](mailto:mchisolm@rmhctampabay.org)

**From:** Shiso Crispy via Square <receipts@messaging.squareup.com>  
**Sent:** Thursday, March 26, 2020 5:45 PM  
**To:** Meghan Chisolm <mchisolm@rmhctampabay.org>  
**Subject:** Receipt from Shiso Crispy

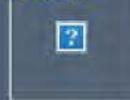
Square automatically sends receipts to the email address you used at any Square seller. [Learn more](#)



Shiso Crispy

How was your experience?

Positive



Negative



\$230.10

---

Custom Amount	\$187.00
---------------	----------

---

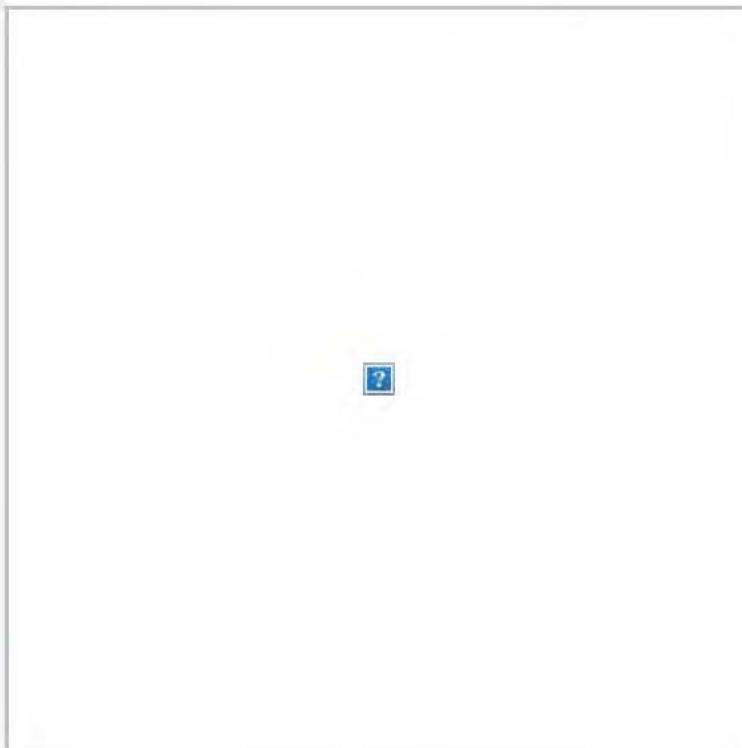
Purchase Subtotal	\$187.00
-------------------	----------

Sales Tax (7%)	\$13.09
----------------	---------

Tip	\$30.01
-----	---------

---

<b>Total</b>	<b>\$230.10</b>
--------------	-----------------



Shiso Crispy  
Last Location

Visa 8023 (Chip)



Mar 26

2020 at

BRENYN STOYANOV

5:44  
PM  
#DpyV  
Auth  
code:  
026982

---

AID: A000000031010

Signature Verified

---

Run your own business?

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San Francisco, CA 94103

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**From:** [Meghan Chisolm](#)  
**To:** [Brenyn Stoyanov](#)  
**Subject:** FW: Receipt from Shiso Crispy  
**Date:** Tuesday, April 7, 2020 2:36:16 PM  
**Attachments:** [image001.png](#)

On your visa—meals for all three Houses

**Meghan Chisolm**

St. Pete Central House Manager

601 5<sup>th</sup> Street S, St. Petersburg, FL 33701

P: 727.767.3026; E: [mchisolm@rmhctampabay.org](mailto:mchisolm@rmhctampabay.org)

**From:** Shiso Crispy via Square <receipts@messaging.squareup.com>  
**Sent:** Thursday, April 2, 2020 7:21 PM  
**To:** Meghan Chisolm <mchisolm@rmhctampabay.org>  
**Subject:** Receipt from Shiso Crispy

Square automatically sends receipts to the email address you used at any Square seller. [Learn more](#)



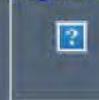
Shiso Crispy

How was your experience?

Positive



Negative



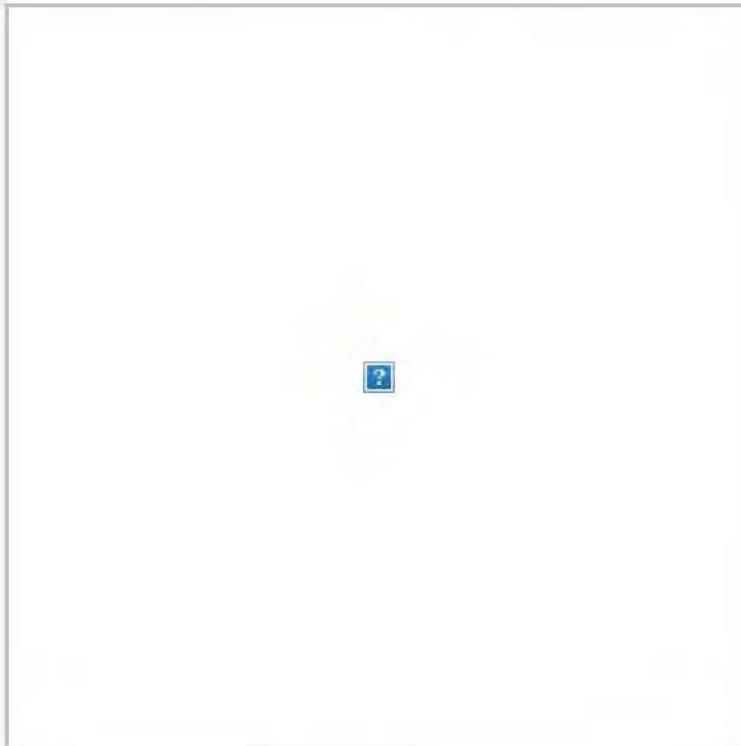
\$400.18

Custom Amount \$374.00

Purchase Subtotal \$374.00

Sales Tax (7%) \$26.18

**Total \$400.18**



Shiso Crispy  
Last Location

Visa 8023 (Chip)



BRENYN STOYANOV

Apr 2  
2020 at  
7:21

PM  
#JU0M  
Auth  
code:  
002360

---

AID: A0000000031010

Signature Verified

---

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Start using Square and process \$1,000 in sales for  
free.

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---



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Emer fund 6120 st pete

The Lure  
661 Central Ave  
St Petersburg, FL 33701

Check 1  
Bar PM  
Guests 0

3/27/2020  
11:45 AM

Open Food

280.40

Subtotal  
Sales Tax

280.40  
19.63

TOTAL

300.03

**BALANCE DUE**

**300.03**

Thank You!  
Follow us on Instagram & Facebook  
@thelurestpete



the burg emerg fund 6120  
st pete

7:55 PM Fri Mar 27

LAVU

Exit Server

Dining Room

Cash Out 1 - 2 Guests

Dine In

Order # 1042-61661

Opened: 2020-03-27 14:10:23

20 med plate 239.80

Subtotal: 239.80

\$ 20.00 off: -20.00

Subtotal after discount: 219.80

Tax (7% of 219.80): 15.39

Total: 235.19

Paid in cash: 50.00

Paid in cash: 80.00

Total Paid: 130.00

Amount Due: 105.19

Clear

7

4

1

0

\$5

CASH

PRINT CHE

\$ 235.19





**From:** [Meghan Chisolm](#)  
**To:** [Brenyn Stoyanov](#)  
**Subject:** FW: Receipt from Power Design  
**Date:** Tuesday, April 7, 2020 2:35:40 PM

Emer fund 6120 st pete

On your visa—meals for all three Houses

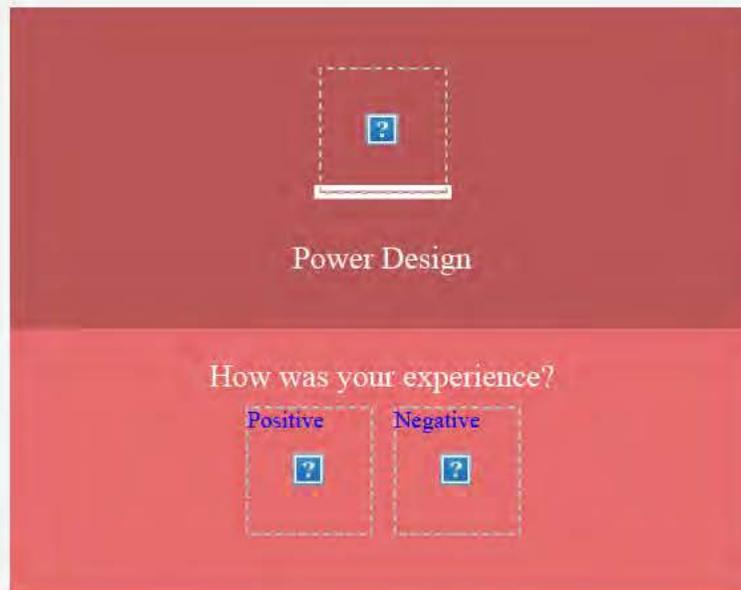
**Meghan Chisolm**

St. Pete Central House Manager

601 5<sup>th</sup> Street S, St. Petersburg, FL 33701

P: 727.767.3026; E: [mchisolm@rmhctampabay.org](mailto:mchisolm@rmhctampabay.org)

**From:** Power Design via Square <receipts@messaging.squareup.com>  
**Sent:** Thursday, April 2, 2020 6:01 PM  
**To:** Meghan Chisolm <mchisolm@rmhctampabay.org>  
**Subject:** Receipt from Power Design



\$428.00

Custom Amount	\$400.00
Purchase Subtotal	\$400.00
FL Tax (7%)	\$28.00

Total

\$428.00

Power Design



Visa 8023 (Keyed)



Apr 2  
2020 at  
5:47  
PM  
#vdTo  
Auth  
code:  
002371



**Receipt Settings**

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Fresh Flavors, Fresh Ideas

**A Fresh Connection**

Catering, Cafe, Bakery



[AFRESHCONNECTION.COM](http://AFRESHCONNECTION.COM) • 727-308-1256

**Prepared for:  
Karen Mathews**

Hi Karen,

Thank you for giving us the opportunity to prepare this quote for you. My team and I know you have choices when it comes to the caterer you use, and we are excited about helping you with your event.

On the following page, you'll find a itemized quote of your menu items and services as discussed.

Please feel free to call us at 727-308-1256 or shoot us an email at [afreshconnection@gmail.com](mailto:afreshconnection@gmail.com) with any questions or modifications.

We look forward to working together!

All our Best,

*Lisa Prather*

Chef Lisa and the AFCC Team

[www.AFreshConnection.com](http://www.AFreshConnection.com)

Office#: 727-308-1256

**Terms & Conditions:**

**Payment Terms:** A deposit of 50% is due upon acceptance of this quote. Final Headcount & Payment is due no later than two weeks prior to the event. This quote serves as the Caterers Contract which is required for all events for 50+ guests.

**I Accept:** Cash, check or credit card. (There will be a 3% fee added to all Credit Card charges)

**Cancellation Policy:** Any cancellation prior to the event will result in a 25% fee of the deposited amount to recover administrative and overhead expenses. If cancellation is within 30 days of the event date, the Caterer reserves the right to keep the 50% deposit as rentals and other costs may already have been expensed. If cancellation is within 2 weeks of the event date, 100% of the total estimated charges for the cancelled function is due immediately.





7097 30th Avenue North **QUOTE**  
 St. Petersburg, FL 33710 Quote No. 161903  
 (727) 308-1256

Bill To: Karen Mathews - Ronald  
 McDonald House Charities  
 401 7th Avenue South  
 St. Petersburg, FL 33701  
 (727) 767-7685

Deliver To: Ronald McDonald House  
 Charities  
 401 7th Avenue South, St.  
 Petersburg, FL 33701

Event Date: Friday, Mar 27 2020  
 Order Type: DELIVERY  
 Number of Guests: 80  
 Pick-Up/Deliver By Time: 4:30  
 PM

Current Callback Number:  
 (727) 767-7685

**Quote Detail (7097 30th Avenue North St. Petersburg, FL 33710)**

Item	Unit Price	Quantity	Total Price
<b>Salads - BBQ Southern - Garden Salad [per item]</b>	<b>\$0.00</b>	<b>1</b>	<b>\$0.00</b>
<i>Fresh iceberg greens, tomato, cucumber, carrots, croutons and Ranch dressing</i>			
<b>Entrees - BBQ Southern - Baked Chicken Quarters [per item]</b>	<b>\$5.00</b>	<b>70</b>	<b>\$350.00</b>
<i>Southern style BBQ Leg Quarter with Creamy Mac-n-Cheese, and Sauteed Green Beans w/ onions</i>			
<b>Entrees - Vegetarian - Risotto with Roasted Vegetables [per item]</b>	<b>\$5.00</b>	<b>10</b>	<b>\$50.00</b>
<i>Vegetarian - Creamy Baked Ziti w/ mixed veggies and Alfredo Sauce</i>			

**Quote Summary**

Subtotal (with any coupons applied):	\$400.00
7%:	\$0.00 [0%]
Delivery Fee:	\$12.00
Total amount of order:	\$412.00

*Individually Wrapped Dinners with 10 Vegetarian Options  
 Includes: Salad and Dinner Roll w/ butter*

**THANK YOU FOR YOUR BUSINESS.**



Prepared For	RMHC OF TAMPA BAY BRENYN STOYANOV
Account Number	██████████ 8023
Statement Closing Date	05/03/20
Days in Billing Cycle	30
Next Statement Date	06/03/20
Credit Line	\$10,000
Available Credit	██████████

For 24-Hour Customer Service Call:  
800-231-5511

Inquiries or Questions:  
Wells Fargo SBL PO Box 29482  
Phoenix, AZ 85038-8650

Payments:  
Elite Card Payment Center PO Box 77066  
Minneapolis, MN 55480-7766

**Payment Information**

New Balance	\$7,798.70
<b>Current Payment Due (Minimum Payment)</b>	<b>\$500.00</b>
<b>Current Payment Due Date</b>	<b>05/28/20</b>

If you wish to pay off your balance in full: The balance noted on your statement is not the payoff amount. Please call 800-231-5511 for payoff information.

**Account Summary**

Previous Balance		\$7,983.46
Credits	-	\$646.01
Payments	-	\$7,983.46
Purchases & Other Charges	+	\$8,444.71
Cash Advances	+	\$0.00
Finance Charges	+	\$0.00
New Balance	=	\$7,798.70

**Rate Information**

Your rate may vary according to the terms of your agreement.

TYPE OF BALANCE	ANNUAL INTEREST RATE	DAILY FINANCE CHARGE RATE	AVERAGE DAILY BALANCE	PERIODIC FINANCE CHARGES	TRANSACTION FINANCE CHARGES	TOTAL FINANCE CHARGES
PURCHASES	11 240%	03079%	\$0 00	\$0 00	\$0 00	\$0 00
CASH ADVANCES	23 990%	06572%	\$0 00	\$0 00	\$0 00	\$0 00
TOTAL				\$0 00	\$0 00	\$0 00

**Important Information**

AN OVERLIMIT FEE WAS ASSESSED WHEN YOUR ACCOUNT BALANCE EXCEEDED THE ESTABLISHED CREDIT LIMIT ON 04/11/20.

**Transaction Details**

Trans	Post	Reference Number	Description	Credits	Charges
04/03	04/04	2469216FE2Y0F3EE0	SQ *PAMZ PIZZA CONEZ BELLEAIR BLF FL		492 20
████	████	████████████████	██		████
See reverse side for important information					

5596 YTG 1 7 2 200503 0 PAGE 1 of 4 1 0 3268 1000 ELA3 01DR5596

----- DETACH HERE -----

Detach and mail with check payable to "Wells Fargo" to arrive by Current Payment Due Date

**Make checks payable to: Wells Fargo**

Account Number	██████████ 8023
New Balance	\$7,798.70
<b>Total Amount Due (Minimum Payment)</b>	<b>\$500.00</b>
<b>Current Payment Due Date</b>	<b>05/28/20</b>

05000007798700044846100026480230

Print address or phone changes: \_\_\_\_\_  
Work ( ) \_\_\_\_\_

Amount Enclosed: \$

ELITE CARD PAYMENT CENTER YTG  
PO BOX 77066 30  
MINNEAPOLIS MN 55480-7766

RMHC OF TAMPA BAY  
BRENYN STOYANOV  
401 7TH AVE S  
ST PETERSBURG FL 33701-4818

**If your card is ever lost or stolen:**

Please notify us immediately by calling: 1-800-231-5511, 24 hours a day, 7 days a week.

**Questions about your statement:**

If you have a question about your statement, please write to us within 30 days after the statement was mailed to you. Please use a separate letter and include your account number and the date of the statement in question. Please refer to the front of the statement for our Inquiry mailing address.

**For all your personal or business financial service needs  
Visit us at [www.wellsfargo.com](http://www.wellsfargo.com)**

**Important Payment Information:**

**Payments made at a Wells Fargo branch.** You may use cash or checks when making payments at a Wells Fargo branch.

**Payments by mail.** Mail your check and the payment coupon to the Payment Remittance Center address printed on this statement. For fastest delivery, please use the enclosed window envelope. If using a single check to pay multiple accounts, we must receive a completed payment coupon for each account being paid or a list showing the full account number and amount to be credited to each account. If you are paying multiple accounts with a single check, the total of the check must equal the sum of the payments to be applied to each individual account, with at least the total minimum payment due for all accounts.

**Payments by phone.** If you are authorized to transact on the account, you may be able to initiate a payment by calling the Customer Service number listed on the front of this statement.

**Payments made using Wells Fargo Online Banking or Wells Fargo Mobile.** If you have access to the account via Wells Fargo Online Banking or Mobile you may be able to make a payment depending on your level of access.

**Automatic Payments.** You can establish automatic payments to this credit account from a Wells Fargo deposit account or any other financial institution. For enrollment information, please contact our Customer Service number listed on the front of this statement.

**Timing of payment by mail or payments made at a Wells Fargo branch.** Payments that are received at the designated payment processing address (printed on each statement) by 5:00 p.m. on any business day will be credited as of the day of receipt. Payments received after 5:00 p.m. or on non-business days may be credited as of the next business day.

**When a payment is considered late.** If your payment is received or initiated any time after the Due Date, it is considered late and your account will be subject to a late fee.

**Promotional Rates:**

All promotional rates are subject to early termination if there are late payments or other defaults. Please see sections "Default" and "Remedies" in your Cardholder Agreement.

**Transaction Details**

Trans	Post	Reference Number	Description	Credits	Charges
04/06	04/06	2442806FH8PPJL602	CICCIO CALI - ST PETE SAINT PETERSB FL		350 00
04/08	04/08	2469216FK2XS30P66	SQ *MAGGIE ON THE MOVE St Petersburg FL		200 00
04/09	04/09	2469216FL2XD6ZKVS	SQ *SHISO CRISPY SAINT PETERSB FL		231 33
04/10	04/10	2469216FM2XZBNAEJ	SQ *PAMZ PIZZA CONEZ St Petersburg FL		492 20
04/11	04/11	2442733FPLM7TF5D7	CHICK-FIL-A #00784 ST PETERSBURG FL		348 93
04/11	04/11	2442733FPLM7TF5E1	CHICK-FIL-A #00784 ST PETERSBURG FL		131 53
████	████	████████████████████	████████████████████		████
04/14	04/14	2469216FT2X4YYLP8	SQ *PAMZ PIZZA CONEZ BELLEAIR BLF FL		480 00
████	████	████████████████████	████████████████████		████
████	████	████████████████████	████████████████████	████	
04/16	04/16	2469216FV2XQRBNGT	SQ *SHISO CRISPY SAINT PETERSB FL		828 13
04/17	04/17	2469216FW2XV5PQ4Q	SQ *A FRESH CONNECTION CA gosq com FL		350 00
04/17	04/17	2469216FW2XY8P3XM	SQ *PAMZ PIZZA CONEZ St Petersburg FL		828 00
04/19	04/19	2443105FZBLGXP83P	ROMANOS 1238 SAINT PETERSB FL		270 06
04/21	04/21	2469216G02XA0612A	SQ *SHISO CRISPY SAINT PETERSB FL		563 57
████	████	████████████████████	████████████████████	████	
████	████	████████████████████	████████████████████	████	
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████	████	████████████████████	████████████████████	████	
████	████	████████████████████	████████████████████	████	
04/23	04/23	2469216G22XG1R600	SQ *MAGGIE ON THE MOVE St Petersburg FL		477 25
████	████	████████████████████	████████████████████	████	
████	████	████████████████████	████████████████████	████	
04/24	04/24	2469216G42X78DB8F	SQ *PAMZ PIZZA CONEZ St Petersburg FL		563 50
████	████	████████████████████	████████████████████		████
04/28	04/28	2469216G82XHJSMAG	SQ *SHISO CRISPY SAINT PETERSB FL		439 77
04/30	04/30	2442806G98PS86EKM	CICCIO CALI - ST PETE SAINT PETERSB FL		428 00
████	████	████████████████████	████████████████████	████	
05/01	05/01	2469216GB2XJ5A8MB	SQ *PAMZ PIZZA CONEZ St Petersburg FL		420 00
████	████	████████████████████	████████████████████	████	
████	████	████████████████████	████████████████████	████	
████	████	████████████████████	████████████████████	████	
████	████	████████████████████	████████████████████		████

**Wells Fargo News**

**What can alerts do for your business?\***

Receive timely updates on your business credit card account via email or text. Alerts allow you to set up and receive only the messages that are important to you. Sign up for alerts during your Wells Fargo Business Online<sup>®</sup> session by going to your Business Elite Card account screen and selecting the Manage Alerts menu option.

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\*Availability may be affected by your mobile carrier's coverage area. Your mobile carrier's message and data rates may apply.

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Sat 4/18/20  
East & West

# Delivery

Macaroni Grill Tyrone Square

Event Coordinator:  
Stefanie Grille  
stefanie.grille@macgrill.com  
(305) 215-0031

## FINANCIALS

Non-Profit Special Menu	\$ 360.00
Total Charges	\$ 360.00
Subtotal	\$ 360.00
25%	\$ -90.00
Estimated Total	\$ 270.00
Amount Paid	\$ 0.00
Amount Due	\$ 270.00

## SUMMARY

	PRICE	QTY	SUBTOTAL
Non-Profit Special Menu	\$ 6.00	<u>60</u>	\$ 360.00
Entree - Choice Of - Individually Packaged			
Spaghetti & Pomodoro Sauce - Adults			
Fettuccine Alfredo - Adults			
Cheese Ravioli - Kids			
Rosemary Bread - Individually Wrapped			

pd \$270.00  
via CC

West - 13 A  
7 Kids

East West



NUEVA CANTINA

1625 4th St

St. Petersburg, Fl. 33701

Date: Apr24'20 11:46AM

Card Type: VISA

Acct #: XXXXXXXXXXXXX8023\*

Card Entry: KEYED

Trans Type: REFUND

Auth Code:

Check: 2849

Server: 9999 MICROS D

Subtotal: 146.19-

Tip: \_\_\_\_\_

Total: \_\_\_\_\_

Signature

I agree to pay above total  
according to my card issuer  
agreement.

\* \* \* \* Merchant Copy \* \* \* \*

NUEVA CANTINA  
1625 4th St  
St. Petersburg, Fl. 33701

9999 MICROS D

-----  
Chk 2849 Apr24'20 11:46A Gst 0  
-----

RE SEND CC	146.19-V
XXXXXXXXXXXX8023	
VISA	146.19-
Service Chrg	146.19-
Payment	146.19-

NUEVA CANTINA

1625 4th St

St. Petersburg, Fl. 33701

Date: Apr24'20 11:47AM

Card Type: VISA

Acct #: XXXXXXXXXXXXX8023\*

Card Entry: KEYED

Trans Type: REFUND

Auth Code:

Check: 2851

Server: 9999 MICROS D

Subtotal: 328.91-

Tip: \_\_\_\_\_

Total: \_\_\_\_\_

Signature

I agree to pay above total  
according to my card issuer  
agreement.

\* \* \* \* Merchant Copy \* \* \* \*

NUEVA CANTINA  
1625 4th St  
St. Petersburg, Fl. 33701

9999 MICROS D

-----  
Chk 2851 Apr24'20 11:47A Gst 0  
-----

RE SEND CC	328.91-V
XXXXXXXXXXXX8023	
VISA	328.91-
Service Chrg	328.91-
Payment	328.91-

Welcome to Chick-fil-A  
 Fourth Street North FSU (#00784)  
 Saint Petersburg, FL  
 (727) 502-9402  
 Operator: David Neely  
 CUSTOMER COPY  
 4/11/2020 5:01:40 PM  
 PICKUP

Order Number: 6605843

Guest: Karen Mathews-rmh **Last House**  
 Tax Acct: RONALD MCDONALD HOUSE  
 Phone 7278987451  
 Promised Time: 4/11/2020 5:00 PM

15 GRL Sand	80.25
10 CFA Sand	37.50
15 GRL Wrap	96.75
1 Open Percent	(38.77)
30 Fries MD	58.50
20 Side Sld	63.80
8 + Avo Ranch	
6 + GardnHrb Ranch	
3 + Crmy Salsa	
6 + FF Hny Must.	
5 + Appl Vin	
6 + Itl Lt	
4 + Lt Bal	
10 Kids Meal	50.90
Nugget 6ct	
Fries SM	
Kds Toy	
Apple Juice KD	
30 Ketrhup	0.00
5 CFA Sauce	0.00
5 BBQ	0.00
5 Buffalo	0.00
5 Hny Must.	0.00
5 Poly	0.00
5 Ranch	0.00
5 Sriracha	0.00

Sub. Total:	\$348.93
Tax:	\$0.00
Total:	\$348.93
Discount Total:	(\$38.77)

Balance Due \$348.93  
 Register:4 Tran Seq No: 6605843  
 Cashier:Karrie

It was a pleasure serving you!  
 Forgot to scan the Chick-fil-A One App?  
 Visit: Chick-fil-a.com/MissedTransaction

# Call In Order

**Mcdonald, Ronald**  
**(352) 262-6036**

Ciccio Cali  
 190 37th Ave N  
 (727) 898-8226

Server: Catering	04/06/2020
Mcdonald, Ronald/1	4:52 PM
Guests: 1	30006
Reprint #: 2	

C Bowl Lean N Clean Chix (7 EA)	490.00
@ 70.00 per EA (MAN WT)	

Subtotal	490.00
Tax Exempt RMH	0.00

BE OUR GUEST	-140.00
Name: RMH	

**Total 350.00**

VISA #XXXXXXXXXXXX8023	350.00
Auth:006858	

+ TIP:	_____
= Total:	_____

X\_\_\_\_\_

**Balance Due 0.00**

WE CATER!  
 Please Text or Call  
 727-359-9713

--- Check Closed ---

## Brenyn Stoyanov

---

**From:** Karen Mathews  
**Sent:** Friday, April 17, 2020 12:11 PM  
**To:** Brenyn Stoyanov  
**Subject:** FW: You paid an invoice! (#162399 Final)

Brenyn,  
Apparently, we never paid this invoice.  
I just did – here's the receipt.  
This was for dinner on Easter Sunday, April 12.

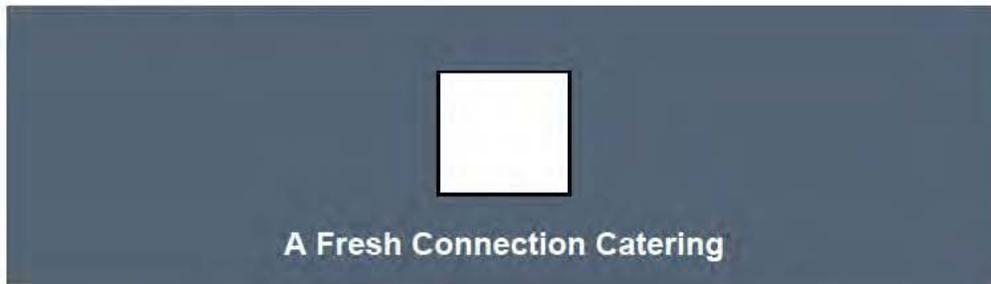
Karen

 *Karen Mathews*  
East House Manager  
RONALD MCDONALD HOUSE CHARITIES TAMPA BAY  
401 7th Avenue S., St. Petersburg, FL 33701  
P: 727.767.7685  
E: [kmathews@rmhctampabay.org](mailto:kmathews@rmhctampabay.org)  
Web: [www.rmhctampabay.org](http://www.rmhctampabay.org)



---

**From:** A Fresh Connection Catering [<mailto:invoicing@messaging.squareup.com>]  
**Sent:** Friday, April 17, 2020 12:09 PM  
**To:** Karen Mathews  
**Subject:** You paid an invoice! (#162399 Final)



Invoice Paid

**\$350.00**

Paid on April 17, 2020

**A Fresh Connection Catering, LLC**

Invoice #162399 Final

April 17, 2020

**Bill To**

Karen Mathews

RMHC

[kmathews@rmhctampabay.org](mailto:kmathews@rmhctampabay.org)

---

Thanks you for choosing A Fresh Connection Catering.

---

<b>Final Due</b>	<b>\$350.00</b>
------------------	-----------------

---

Subtotal	\$350.00
----------	----------

<b>Total Paid</b>	<b>\$350.00</b>
-------------------	-----------------

---

VISA 8023	04/17/20, 12:08 PM
-----------	-----------------------

---

**Attachments**

KarenMathews\_04-11-2020\_EASTERInvoice.pdf

[View Attachments](#)

**Send estimates or invoices for your business?**

Process \$1,000 in sales free when you sign up for Square.

**Get Started**

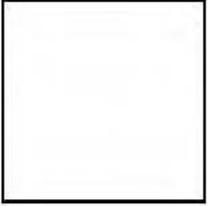
---

**A Fresh Connection Catering**

2619 BEACH BLVD S  
GULFPORT, FL 33707-5515 United States

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**Brenyn Stoyanov**

---

**From:** Meghan Chisolm  
**Sent:** Friday, April 10, 2020 5:00 PM  
**To:** Brenyn Stoyanov  
**Subject:** FW: Receipt from Shiso Crispy

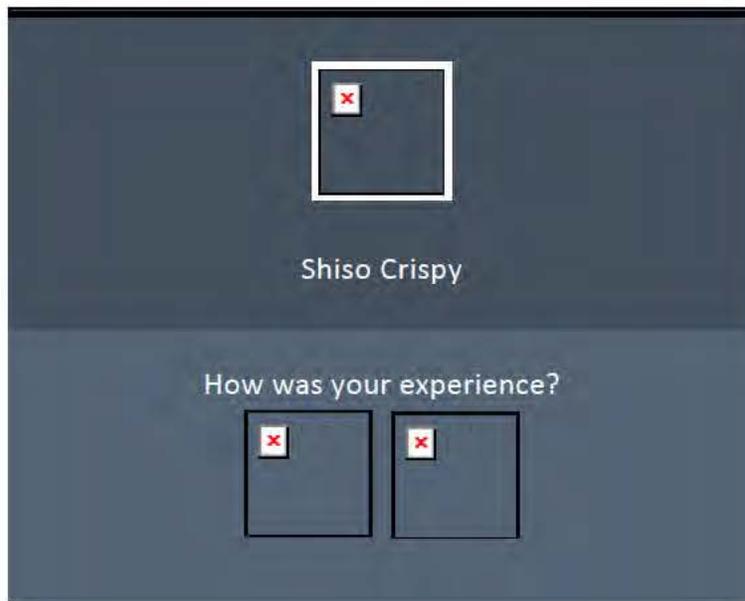
On your Visa – Shiso Crispy 4/9/20

**Meghan Chisolm**  
St. Pete Central House Manager  
601 5<sup>th</sup> Street S, St. Petersburg, FL 33701  
P: 727.767.3026; E: [mchisolm@rmhctampabay.org](mailto:mchisolm@rmhctampabay.org)

---

**From:** Shiso Crispy via Square <receipts@messaging.squareup.com>  
**Sent:** Thursday, April 9, 2020 5:50 PM  
**To:** Meghan Chisolm <mchisolm@rmhctampabay.org>  
**Subject:** Receipt from Shiso Crispy

Square automatically sends receipts to the email address you used at any Square seller. [Learn more](#)



\$231.33

---

Custom Amount	\$188.00
Purchase Subtotal	\$188.00
Sales Tax (7%)	\$13.16
Tip	\$30.17
Total	<b>\$231.33</b>

---



Shiso Crispy  
Last Location

Visa 8023 (Chip) Apr 9  
 2020  
BRENYN STOYANOV at 5:49  
PM  
#h2Lk  
Auth  
code:  
009189

---

AID: A0000000031010  
Signature Verified

---

Run your own business?  
Start using Square and process \$1,000 in sales  
for free.

[Get Started with Square](#) [Get Started with Square](#)



### Receipt Settings

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1455 Market Street, Suite 600

San Francisco, CA 94103

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**Brenyn Stoyanov**

---

**From:** Meghan Chisolm  
**Sent:** Friday, April 10, 2020 5:05 PM  
**To:** Brenyn Stoyanov  
**Subject:** FW: Receipt from Maggie on the Move

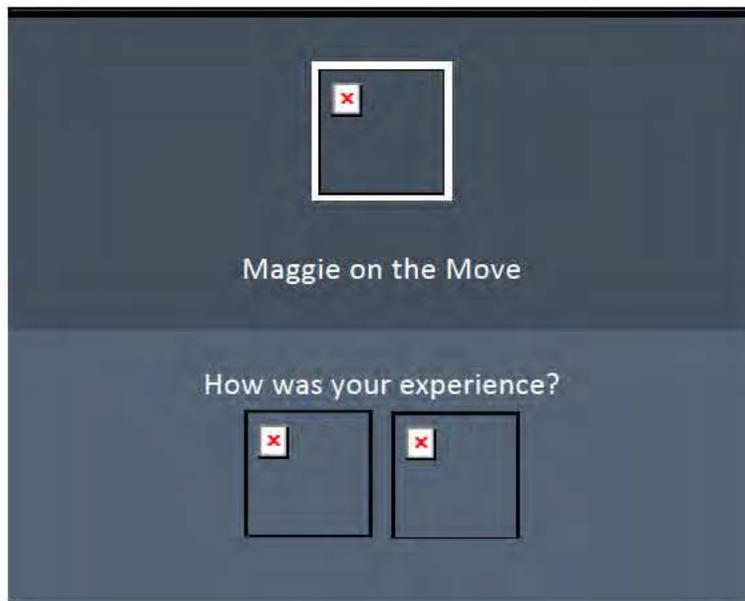
On your Visa—Maggie on the Move 4/8/20

**Meghan Chisolm**  
St. Pete Central House Manager  
601 5<sup>th</sup> Street S, St. Petersburg, FL 33701  
**P:** 727.767.3026; **E:** [mchisolm@rmhctampabay.org](mailto:mchisolm@rmhctampabay.org)

---

**From:** Maggie on the Move via Square <receipts@messaging.squareup.com>  
**Sent:** Wednesday, April 8, 2020 5:11 PM  
**To:** Meghan Chisolm <mchisolm@rmhctampabay.org>  
**Subject:** Receipt from Maggie on the Move

Square automatically sends receipts to the email address you used at any Square seller. [Learn more](#)



\$200.00

---

Custom Amount	\$200.00
Total	\$200.00

---



Maggie on the Move

Last Location

727-667-7001

Visa 8023 (Swipe)



BRENYN STOYANOV

Apr 8

2020

at 5:10

PM

#HHAJ

Auth

code:

008805



**Receipt Settings**

[Not your receipt?](#)

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San Francisco, CA 94103

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## Brenyn Stoyanov

---

**From:** Karen Mathews  
**Sent:** Wednesday, April 8, 2020 1:51 PM  
**To:** Brenyn Stoyanov  
**Subject:** FW: You received a new invoice (#162399 Final)

Brenyn,  
This is for dinner on Easter Sunday – for all 3 Houses.  
They will deliver Saturday evening for Sunday – we will store until dinnertime!

Karen



*Karen Mathews*  
East House Manager  
RONALD MCDONALD HOUSE CHARITIES TAMPA BAY  
401 7th Avenue S., St. Petersburg, FL 33701  
P: 727.767.7685  
E: [kmathews@rmhctampabay.org](mailto:kmathews@rmhctampabay.org)  
Web: [www.rmhctampabay.org](http://www.rmhctampabay.org)



---

**From:** A Fresh Connection Catering [<mailto:invoicing@messaging.squareup.com>]  
**Sent:** Wednesday, April 08, 2020 12:13 PM  
**To:** Karen Mathews  
**Subject:** You received a new invoice (#162399 Final)



A Fresh Connection Catering

New Invoice

**\$350.00**

Due on April 8, 2020

[Pay Invoice](#)

---

**A Fresh Connection Catering, LLC**

Invoice #162399 Final

April 8, 2020

**Bill To**

Karen Mathews

RMHC

[kmathews@rmhctampabay.org](mailto:kmathews@rmhctampabay.org)

---

Thanks you for choosing A Fresh Connection Catering.

---

<b>Final Due</b>	<b>\$350.00</b>
------------------	-----------------

---

Subtotal	\$350.00
----------	----------

<b>Total Due</b>	<b>\$350.00</b>
------------------	-----------------

---

**Attachments**

KarenMathews\_04-11-2020\_EASTERInvoice.pdf

[View Attachments](#)

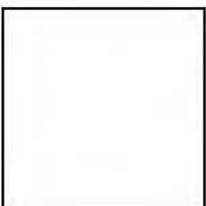
**A Fresh Connection Catering**

2619 BEACH BLVD S

GULFPORT, FL 33707-5515 United States

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Fourth Street North FSU (#00784)

Saint Petersburg, FL

(727) 502-9402

Operator: David Neely

CUSTOMER COPY

4/9/2020 3:21:55 PM

PICKUP

Order Number: 6605924

Guest: Karen Mathews-rmh

Tax Acct: RONALD MCDONALD HOUSE

Phone 7278987451

Promised Time: 4/11/2020 5:00 PM

10 Nugget 8ct	38.50
15 CFA Sand	56.25
1 Open Percent	(14.62)
10 Fries MD	19.50
10 Frt Cup	31.90

Sub. Total: \$131.53

Tax: \$0.00

Total: \$131.53

Discount Total: (\$14.62)

Balance Due \$131.53

Register:7

Tran Seq No: 6605924

Cashier:Houman

It was a pleasure serving you!

Forgot to scan the Chick-fil-A One App?

Visit: [Chick-fil-a.com/MissedTransaction](http://Chick-fil-a.com/MissedTransaction)

(727) 502-9402  
Operator: David Neely  
CUSTOMER COPY  
4/9/2020 3:18:36 PM  
PICKUP

Order Number: 6605903

Guest: Karen Mathews  
Tax Acct: RONALD MCDONALD HOUSE  
Phone 7278987451  
Promised Time: 4/11/2020 5:00 PM

10 Nugget 8ct	38.50
10 CFA Sand	37.50
1 Open Percent	(16.81)
10 Fries MD	19.50
8 Kids Meal	40.72
Nugget 6ct	
Fries SM	
Kds Toy	
Apple Juice KD	
10 Frt Cup	31.90

Sub. Total:	\$151.31
Tax:	\$0.00
Total:	\$151.31
Discount Total:	(\$16.81)

Balance Due	\$151.31
-------------	----------

Register:7                      Tran Seq No: 6605903  
Cashier:Houman

It was a pleasure serving you!  
Forgot to scan the Chick-fil-A One App?  
Visit: [Chick-fil-a.com/MissedTransaction](http://Chick-fil-a.com/MissedTransaction)

CUSTOMER COPY  
4/9/2020 3:14:12 PM  
PICKUP

Order Number: 6605843

Guest: Karen Mathews-rmh  
Tax Acct: RONALD MCDONALD HOUSE  
Phone 7278987451  
Promised Time: 4/11/2020 5:00 PM

15 GRL Sand	80.25
10 CFA Sand	37.50
15 GRL Wrap	96.75
1 Open Percent	(38.77)
30 Fries MD	58.50
20 Side Sld	63.80
10 Kids Meal	50.90
Nugget 6ct	
Fries SM	
Kds Toy	
Apple Juice KD	

Sub. Total:	\$348.93
Tax:	\$0.00
Total:	\$348.93
Discount Total:	(\$38.77)

Balance Due \$348.93

Register:7 Tran Seq No: 6605843

Cashier:Houman

It was a pleasure serving you!  
Forgot to scan the Chick-fil-A One App?  
Visit: [Chick-fil-a.com/MissedTransaction](http://Chick-fil-a.com/MissedTransaction)



Prepared For	RMHC OF TAMPA BAY BRENYN STOYANOV
Account Number	██████████ 8023
Statement Closing Date	06/03/20
Days in Billing Cycle	31
Next Statement Date	07/03/20
Credit Line	\$10,000
Available Credit	██████████

For 24-Hour Customer Service Call:  
800-231-5511

Inquiries or Questions:  
Wells Fargo SBL PO Box 29482  
Phoenix, AZ 85038-8650

Payments:  
Elite Card Payment Center PO Box 77066  
Minneapolis, MN 55480-7766

**Payment Information**

New Balance	\$10,256.28
<b>Current Payment Due (Minimum Payment)</b>	<b>\$513.00</b>
<b>Current Payment Due Date</b>	<b>06/28/20</b>

**Your Overlimit Amount \$256.28 is due immediately.**

**Your Current Payment of \$513.00 is due 06/28/20.**

If you wish to pay off your balance in full: The balance noted on your statement is not the payoff amount. Please call 800-231-5511 for payoff information.

**Account Summary**

Previous Balance		\$7,798.70
Credits	-	\$96.99
Payments	-	\$1,280.26
Purchases & Other Charges	+	\$3,747.30
Cash Advances	+	\$0.00
Finance Charges	+	\$87.53
New Balance	=	\$10,256.28

**Rate Information**

Your rate may vary according to the terms of your agreement.

TYPE OF BALANCE	ANNUAL INTEREST RATE	DAILY FINANCE CHARGE RATE	AVERAGE DAILY BALANCE	PERIODIC FINANCE CHARGES	TRANSACTION FINANCE CHARGES	TOTAL FINANCE CHARGES
PURCHASES	11.240%	0.3079%	\$9,170.02	\$87.53	\$0.00	\$87.53
CASH ADVANCES	23.990%	0.6572%	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL				\$87.53	\$0.00	\$87.53

See reverse side for important information

5596 YTG 1 7 2 200603 0 0 PAGE 1 of 4 1 0 3268 1000 ELA3 01DR5596

----- DETACH HERE -----

Detach and mail with check payable to "Wells Fargo" to arrive by Current Payment Due Date

**Make checks payable to: Wells Fargo**

Account Number	██████████ 8023
New Balance	\$10,256.28
<b>Total Amount Due (Minimum Payment)</b>	<b>\$513.00</b>
<b>Current Payment Due Date</b>	<b>06/28/20</b>

05130010256280044846100026480237

Print address or phone changes: \_\_\_\_\_  
Work ( ) \_\_\_\_\_

Amount Enclosed: \$

ELITE CARD PAYMENT CENTER YTG  
PO BOX 77066 30  
MINNEAPOLIS MN 55480-7766

RMHC OF TAMPA BAY  
BRENYN STOYANOV  
401 7TH AVE S  
ST PETERSBURG FL 33701-4818

**If your card is ever lost or stolen:**

Please notify us immediately by calling: 1-800-231-5511, 24 hours a day, 7 days a week.

**Questions about your statement:**

If you have a question about your statement, please write to us within 30 days after the statement was mailed to you. Please use a separate letter and include your account number and the date of the statement in question. Please refer to the front of the statement for our Inquiry mailing address.

**For all your personal or business financial service needs  
Visit us at [www.wellsfargo.com](http://www.wellsfargo.com)**

**Important Payment Information:**

**Payments made at a Wells Fargo branch.** You may use cash or checks when making payments at a Wells Fargo branch.

**Payments by mail.** Mail your check and the payment coupon to the Payment Remittance Center address printed on this statement. For fastest delivery, please use the enclosed window envelope. If using a single check to pay multiple accounts, we must receive a completed payment coupon for each account being paid or a list showing the full account number and amount to be credited to each account. If you are paying multiple accounts with a single check, the total of the check must equal the sum of the payments to be applied to each individual account, with at least the total minimum payment due for all accounts.

**Payments by phone.** If you are authorized to transact on the account, you may be able to initiate a payment by calling the Customer Service number listed on the front of this statement.

**Payments made using Wells Fargo Online Banking or Wells Fargo Mobile.** If you have access to the account via Wells Fargo Online Banking or Mobile you may be able to make a payment depending on your level of access.

**Automatic Payments.** You can establish automatic payments to this credit account from a Wells Fargo deposit account or any other financial institution. For enrollment information, please contact our Customer Service number listed on the front of this statement.

**Timing of payment by mail or payments made at a Wells Fargo branch.** Payments that are received at the designated payment processing address (printed on each statement) by 5:00 p.m. on any business day will be credited as of the day of receipt. Payments received after 5:00 p.m. or on non-business days may be credited as of the next business day.

**When a payment is considered late.** If your payment is received or initiated any time after the Due Date, it is considered late and your account will be subject to a late fee.

**Promotional Rates:**

All promotional rates are subject to early termination if there are late payments or other defaults. Please see sections "Default" and "Remedies" in your Cardholder Agreement.

**Transaction Details**

Trans	Post	Reference Number	Description	Credits	Charges
05/04	05/04	2443105GEBLGP826	ROMANOS 1238 SAINT PETERSB FL		292 38
05/07	05/07	2442806GG8PSSQ7D4	CICCIO CALI - ST PETE SAINT PETERSB FL		280 00
05/08	05/08	2426979GJ00R7NKZ4	JIMMY JOHNS # 1404 SAINT PETERSB FL		307 04
05/12	05/12	2449215GMMJJ5RHPH	SQ *A FRESH CONNECT 877-417-4551 FL		350 00
05/14	05/14	2427539GPS66JHDH8	PACIFICCOUNTER 1 ST PETERSBURG FL		600 00
05/17	05/17	2427539GVS66JSNVR	PACIFICCOUNTER 1 ST PETERSBURG FL		496 00
06/02	06/02	2426979HB00NAY1TA	JIMMY JOHNS # 1404 SAINT PETERSB FL		273 22

**Wells Fargo News**

We're updating our Online Access Agreement effective September 30, 2020. To see what is changing, please visit [wellsfargo.com/online-banking/updates](https://wellsfargo.com/online-banking/updates).

**What can alerts do for your business?\***

Receive timely updates on your business credit card account via email or text. Alerts allow you to set up and receive only the messages that are important to you. Sign up for alerts during your Wells Fargo Business Online<sup>®</sup> session by going to your Business Elite Card account screen and selecting the Manage Alerts menu option.

Not enrolled in Online banking? Enroll today at [wellsfargo.com/biz/online-banking](https://wellsfargo.com/biz/online-banking)

\*Availability may be affected by your mobile carrier's coverage area. Your mobile carrier's message and data rates may apply.

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Ronald mcdonald h

**! DELAY !**

-- Ready At 5:30 PM --

\*\*\*\*\*

**\*\* DELIVERY \*\***

\*\*\*\*\*

Jimmy Johns #1404  
750 4th St North  
727-894-3300

06-02-2020 Chk# 69 Open 12:29 PM  
Tkr 275 Reg# 5 12:29 PM > D25 <

**! DELAY !**

-- Ready At 5:30 PM --

19	#1 Pepe	111.91
20	#4 Turkey Tom	117.80
	#6 The Veggie	5.89

*Cut on  
1/2*

Subtotal	235.60
Sales Tax (7.%)	Exempt
Del Fee	1.99

*wrap  
seperato*

**Total \$ 237.59**

**Balance Due: \$237.59**

Ronald mcdonald house

601 6th Street South  
727-767-3026

Central house - jean

# Jimmy Johns #1404

750 4th St North

727-894-3300

Date: 05-08-2020

Order ID: 129

Order Type: DELIVERY

Customer Information: Ronald mcdonald house-  
601 6Th Street South  
Phone # 727-767-3026

## Order Details:

19	#1 Pepe	111.91
19	#4 Turkey Tom	111.91
7	#6 The Veggie	41.23

	-----
Subtotal	265.05
Sales Tax (7.%)	Exempt
Del Fee	1.99
	=====
Total	\$ 267.04

\*\*\* PAID \*\*\*

Credit Tendered 267.04 Tip 40.00

# PACIFIC COUNTER

FIND YOUR FRESH

---

660 Central Avenue  
St. Petersburg, FL. 33701  
ORDER ONLINE AT  
[www.PACIFICCOUNTER.com](http://www.PACIFICCOUNTER.com)

Order# 119243

Customer: Meghan Chisolm

Date: 5/17/20, 6:46 PM

---

62 Custom Bowls \$496.00  
\$8.00 each

---

Total Item Count: 62

---

Subtotal: \$496.00

Total Tax: \$0.00

---

Total: \$496.00

VISA 8023 \$496.00

Total Paid: \$496.00

---

Due Date: 5/17/20, 7:00 PM

Reward Card: \*\*\*\*6036

Purchases Balance: 2192.00

You have purchase points waiting for  
redemption  
Don't forget to redeem your rewards for  
discounts

# PACIFIC COUNTER

FIND YOUR FRESH

---

660 Central Avenue  
St. Petersburg, FL. 33701

ORDER ONLINE AT  
[WWW.PACIFICCOUNTER.COM](http://WWW.PACIFICCOUNTER.COM)

Order# 116699

Customer: Meghan Chisolm

Date: 5/9/20, 4:22 PM

---

75 chicken bowl \$600.00  
\$8.00 each

---

Total Item Count: 75

---

Subtotal: \$600.00  
Total Tax: \$0.00

---

Total: \$600.00

Credit + HOUSE ACCOUNT \$600.00  
Total Paid: \$600.00

---

Due Date: 5/9/20, 5:45 PM

Reward Card: \*\*\*\*6036  
Purchases Balance: 1200.00

You have purchase points waiting for  
redemption

Don't forget to redeem your rewards for  
discounts



Prepared For	RMHC OF TAMPA BAY BRENYN STOYANOV
Account Number	██████████ 0234
Statement Closing Date	07/03/20
Days in Billing Cycle	30
Next Statement Date	08/03/20
Credit Line	\$10,000
Available Credit	██████████

For 24-Hour Customer Service Call:  
800-231-5511

Inquiries or Questions:  
Wells Fargo SBL PO Box 29482  
Phoenix, AZ 85038-8650

Payments:  
Elite Card Payment Center PO Box 77066  
Minneapolis, MN 55480-7766

**Payment Information**

New Balance	\$2,947.57
<b>Current Payment Due (Minimum Payment)</b>	<b>\$500.00</b>
<b>Current Payment Due Date</b>	<b>07/28/20</b>

If you wish to pay off your balance in full: The balance noted on your statement is not the payoff amount. Please call 800-231-5511 for payoff information.

**Account Summary**

Previous Balance		\$0.00
Credits	-	\$264.39
Payments	-	\$10,256.28
Purchases & Other Charges	+	\$13,468.24
Cash Advances	+	\$0.00
Finance Charges	+	\$0.00
<b>New Balance</b>	<b>=</b>	<b>\$2,947.57</b>

**Rate Information**

Your rate may vary according to the terms of your agreement.

TYPE OF BALANCE	ANNUAL INTEREST RATE	DAILY FINANCE CHARGE RATE	AVERAGE DAILY BALANCE	PERIODIC FINANCE CHARGES	TRANSACTION FINANCE CHARGES	TOTAL FINANCE CHARGES
PURCHASES	11 240%	03079%	\$0 00	\$0 00	\$0 00	\$0 00
CASH ADVANCES	23 990%	06572%	\$0 00	\$0 00	\$0 00	\$0 00
TOTAL				\$0 00	\$0 00	\$0 00

**Important Information**



See reverse side for important information

5596 YTG 1 7 2 200703 0 PAGE 1 of 4 1 0 3268 1000 ELA3 01DR5596

----- DETACH HERE -----

Detach and mail with check payable to "Wells Fargo" to arrive by Current Payment Due Date

Make checks payable to: Wells Fargo

Account Number	██████████ 0234
New Balance	\$2,947.57
<b>Total Amount Due (Minimum Payment)</b>	<b>\$500.00</b>
<b>Current Payment Due Date</b>	<b>07/28/20</b>

0500002947570044846100028202348

Print address or phone changes: \_\_\_\_\_  
Work ( ) \_\_\_\_\_

Amount Enclosed: \$

ELITE CARD PAYMENT CENTER YTG  
PO BOX 77066 30  
MINNEAPOLIS MN 55480-7766

RMHC OF TAMPA BAY  
BRENYN STOYANOV  
401 7TH AVE S  
ST PETERSBURG FL 33701-4818

**If your card is ever lost or stolen:**

Please notify us immediately by calling: 1-800-231-5511, 24 hours a day, 7 days a week.

**Questions about your statement:**

If you have a question about your statement, please write to us within 30 days after the statement was mailed to you. Please use a separate letter and include your account number and the date of the statement in question. Please refer to the front of the statement for our Inquiry mailing address.

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**Important Payment Information:**

**Payments made at a Wells Fargo branch.** You may use cash or checks when making payments at a Wells Fargo branch.

**Payments by mail.** Mail your check and the payment coupon to the Payment Remittance Center address printed on this statement. For fastest delivery, please use the enclosed window envelope. If using a single check to pay multiple accounts, we must receive a completed payment coupon for each account being paid or a list showing the full account number and amount to be credited to each account. If you are paying multiple accounts with a single check, the total of the check must equal the sum of the payments to be applied to each individual account, with at least the total minimum payment due for all accounts.

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**Timing of payment by mail or payments made at a Wells Fargo branch.** Payments that are received at the designated payment processing address (printed on each statement) by 5:00 p.m. on any business day will be credited as of the day of receipt. Payments received after 5:00 p.m. or on non-business days may be credited as of the next business day.

**When a payment is considered late.** If your payment is received or initiated any time after the Due Date, it is considered late and your account will be subject to a late fee.

**Promotional Rates:**

All promotional rates are subject to early termination if there are late payments or other defaults. Please see sections "Default" and "Remedies" in your Cardholder Agreement.

**Transaction Details**

& Item was transferred from lost/stolen account

Trans	Post	Reference Number	Description	Credits	Charges
06/01	06/04	2442806HD8PXPZH5Y	CICCIO CALI - ST PETE SAINT PETERSB FL		214 00
06/05	06/05	2401339HE00LWKMQN	NUEVA CANTINA SAINT PETERSB FL		400 00
06/07	06/07	2427539HGS66LVFLR	PACIFICCOUNTER 1 ST PETERSBURG FL		400 00
06/11	06/11	2442806HL8PXXN5KJ	CICCIO CALI - ST PETE SAINT PETERSB FL		214 00
06/12	06/12	2449215HLLS009SPV	ISLAND FLAVORS AND TINGS 7278041849 FL		400 00
06/15	06/15	2449215HPS1GAZGAK	PP*HEAVYSFAMIL 402-935-2244 FL		480 00
06/25	06/25	&F326800J50001XFRL	THE LURE 727-9148000 FL		336 00

**Wells Fargo News**

**What can alerts do for your business?\***

Receive timely updates on your business credit card account via email or text. Alerts allow you to set up and receive only the messages that are important to you. Sign up for alerts during your Wells Fargo Business Online<sup>®</sup> session by going to your Business Elite Card account screen and selecting the Manage Alerts menu option.

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\*Availability may be affected by your mobile carrier's coverage area. Your mobile carrier's message and data rates may apply.

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**From:** [Meghan Chisolm](#)  
**To:** [Brenvn Stovanov](#)  
**Subject:** FW: Receipt from Heavys Family Catering for \$480.00 USD  
**Date:** Wednesday, July 8, 2020 3:01:09 PM

**Meghan Chisolm**

St. Pete Central House Manager  
601 5<sup>th</sup> Street S, St. Petersburg, FL 33701  
P: 727.767.3026; E: [mchisolm@rmhctampabay.org](mailto:mchisolm@rmhctampabay.org)

**From:** Heavys Family Catering <service@paypal.com>  
**Sent:** Monday, June 15, 2020 3:27 PM  
**To:** Meghan Chisolm <mchisolm@rmhctampabay.org>  
**Subject:** Receipt from Heavys Family Catering for \$480.00 USD



Transaction ID: [2U027961VK318210E](#)

**Heavys Family Catering**

Heavy's Food Truck

St. Petersburg, FL  
33705  
US

Jun 15, 2020 12:22:54 PDT

[View your receipt](#)

Total sale: **\$480.00 USD**



Ciccio Cali  
190 37th Ave N  
(727) 898-8226

Server: Catering 06/11/2020  
Mcdonald, Ronal/1 3:55 PM  
Guests: 1 50029

C Epic Bowls 5 (4 @50.00) 200.00

Subtotal 200.00

Tax 14.00

Total 214.00

VISA #XXXXXXXXXXXX8023 214.00  
Auth:011830

+ TIP: \_\_\_\_\_

= Total: \_\_\_\_\_

X \_\_\_\_\_

WE CATER!  
Please Text or Call  
727-359-9713

--- Check Closed ---



# NUEVA CANTINA

THAT MEXICAN PLACE

Catering Order for Friday 6/21/2020  
RONALD MCDONALD HOUSE

50 orders of tacos in separate Togo boxes: 25  
Chicken and 25 beef. Two tacos in each container  
labeled either beef or chicken. Each order comes with  
black beans and rice.

50 orders at \$8.00 per order \$400.00

Flour tortillas

Contact: Bryanna Tramontana  
727-767-8166

Pickup at 5:30PM 6/21/2020

# ISLAND FLAVORS and tings

SHOP ● DINE ● CHILL

Island Flavors and Tings  
1411 49th street south  
Gulfport, FL 33707  
(727) 804-1849

INVOICE NO. 1653108

Bill To: Bryanna Tramontana - Ronald  
Mcdonald House Charities Tampa  
Bay  
601 5th Street South  
St. Petersburg, FL 33701  
(727) 767-8166

Invoice Date: Wednesday, 06/10/2020  
Event Date: Thursday, 06/18/2020  
Order Type: PICKUP  
Pick-Up/Deliver By Time: 5:30 PM

Customer PO #:

## Invoice Detail (1411 49th street south Gulfport, FL 33707)

Item	Unit Price	Quantity	Total Price
Customized Menu [Per Item]	\$8.00	50	\$400.00
<i>Yellow Rice Mixed Vegetables Sweet Plantains Mango Beef Meatballs Curry Chicken Calypso Cake - Made with Fresh strawberries, Pineapples and Bananas</i>			

## Invoice Summary

Subtotal (with any coupons applied):	\$400.00
Sales Tax:	\$0.00 [0%]
Total amount of order:	\$400.00
<b>Total invoice amount:</b>	<b>\$400.00</b>
<b>Total payments already applied:</b>	<b>\$400.00</b>

*CREDITCARD: \$400.00 applied on Jun 12, 2020*

*Billing Name:*

*Card Number: \*\*\*\*\**



**Total amount still due:**

**\$0.00**

**THANK YOU FOR YOUR BUSINESS.**



# NUEVA CANTINA

THAT MEXICAN PLACE

Catering Order for Friday 6/5/2020  
RONALD MCDONALD HOUSE

50 orders of tacos in separate Togo boxes: 25  
Chicken and 25 beef. Two tacos in each container  
labeled either beef or chicken. Each order comes with  
black beans and rice.

50 orders at \$8.00 per order \$400.00

Flour tortillas

Contact: Bryanna Tramontana  
727-767-8166

Pickup at 6:00PM 6/5/2020

# COUNTER

FIND YOUR FRESH

660 Central Avenue  
St. Petersburg, FL. 33701  
ORDER ONLINE AT  
[www.PACIFICCOUNTER.com](http://www.PACIFICCOUNTER.com)

Order# 125101  
Customer: Meghan Chisolm  
Date: 6/7/20, 11:33 AM

50 Chicken Bowls \$400.00  
\$8.00 each

Total Item Count: 50

Subtotal: \$400.00  
Total Tax: \$0.00

**Total: \$400.00**

VISA 8023 \$400.00  
Total Paid: \$400.00

Due Date: 6/7/20, 3:35 PM

Reward Card: \*\*\*\*6036  
Purchases Balance: 2592.00

You have purchase points waiting for redemption  
Don't forget to redeem your rewards for discounts



**If your card is ever lost or stolen:**

Please notify us immediately by calling: 1-800-231-5511, 24 hours a day, 7 days a week.

**Questions about your statement:**

If you have a question about your statement, please write to us within 30 days after the statement was mailed to you. Please use a separate letter and include your account number and the date of the statement in question. Please refer to the front of the statement for our Inquiry mailing address.

**For all your personal or business financial service needs  
Visit us at [www.wellsfargo.com](http://www.wellsfargo.com)**

**Important Payment Information:**

**Payments made at a Wells Fargo branch.** You may use cash or checks when making payments at a Wells Fargo branch.

**Payments by mail.** Mail your check and the payment coupon to the Payment Remittance Center address printed on this statement. For fastest delivery, please use the enclosed window envelope. If using a single check to pay multiple accounts, we must receive a completed payment coupon for each account being paid or a list showing the full account number and amount to be credited to each account. If you are paying multiple accounts with a single check, the total of the check must equal the sum of the payments to be applied to each individual account, with at least the total minimum payment due for all accounts.

**Payments by phone.** If you are authorized to transact on the account, you may be able to initiate a payment by calling the Customer Service number listed on the front of this statement.

**Payments made using Wells Fargo Online Banking or Wells Fargo Mobile.** If you have access to the account via Wells Fargo Online Banking or Mobile you may be able to make a payment depending on your level of access.

**Automatic Payments.** You can establish automatic payments to this credit account from a Wells Fargo deposit account or any other financial institution. For enrollment information, please contact our Customer Service number listed on the front of this statement.

**Timing of payment by mail or payments made at a Wells Fargo branch.** Payments that are received at the designated payment processing address (printed on each statement) by 5:00 p.m. on any business day will be credited as of the day of receipt. Payments received after 5:00 p.m. or on non-business days may be credited as of the next business day.

**When a payment is considered late.** If your payment is received or initiated any time after the Due Date, it is considered late and your account will be subject to a late fee.

**Promotional Rates:**

All promotional rates are subject to early termination if there are late payments or other defaults. Please see sections "Default" and "Remedies" in your Cardholder Agreement.

**Transaction Details**

Trans	Post	Reference Number	Description	Credits	Charges
07/11	07/11	2480197JJBLHGTTKB	THE BURG DINER INC ST PETERSBURG FL		342 40
07/15	07/15	2426979JN00TS13A8	JIMMY JOHNS # 1404 727-894-3300 FL		115 43
07/17	07/17	2444500JRHEXD8YX6	TIJUANA FLATS BURRITO CO SAINT PETERSB FL		303 06
07/17	07/17	2469216JR2XK6PSMJ	SQ *A FRESH CONNECTION CA gosq com FL		280 00
07/24	07/24	2400097K04FGTY1K4	THE LURE 727-9148000 FL		320 00
07/24	07/24	2442806JZHEYDP2TB	CICCIO CALI - ST PETE SAINT PETERSB FL		342 40
07/24	07/24	2469216JY2X88FHHD	SQ *SURGE CAFE DINNER MEA gosq com FL		345 00
07/29	07/29	2480197K4BLHRDPWX	THE BURG DINER INC ST PETERSBURG FL		358 45

**Wells Fargo News**

**What can alerts do for your business?\***

Receive timely updates on your business credit card account via email or text. Alerts allow you to set up and receive only the messages that are important to you. Sign up for alerts during your Wells Fargo Business Online<sup>®</sup> session by going to your Business Elite Card account screen and selecting the Manage Alerts menu option.

Not enrolled in Online banking? Enroll today at [wellsfargo.com/biz/online-banking](http://wellsfargo.com/biz/online-banking)

\*Availability may be affected by your mobile carrier's coverage area. Your mobile carrier's message and data rates may apply.

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SHOP ● DINE ● CHILL

Island Flavors and Tings  
1411 49th street south  
Gulfport, FL 33707  
(727) 804-1849

INVOICE NO. 1667936

Bill To: Bryanna Tramontana - Ronald  
Mcdonald House Charities Tampa  
Bay  
601 5th Street South  
St. Petersburg, FL 33701  
(727) 767-8166

Invoice Date: Monday, 07/06/2020  
Event Date: Friday, 07/10/2020  
Order Type: PICKUP  
Pick-Up/Deliver By Time: 5:00 PM

Customer PO #:

**PLEASE PAY FROM THIS INVOICE**

**Invoice Detail (1411 49th street south Gulfport, FL 33707)**

Item	Unit Price	Quantity	Total Price
Customized menu [Per Item]	\$8.00	50	\$400.00
<i>40 Adult meals Yellow rice Mixed vegetables Mango Meatballs Jerk Chicken 10 kids meal yellow rice Mac and cheese Mango meatballs</i>			

**Invoice Summary**

Subtotal (with any coupons applied):	\$400.00
Sales Tax:	\$0.00 [0%]
Total amount of order:	\$400.00
<b>Total invoice amount:</b>	<b>\$400.00</b>
<b>Total payments already applied:</b>	<b>\$0.00</b>
<b>Total amount still due:</b>	<b>\$400.00</b>

**THANK YOU FOR YOUR BUSINESS.**

**PAY INVOICE**

LAVU

## OPEN ORDERS

Back

Dine In

Order #: 1-122063

Total: 374.50

Table: DELIVERY 1

Guests: 6

Server: Bill

Opened: 2020-07-11 11:34:29

40 half cuban w b beans and rice 320.00

\*\* 5 greek salads and bread

1 service fee 30.00

Subtotal: 350.00

Sales Tax (7% of 350.00): 24.50

Total: 374.50

**! DELAY !**

-- Ready At 5:00 PM --

6120 - St.

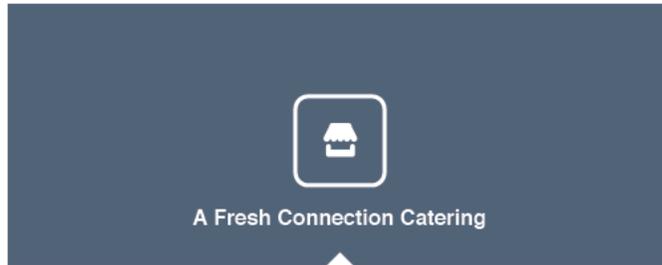
Pete

10	#4 Turkey Tom	58.90
8	#6 The Veggie	47.12
	Cut in half	
	Wrap seperate	

Subtotal	106.02
Sales Tax (7.%)	7.42
Del Fee	1.99

Total \$ 115.43

**From:** A Fresh Connection Catering <invoicing@messaging.squareup.com>  
**Sent on:** Friday, July 17, 2020 3:52:26 PM  
**To:** Brenyn Stoyanov <bstoyanov@rmhctampabay.org>  
**Subject:** You paid an invoice! (#1445514-Final)



A Fresh Connection Catering

Invoice Paid

**\$280.00**

Paid on July 17, 2020

---

**A Fresh Connection Catering, LLC**  
 Invoice #1445514 Final  
 July 17 2020

**Bill To**  
 Karen Mathews  
 RMHC  
[kmathews@rmhctampabay.org](mailto:kmathews@rmhctampabay.org)

**Additional Recipients**  
[bstoyanov@rmhctampabay.org](mailto:bstoyanov@rmhctampabay.org)

---

Thanks you for choosing A Fresh Connection Catering Thank you Brenyn

---

Customer Copy  
The Lure St Pete

The Lure  
661 Central Ave  
St Petersburg, FL 33701

Fri 7/24/2020 1:00:04 PM  
Check 19-1  
Bobbi Man  
Station ST1

I agree to pay the above total  
according to my card issuer  
agreement

Visa XXXXXXXXXXXXX0234  
Approval 024633

BASE \$320.00

TIP \_\_\_\_\_

TOTAL \_\_\_\_\_

Customer Copy

## 6120 - St. Pete

The Lure  
661 Central Ave  
St Petersburg, FL 33701

Check 19  
Bobbi Man  
Guests 0  
7/24/2020  
12:59 PM

SUNDAY 40 MEALS 320.00

Subtotal 320.00

TOTAL 320.00

Visa -320.00

Acct. XXXXXXXXXXXXX0234

Approval 024633

CHANGE DUE 0.00

Thank You!

Ciccio Cali  
190 37th Ave N  
(727) 898-8226

Server: Catering                      DOB: 07/24/2020  
12:27 PM                                      07/24/2020  
Mcdonald, Ronald/1                      5/50009

SALE

VISA ATO                                      5242886  
Card #XXXXXXXXXXXX0234  
Card Entry Method: K

Approval: 024029

Amount:                                      \$342.40

+ TIP: \_\_\_\_\_

= Total: \_\_\_\_\_

I agree to pay the above  
total amount according to the  
card issuer agreement.

X \_\_\_\_\_

WE CATER!  
Please Text or Call  
727-359-9713

Customer Copy

# Walk In Order

6120 - St. Pete

Mcdonald, Ronald  
(352) 262-6036

Ciccio Cali  
190 37th Ave N  
(727) 898-8226

Server: Catering                              07/24/2020  
Mcdonald, Ronald/1                              12:27 PM  
Guests: 1    50009

Open Cater                                      320.00

Subtotal                                      320.00  
Tax    22.40

**Total    342.40**

VISA #XXXXXXXXXXXX0234                      342.40  
Auth:024029

+ TIP: \_\_\_\_\_

= Total: \_\_\_\_\_

X \_\_\_\_\_

**Balance Due                                      0.00**

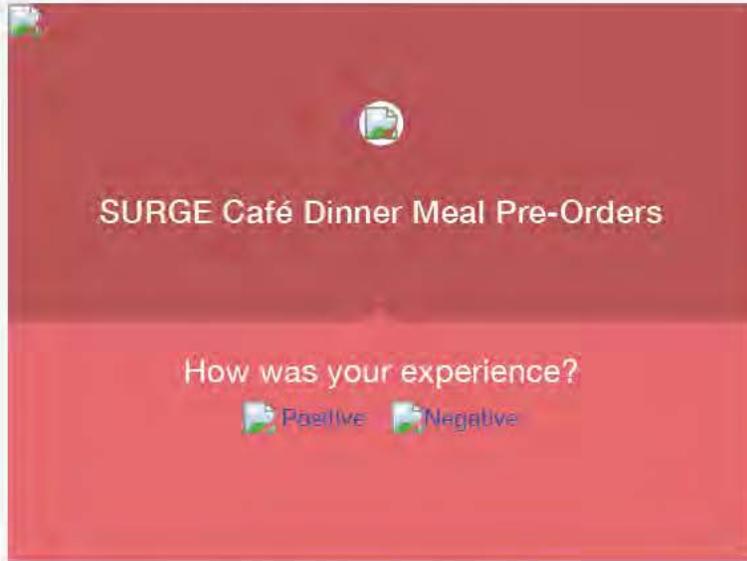
WE CATER!  
Please Text or Call  
727-359-9713

### Receipt from SURGE Café Dinner Meal Pre-Orders

SURGE Café Dinner Meal Pre-Orders via Square <receipts@messaging.squareup.com>

Mon 7/27/2020 3:25 PM

To: Meghan Chisolm <mchisolm@mhctampabay.org>



# \$345.00

Custom Amount \$300.00

Ronald McDonald House Meals 07/22

Purchase Subtotal \$300.00

FL Tax (7%) \$21.00

Tip \$24.00

**Total \$345.00**

SURGE Café Dinner Meal Pre-Orders

727-793-1921



Visa 0234 (Keyed)

Jul 24 2020 at 11:44 AM



#9qEI

Auth code: 024065



### Receipt Settings

[Not your receipt?](#) [Manage preferences](#)

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1455 Market Street, Suite 600  
San Francisco, CA 94103

**THE BURG DINER INC**

2950 49TH ST N  
ST PETERSBURG, FL 33710  
7273232874

Cashier: WILLIAM GEORGIU

Transaction 000014

**Total** **\$358.45**  
CREDIT CARD AUTH **\$358.45**  
VISA 0234

Tip \_\_\_\_\_

Total \_\_\_\_\_

Retain this copy for statement  
validation

29-Jul-2020 3:05:30P  
\$358.45 | Method: KEYED  
VISA XXXXXXXXXXXX0234  
MANUALLY ENTERED  
Reference ID: 021100512796  
Auth ID: 029262  
MID: \*\*\*\*\*9880  
AthNtwkNm: VISA  
SIGNATURE VERIFIED

Online: <https://clover.com/p/NOXZA5KSREWZR>

Payment NOXZA5KSREWZR

Clover Privacy Policy  
<https://clover.com/privacy>

The Burg Diner  
Dine In  
Order #: 1-122658  
DELIVERY 2  
4 Guests  
Server: Bill  
Cashier: Day diner  
Register: Receipt 1 (receipt)  
2020-07-29 15:05:53

---

40 cuban black beans & rice \$ 320.00  
1 service fee \$ 15.00

---

Subtotal: \$ 335.00  
Sales Tax (7% of \$ 335.00): \$ 23.45  
Total: \$ 358.45

---

Amount Due: \$ 358.45

---

The Burg Diner  
2950 49th St N  
St Petersburg, FL 33710  
USA  
727 323-burg (2874)  
Manager: Bill Georgiou

---

Powered by **LAVU**



Prepared For	RMHC OF TAMPA BAY BRENYN STOYANOV
Account Number	██████████ 0234
Statement Closing Date	09/03/20
Days in Billing Cycle	31
Next Statement Date	10/02/20

For 24-Hour Customer Service Call:  
800-231-5511

Inquiries or Questions:  
Wells Fargo SBL PO Box 29482  
Phoenix, AZ 85038-8650

Payments:  
Elite Card Payment Center PO Box 77066  
Minneapolis, MN 55480-7766

Credit Line	\$10,000
Available Credit	██████████

**Payment Information**

New Balance	\$2,463.16
Current Payment Due (Minimum Payment)	\$500.00
Current Payment Due Date	09/28/20

If you wish to pay off your balance in full: The balance noted on your statement is not the payoff amount. Please call 800-231-5511 for payoff information.

**Account Summary**

Previous Balance		\$3,028.04
Credits	-	\$0.00
Payments	-	\$3,028.04
Purchases & Other Charges	+	\$2,463.16
Cash Advances	+	\$0.00
Finance Charges	+	\$0.00
New Balance	=	\$2,463.16

This Account is closed to future transactions.

**Rate Information**

Your rate may vary according to the terms of your agreement.

TYPE OF BALANCE	ANNUAL INTEREST RATE	DAILY FINANCE CHARGE RATE	AVERAGE DAILY BALANCE	PERIODIC FINANCE CHARGES	TRANSACTION FINANCE CHARGES	TOTAL FINANCE CHARGES
PURCHASES	11 240%	03079%	\$0 00	\$0 00	\$0 00	\$0 00
CASH ADVANCES	23 990%	06572%	\$0 00	\$0 00	\$0 00	\$0 00
TOTAL				\$0 00	\$0 00	\$0 00

**Transaction Details**

Trans	Post	Reference Number	Description	Credits	Charges
08/06	08/06	2443106KB2DKZVRNJ	CHIPOTLE ONLINE 3035954000 CA		38 26
08/14	08/14	2442806KK8PYK8XST	CICCIO CALI - ST PETE SAINT PETERSB FL		320 00
08/15	08/15	2444500KMHEWP26XH	TJUANA FLATS BURRITO CO SAINT PETERSB FL		345 61

See reverse side for important information

5596 YTG 1 7 2 200903 0 E PAGE 1 of 4 1 0 3268 1000 ELA3 01DR5596

----- DETACH HERE -----

Detach and mail with check payable to "Wells Fargo" to arrive by Current Payment Due Date

Make checks payable to: Wells Fargo

Account Number	██████████ 0234
New Balance	\$2,463.16
<b>Total Amount Due (Minimum Payment)</b>	<b>\$500.00</b>
<b>Current Payment Due Date</b>	<b>09/28/20</b>

05000002463160044846100028202342

Print address or phone changes: \_\_\_\_\_  
Work ( ) \_\_\_\_\_

Amount Enclosed: \$

ELITE CARD PAYMENT CENTER YTG  
PO BOX 77066 30  
MINNEAPOLIS MN 55480-7766

RMHC OF TAMPA BAY  
BRENYN STOYANOV  
401 7TH AVE S  
ST PETERSBURG FL 33701-4818

**If your card is ever lost or stolen:**

Please notify us immediately by calling: 1-800-231-5511, 24 hours a day, 7 days a week.

**Questions about your statement:**

If you have a question about your statement, please write to us within 30 days after the statement was mailed to you. Please use a separate letter and include your account number and the date of the statement in question. Please refer to the front of the statement for our Inquiry mailing address.

**For all your personal or business financial service needs  
Visit us at [www.wellsfargo.com](http://www.wellsfargo.com)**

**Important Payment Information:**

**Payments made at a Wells Fargo branch.** You may use cash or checks when making payments at a Wells Fargo branch.

**Payments by mail.** Mail your check and the payment coupon to the Payment Remittance Center address printed on this statement. For fastest delivery, please use the enclosed window envelope. If using a single check to pay multiple accounts, we must receive a completed payment coupon for each account being paid or a list showing the full account number and amount to be credited to each account. If you are paying multiple accounts with a single check, the total of the check must equal the sum of the payments to be applied to each individual account, with at least the total minimum payment due for all accounts.

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**Payments made using Wells Fargo Online Banking or Wells Fargo Mobile.** If you have access to the account via Wells Fargo Online Banking or Mobile you may be able to make a payment depending on your level of access.

**Automatic Payments.** You can establish automatic payments to this credit account from a Wells Fargo deposit account or any other financial institution. For enrollment information, please contact our Customer Service number listed on the front of this statement.

**Timing of payment by mail or payments made at a Wells Fargo branch.** Payments that are received at the designated payment processing address (printed on each statement) by 5:00 p.m. on any business day will be credited as of the day of receipt. Payments received after 5:00 p.m. or on non-business days may be credited as of the next business day.

**When a payment is considered late.** If your payment is received or initiated any time after the Due Date, it is considered late and your account will be subject to a late fee.

**Promotional Rates:**

All promotional rates are subject to early termination if there are late payments or other defaults. Please see sections "Default" and "Remedies" in your Cardholder Agreement.

**Transaction Details**

<i>Trans</i>	<i>Post</i>	<i>Reference Number</i>	<i>Description</i>	<i>Credits</i>	<i>Charges</i>
08/20	08/20	2469216KT2XTGV0KV	SQ *SURGE CAFE DINNER MEA gosq com FL		402 50
08/24	08/24	2443105KY2LR0BKHH	ROMANOS 1039 TAMPA FL		260 82

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**Veggie** **\$7.15**

---

**Vegetarian Bowl**

**Veggie Salad**

Brown Rice, Black Beans, Fajita Veggies, Fresh Tomato Salsa,  
Guacamole

**Veggie** **\$7.15**

---

**Vegetarian Bowl**

**Veggie Salad**

Brown Rice, Black Beans, Fajita Veggies, Fresh Tomato Salsa,  
Guacamole

**Chicken w/ beans** **\$7.15**

---

**Chicken Bowl**

Black Beans, Roasted Chili-Corn Salsa, Cheese, Fajita Veggies,  
White Rice

**Chicken w/ beans** **\$7.15**

---

**Chicken Bowl**

Black Beans, Roasted Chili-Corn Salsa, Cheese, Fajita Veggies,  
White Rice

**Chicken w/ beans** **\$7.15**

---

**Chicken Bowl**

Black Beans, Roasted Chili-Corn Salsa, Cheese, Fajita Veggies,  
White Rice

---

Bag Total **\$35.75**

Subtotal **\$35.75**

Tax **\$2.51**

**Total**

**\$38.26**

Payment Method  
(Card Ending In):

XXXXXXXXXXXX0234

Ciccio Cali  
190 37th Ave N  
(727) 898-8226

Server: Catering DOB: 08/14/2020  
03:19 PM 08/14/2020  
Mathews, Karen/1 5/50022

SALE

VISA 5242892  
Card #XXXXXXXXXXXX0234  
Card Entry Method: K

Approval: 014676

Amount: \$320.00  
+ TIP: \_\_\_\_\_  
= Total: \_\_\_\_\_

I agree to pay the above  
total amount according to the  
card issuer agreement.

X \_\_\_\_\_

WE CATER!  
Please Text or Call  
727-359-9713

Customer Copy

## Call In Order

**Mathews, Karen**  
**(727) 767-7964**

Ciccio Cali  
190 37th Ave N  
(727) 898-8226

Server: Catering 08/14/2020  
Mathews, Karen/1 3:18 PM  
Guests: 1 50022

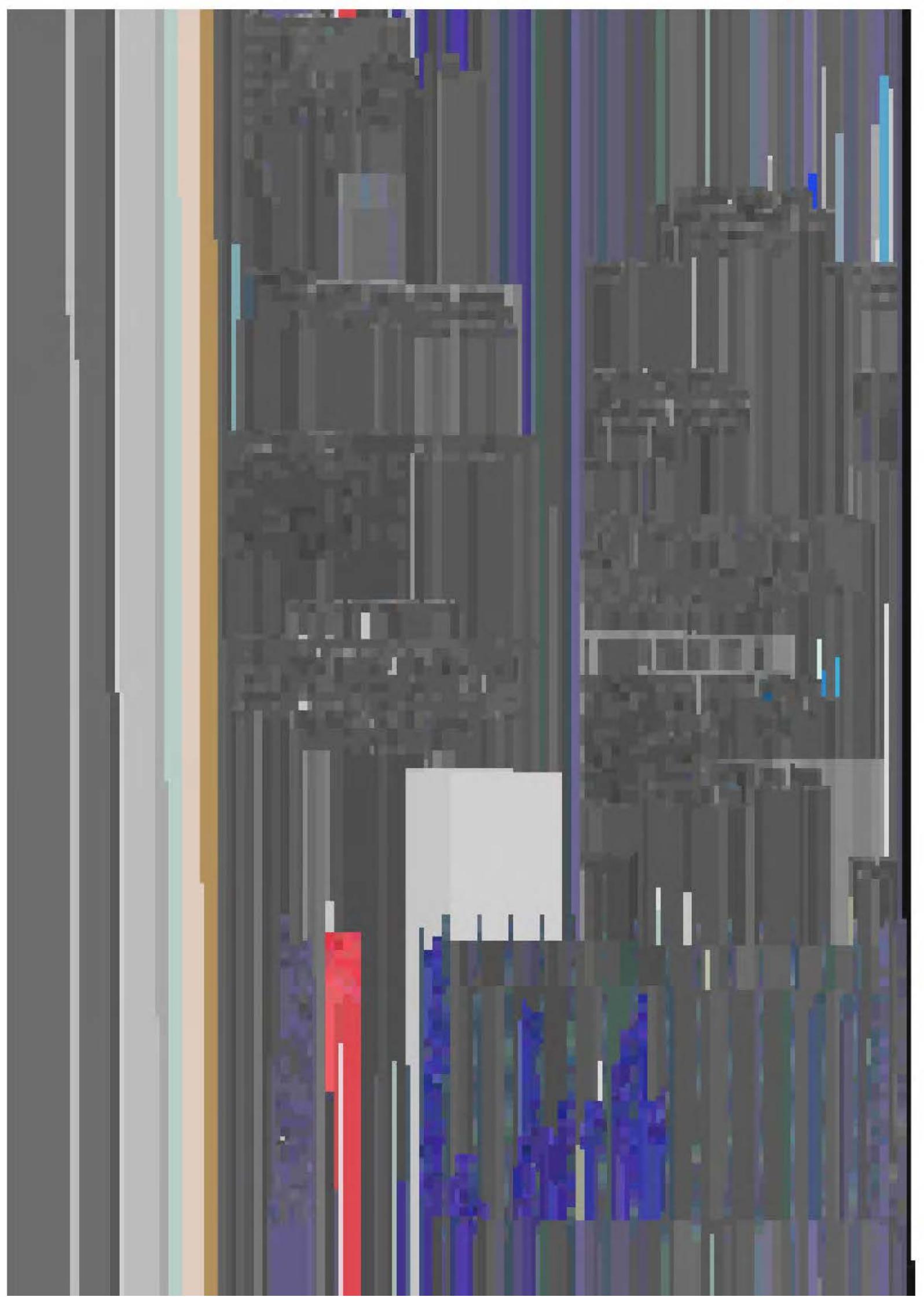
C Epic Bowls 5 (6 @50.00) 300.00  
Open Cater 20.00

Subtotal 320.00  
Tax Exempt 012345678 0.00

Total 320.00

**Balance Due 320.00**

WE CATER!  
Please Text or Call  
727-359-9713



**From:** [SURGE Café Dinner Meal Pre-Orders via Square](#)  
**To:** [Meghan Chisolm](#)  
**Subject:** Receipt from SURGE Café Dinner Meal Pre-Orders  
**Date:** Thursday, August 20, 2020 3:16:23 PM



## SURGE Café Dinner Meal Pre-Orders

How was your experience?

Positive



Negative



# \$402.50

Custom Amount \$350.00

Ronald McDonald House Meals 08/12

Purchase Subtotal \$350.00

FL Tax (7%) \$24.50

Tip \$28.00

**Total \$402.50**

SURGE Café Dinner Meal Pre-Orders

727-793-1921



Visa 0234 (Keyed)

Aug 20 2020 at 3:16 PM



#x2Pe

Auth code: 020113



## Receipt Settings

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1455 Market Street, Suite 600

San Francisco, CA 94103



Updated: 8/24/2020



X

X

# Ronald McDonald House

Sunday, August 23, 2020

## BANQUET EVENT ORDER

**ACCOUNT:** Karen Mathews

**CONTACT:** Karen Mathews

**ADDRESS:**

**EMAIL:** [kmathews@rmhctampabay.org](mailto:kmathews@rmhctampabay.org)

**PHONE:** (727) 767-7685

**SALES MANAGER:** Stefanie Grille

**EMAIL:** [stefanie.grille@macgrill.com](mailto:stefanie.grille@macgrill.com)

**PHONE:** (813) 264-6676

## EVENT SUMMARY

Name	Date	Time	Areas	Event Type	Guests	Gtd	F&B Min	Rental
Ronald McDonald House	8/23/2020	5:45pm - 6:15pm	Catering	Friends & Family	40	40		

## FOOD

Qty.		Price	Total
40	Macaroni Grill - Non-Profit Special	\$6.00	\$240.00
1	Spaghetti & Pomodoro Sauce - Adults		
1	Fettuccine Alfredo - Adults		
1	Cheese Ravoil - Kids		

## SPECIAL INSTRUCTION

Delivery Address - 401 7<sup>th</sup> Ave S, St. Petersburg, FL 33701

8/25/2020

Ronald McDonald House - Macaroni Grill Carrollwood

Qty.		Price	Total
1	Rosemary Bread - Individually Wrapped		

**BILLING**

	Total
Food	\$240.00
Subtotal	\$240.00
Delivery Fee	\$25.00
Non-Profit Discount 25%	-\$65.00
Grand Total	\$200.00
Deposit	-\$0.00
1718493	Paid 8/24/2020 -\$200.00
Estimated Amount Due	\$0.00

**Client Signature**

Printed Name: Karen Mathews  
Signed: 8/19/2020 at 12:27pm  
Karen Mathews

Ronald McDonald House

RMG 1039 - *Macaroni Grille*  
 Carrollwood  
 14904 N Dale Mabry  
 Hwy  
 Tampa, FL 33618  
 (813) 264-6676  
 8/23/2020 8:06 PM  
 Owner: ANGELIA REYNOLDS  
 Table: 3004  
 Guest Name:  
 # of Guests: 0

Check#: 1718493

Order: Takeout

Area: Catering

Transaction Type: Sale

CTR - (LG) Fettuccine Alfredo	\$55.00
1 @ \$55.00	
CTR - (LG) Fettuccine Alfredo	\$55.00
1 @ \$55.00	
CTR - (LG) Spaghetti Pomodoro	\$45.00
1 @ \$45.00	
CTR - (LG) Spaghetti Pomodoro	\$45.00
1 @ \$45.00	
CTR - (LG) Create Your Own Pasta	\$70.00
1 @ \$70.00	
Delivery Fee	\$25.00
1 @ \$25.00	
Subtotal:	\$295.00
Tax:	\$15.72
Total:	\$310.72
Adjustments:	\$109.90
Credit Card:	\$200.82
Credit Card Tips:	\$60.00

*Macaroni Grille*  
*8/23*  
*revised*

# REPUBLIC BANK

It's just easier here.®

RepublicBank.com Member FDIC

BL ACCT 00002547-10000000  
 RONALD MCDONALD HOUSE CHA  
 Account Number: ####-####-####-5961

Page 1 of 4



**SCORECARD** CASHBACK CURRENT BALANCE

### Account Summary

Billing Cycle		09/30/2020
Days In Billing Cycle		30
Previous Balance		\$1,415.11
Purchases	+	\$4,114.54
Cash	+	\$0.00
Balance Transfers	+	\$0.00
Special	+	\$0.00
Credits	-	\$238.00-
Payments	-	\$0.00
Other Charges	+	\$0.00
Finance Charges	+	\$0.00

**NEW BALANCE \$5,291.65**

### Credit Summary

Total Credit Line	\$25,000.00
Available Credit Line	██████████
Available Cash	██████████
Amount Over Credit Line	\$0.00
Amount Past Due	\$0.00
Disputed Amount	\$0.00

### Account Inquiries

Call us at: (866) 292-0856  
 Lost or Stolen Card: (866) 292-0856

Write us at PO BOX 30495, TAMPA, FL 33630-3495

### Payment Summary

<b>NEW BALANCE</b>	<b>\$5,291.65</b>
<b>MINIMUM PAYMENT</b>	<b>\$106.00</b>
<b>PAYMENT DUE DATE</b>	<b>10/25/2020</b>

*NOTE: Grace period to avoid a finance charge on purchases, pay entire new balance by payment due date. Finance charge accrues on cash advances until paid and will be billed on your next statement.*

### Important Information About Your Account

**BALANCE TRANSFERS COMPLETED IN THIS STATEMENT CYCLE WILL APPEAR IN THE CASH SECTION OF THE ACCOUNT SUMMARY. FOR ADDITIONAL INFORMATION REFERENCE THE FINANCE CHARGE SUMMARY/PLAN LEVEL INFORMATION ON THE LAST PAGE OF THE STATEMENT.**

**USING YOUR SCORECARD COULD GET YOU TO WIN BIG!**

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW UP TO 7 DAYS FOR RECEIPT

REPUBLIC BANK & TRUST CO  
 601 W MARKET ST  
 LOUISVILLE KY 40202-2700



**Account Number**  
 ####-####-####-5961

Check box to indicate name/address change on back of this coupon

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
09/30/20	\$5,291.65	\$106.00	10/25/20

AMOUNT OF PAYMENT ENCLOSED

\$

BL ACCT 00002547-10000000  
 RONALD MCDONALD HOUSE CHA  
 35 DAVIS BLVD  
 TAMPA FL 33606



MAKE CHECK PAYABLE TO:



REPUBLIC BANK  
 PO BOX 950193  
 LOUISVILLE KY 40295-0193

78 5271 7800 0004 5961 00010600 00529165 2

**IMPORTANT INFORMATION**

Finance Charge Calculation Methods and Computation of Average Daily Balance Subject to Finance Charge: The Finance Charge Calculation Method applicable to your account for Cash Advances and Credit Purchases of goods and services that you obtain through the use of your card is specified on the front side of this statement and explained below:

**Method A - Average Daily Balance (including current transactions):** The Finance Charge on purchases begins on the date the transaction posted to your account. The Finance Charge on Cash Advances begins on the date you obtained the cash advance, or the first day of the billing cycle within which it is posted to your account, whichever is later. There is no grace period.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of your account. To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

**Method E - Average Daily Balance (excluding current transactions):** To avoid incurring an additional Finance Charge on the balance of purchases (and cash advances if Method E is specified as applicable to cash advances) reflected on your monthly statement, you must pay the New Balance shown on your monthly statement on or before the Payment Due Date. The grace period for the New Balance of purchases extends to the Payment Due Date.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day and subtract any payments, credits, non-accruing fees, and unpaid finance charges. We do not add in any new purchases or cash advances. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

**Method G - Average Daily Balance (including current transactions):** To avoid incurring an additional Finance Charge on the balance of purchases (and cash advances, if Method G is specified as applicable to cash advances) reflected on your monthly statement and, on any new purchases (and if applicable, cash advances) appearing on your next monthly statement, you must pay the New Balance, shown on your monthly statement, on or before the Payment Due Date. The grace period for the New Balance of purchases extends to the Payment Due Date.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

**Payment Crediting and Credit Balance:** Payments received at the location specified on the front of the statement after the phrase "MAKE CHECK PAYABLE TO" will be credited to the account specified on the payment coupon as of the date of receipt. Payments received at a different location or payments that do not conform to the requirements set forth on or with the periodic statement (e.g. missing payment stub, payment envelope other than as provided with your statement, multiple checks or multiple coupons in the same envelope) may be subject to delay in crediting, but shall be credited within five days of receipt. If there is a credit balance due on your account, you may request in writing, a full refund. Submit your request to the Account Inquiries address on the front of this statement.

By sending your check, you are authorizing the use of the information on your check to make a one-time electronic debit from the account on which the check is drawn. This electronic debit, which may be posted to your account as early as the date your check is received, will be only for the amount of your check. The original check will be destroyed and we will retain the image in our records. If you have questions please call the customer service number on the front of this billing statement.

**Closing Date:** The closing date is the last day of the billing cycle; all transactions received after the closing date will appear on your next statement.

**Annual Fee:** If your account has been assessed an annual fee, you may avoid paying this annual fee by sending written notification of termination within 30 days following the mailing date of this bill. Submit your request to the Account Inquiries address on the front of this statement. You may use your card(s) during this 30 day period but immediately thereafter must send your card(s), which you have cut in half, to this same address.

**Negative Credit Reports:** You are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

**BILLING RIGHTS SUMMARY**

**In Case of Errors or Inquiries About Your Bill:** If you suspect there is an error on your account or you need information about a transaction on your bill, send your written inquiry to the Account Inquiries address on the front of this statement within 60 days of the date of the statement containing the transaction in question. You may telephone us, however a written request is required to preserve your rights.

In your letter, give us the following information:

- ◆ Your name and account number.
- ◆ The dollar amount of the suspected error.
- ◆ Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

Please provide a legal document evidencing your name change, such as a court document.

Please use blue or black ink to complete form

**NAME CHANGE**

Last

First  Middle

**ADDRESS CHANGE**

Street

City  State  ZIP Code

Home Phone (  )  -  Business Phone (  )  -

Cell Phone (  )  -  E-mail Address

**SIGNATURE REQUIRED**

**TO AUTHORIZE CHANGES** Signature \_\_\_\_\_

**Cardholder Account Summary**

LISA SUPRENAND ##### 5979	Payments & Other Credits \$0.00	Purchases & Other Charges \$1,287.04	Cash Advances \$0.00	Total Activity \$1,287.04
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**Cardholder Account Detail**

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Cardholder Account Summary**

BRENYN STOYANOV ##### 5987	Payments & Other Credits \$238.00-	Purchases & Other Charges \$2,777.50	Cash Advances \$0.00	Total Activity \$2,539.50
-------------------------------	--	--	-------------------------	------------------------------

**Cardholder Account Detail**

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
09/10	09/11	PBUS05	55432860254200624951115	SQ *SIAM GARDEN THAI R St Petersburg FL	\$204.00
09/11	09/13	PBUS05	55436870256132566117467	OLD SOUTHEAST MARKET L 727-8231992 FL	\$288.90
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
09/15	09/16	PBUS05	55432860259200816571106	SQ *REDS BBQ FOODTRUCK gosq.com NY	\$280.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
09/16	09/17	PBUS05	02305370261000400412127	PUBLIX #140 ST PETERSBURG FL	\$567.53
09/21	09/22	PBUS05	55309590266091000000083	ROMANOS 1039 TAMPA FL	\$183.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
09/24	09/25	PBUS05	55436870269132694073579	OLD SOUTHEAST MARKET L 727-8231992 FL	\$204.00
09/24	09/25	PBUS05	55432860268200076872854	SQ *SURGE CAFE DINNER gosq.com FL	\$315.00
09/26	09/28	PBUS05	05436840271600015391742	TIJUANA FLATS BURRITO SAINT PETERSB FL	\$203.07

**Cardholder Account Summary**

JOSEPH CITRO ##### 5995	Payments & Other Credits \$0.00	Purchases & Other Charges \$50.00	Cash Advances \$0.00	Total Activity \$50.00
----------------------------	---------------------------------------	---	-------------------------	---------------------------

**Cardholder Account Detail**

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Additional Information About Your Account**

THE REWARDS SHOWN ON THIS STATEMENT INCLUDE REWARDS EARNED ON THIS PRODUCT AS OF DATE BELOW AND MAY NOT INCLUDE ALL EARNED REWARDS FOR ALL TRANSACTIONS YOU MADE THIS MONTH. TO OBTAIN YOUR TOTAL REWARD BALANCE LOGIN TO WWW.SCORECARDREWARDS.COM OR CALL 1-800.854.0790.

**ScoreCard CashBack Earnings**

<b>SCORECARD</b>	<b>Beginning Balance</b> \$12.50	<b>Current Earned</b> \$52.62	<b>CashBack Adjusted</b> \$0.00	<b>Ending Balance</b> \$65.12
------------------	-------------------------------------	----------------------------------	------------------------------------	----------------------------------

**Finance Charge Summary / Plan Level Information**

Plan Name	Plan Description	FCM <sup>1</sup>	Average Daily Balance	Periodic Rate *	Corresponding APR	Finance Charges	Effective APR Fees **	Effective APR	Ending Balance
<b>Purchases</b>									
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<b>Cash</b>									
CBUS05 001	CASH	A	\$0.00	1.45416%(M)	17.4500%(V)	\$0.00	\$0.00	0.0000%	\$0.00

\* Periodic Rate (M)=Monthly (D)=Daily  
 \*\* includes cash advance and foreign currency fees  
<sup>1</sup> FCM = Finance Charge Method  
 Days In Billing Cycle: 30  
 APR = Annual Percentage Rate  
 (V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.

RMG 1039 - Carrollwood  
14904 N Dale Mabry Hwy  
Tampa FL 33618  
(813) 264-6678

Sunday, September 20, 2020 5:17 PM  
Server(s): JOSEPH  
Table: 3001  
Guest Name: No Guest Name  
# of Guests: 0

Check#: 1733929  
Merchant ID: -  
Purchase  
MasterCard, \*\*\*\*5987  
Entry Method: Manual  
Cardholder: N/A  
Invoice #: 1733943  
Auth Code: 675036  
Reference: 1733943

Approved

**CREDITCARD PAYMENT**

Amount \$158.00

Tip \$25.00

**Total** \$183.00

I agree to pay the above total amount  
according to my card holder agreement

CUSTOMER COPY

Sunday Dinner

9/20/20

Ronald  
McDona  
ld

RMG 1039 - Carrollwood  
14904 N Dale Mabry Hwy  
Tampa FL 33618  
(813) 264-6678

Sunday, September 20, 2020 5:17 PM  
Server(s): JOSEPH  
Table: 3001  
Guest Name: No Guest Name  
# of Guests: 0

Check#: 1733929

Reprint #: 1  
Order: Takeout  
Area: Catering

ROMANO'S Macaroni Grill  
Ask about our Wine Dinner!

Kids Spaghetti Pomodoro	\$71.50
13.00 @ \$5.50	
Kids Fettuccine Alfredo	\$66.00
12.00 @ \$5.50	
Kids Cheese Ravioli	\$60.00
10.00 @ \$6.00	
<b>Subtotal</b>	\$197.50
Discounts	(\$39.50)
Total Taxes	\$13.35
Tax Exempt	(\$13.35)
<b>Total</b>	<b>\$158.00</b>

**BALANCE DUE \$0.00**

18% = \$35.55    20% = \$39.50    22% = \$43.45

Suggested Gratuity (Pre-Discounted  
Check Amount)

**Old Southeast Market**  
1700 3rd Street South  
St Pete, FL 33701  
(727) 823-1992

**Dine In**

Server: Sofia G.      Sep 11, 2020  
Receipt: M72H      12:57 PM

**Item(s)**

Custom Item      \$270.00

Subtotal      \$270.00

Sales Tax (7%)      \$18.90

**Total      \$288.90**

Amount Due      \$288.90

Tip      \$0.00

**Amount Charged      \$288.90**

MasterCard Credit - MANUAL

Card #: \*\*\*\*\*5987

Auth Code: 672050

**APPROVAL**

Signature



IMPORTANT - RETAIN FOR  
YOUR RECORDS

09/11/2020 12:57:20

**Customer Copy**

[Theoldsoutheastmarket.com](http://Theoldsoutheastmarket.com)

Dinner

Fri 9/11/20

→ reimbursed in \$20 cash (eat)  
Got in petty cash @ (eat)

9/12/20

Siam Garden Thai Rest.

Dinner 26 Order for

Ronald McDonald

\$208.00

\$

P. Beling

Siam Garden Thai Restaurant

3125 Dr. Martin Luther King Jr. Sep 10, 2020 11:35 AM  
SAINT PETERSBURG, FL 33704  
(727) 822-0613  
www.siamgardenthai.com

PURCHASE

Authorization 652123  
Receipt nnsT

TO GO

Custom Amount \$204.00

Total \$204.00

MasterCard 5987 (Manually Entered)

Receipt for Sat 9/12 \$204.00

Now Hiring!

Line Cook

Dinner for 26 persons

26 x \$208

charged as \$204

**From:** [Reds BBQ Foodtruck](#)  
**To:** [Karen Mathews](#)  
**Subject:** You paid an invoice! (#002)  
**Date:** Tuesday, September 15, 2020 9:18:19 AM



Reds BBQ Foodtruck

Invoice Paid

**\$280.00**

Paid on September 15, 2020

---

Invoice #002  
September 15, 2020

Customer  
Karen Mathews  
[kmathews@rmhctampabay.org](mailto:kmathews@rmhctampabay.org)

---

Message  
We appreciate your business.

Invoice summary

Custom Amount	\$280.00
---------------	----------

---

Subtotal	\$280.00
----------	----------

Total Paid	\$280.00
------------	----------

Mastercard 5987

09/15/20, 9:18 AM

Send estimates or invoices for your business?  
Process \$1,000 in sales free when you sign up for Square.

Get Started

Reds BBQ Foodtruck

[redsbarbecue1@gmail.com](mailto:redsbarbecue1@gmail.com)

716-478-2202

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[Square Privacy Policy](#) | [Security](#)



# Publix

Carillon  
120 Carillon Pkwy  
St Petersburg, FL 33716  
Store Manager: Don Touchette  
727-540-1660

PUBLIX GIFT CARD 200.00

Account #XXXXXXXXXXXX8499

PUBLIX GIFT CARD 200.00

Account #XXXXXXXXXXXX8212

M/CALL BWL LASAGNA	3.30	F
M/CALL BWL LASAGNA	3.30	F
CPK SNG CTC SIC RC	2.19	F
CPK SNG CTC SIC RC	2.19	F
CPK SNG CTC C/F	2.19	F
H/C SIMP STEAMERS	3.59	F
H/C SIMP STEAMERS	3.59	F
TENN PRIDE BISCUIT	7.99	F
CPK SNG CTC C/F	2.19	F
PBX CHICK PARMESAN	7.49	F
PBX CHICK PARMESAN	7.49	F
PBX CHK PROSCI TOR	7.49	F
PBX CHK PROSCI TOR	7.49	F
PUBLIX MILK RF 2%	2.89	F
PUBLIX MILK RF 2%	2.89	F
VEG & CHEESE BITES	3.00	F
1 @ 2 FOR 6.00		
VEG & CHEESE BITES	3.00	F
1 @ 2 FOR 6.00		
TKY BRST&QNOA MDLY	7.99	F
TKY BRST&QNOA MDLY	7.99	F
YOP FP STRWB/PEACH	4.49	F
ORGANIC BANANAS		
2.13 lb @ 0.79/ lb	1.68	F
ORG APPLES GALA	4.99	F
LENDERS PLAIN	2.39	F
ORG APPLES GALA	4.99	F
Promotion	-4.99	F
GAL P/SKM STRG CHS	8.29	F
GW BLBRRY MINI MFF	4.99	F
PLAIN CINN BUN 6CT	4.99	F
GUVA CHS CFF CAKE	4.99	F
CKY CHICK DUMPLING	2.00	F
1 @ 2 FOR 4.00		
You Saved	0.52	
NV OT HNY GRAN BAR	6.29	F

1.00  
 4.99 F  
 2.39 F  
 4.99 F  
 -4.99 F  
 8.29 F  
 4.99 F  
 4.99 F  
 4.99 F  
 4.99 F

1 @ 2 FOR 4.00 2.00 F

**You Saved 0.52**

NV OT HNY GRAN BAR 6.29 F  
 PUBLIX T/PASTRY 1.95 F

1 @ 2 FOR 4.00 2.00 F

**You Saved 0.52**

1 @ 2 FOR 4.00 2.00 F

**You Saved 0.52**

1 @ 2 FOR 4.00 2.00 F

**You Saved 0.52**

WHITE HOUSE SNTZR 4.99  
 WHITE HOUSE SNTZR 4.99  
 EMERALD 100 CAL PK 3.99 F  
 STARKIST LNCH KIT 1.99 F  
 STARKIST LNCH KIT 1.99 F  
 CKY CHICK DUMPLING 2.00 F

**You Saved 0.52**

1 @ 2 FOR 4.00 2.00 F

**You Saved 0.52**

1 @ 3 FOR 12.00 4.00 T

Order Total 567.25  
 Sales Tax 0.28  
 Grand Total 567.53  
 Credit 567.53  
 Change Payment 0.00

Savings Summary 8.11  
 Special Price Savings \*\*\*\*\*  
 \*\*\*\*\*  
 Your Savings at Publix \*  
 8.11 \*\*\*\*\*

PRESTO!  
 Trace #: 028590  
 Reference #: 2079703296  
 Acct #: XXXXXXXXXXXX5987

660 Central Avenue  
St. Petersburg, FL. 33701  
ORDER ONLINE AT  
WWW.PACIFICCOUNTER.COM

Order# 149614  
Customer: Meghan Chisolm  
Date: 8/28/20, 6:16 PM

45 bowl  
\$8.00 each

\$360.00

Total Item Count:

45

Subtotal:

\$360.00

Total Tax:

\$0.00

Total:

\$360.00

Due Date: 8/28/20, 6:35 PM

Reward Card:

\*\*\*\*6036

Purchases Balance:

3352.00

You have purchase points waiting for  
redemption  
Don't forget to redeem your rewards for  
discounts

Suggested Gratuity

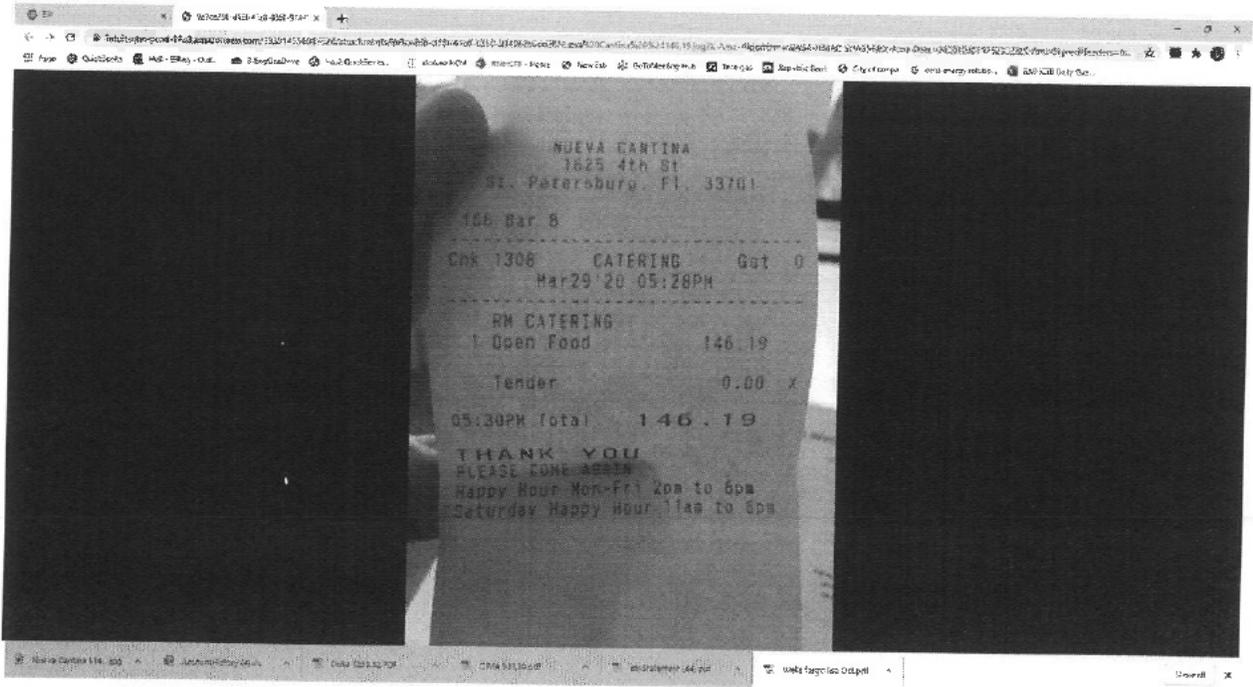
%	Tip	Total
15.00% of sale:	\$54.00 =	\$414.00
18.00% of sale:	\$64.80 =	\$424.80
20.00% of sale:	\$72.00 =	\$432.00

ORDER ONLINE AT  
WWW.PACIFICCOUNTER.COM

We sincerely appreciate your business!  
MAHALO!

3/18/2020 Nueva Cantina	\$292.39
4/7/2020 The Food Lady	\$350.00
4/19/2020 The Food Lady	\$375.00
5/6/2020 The Food Lady	\$350.00
4/25/2020 The Food Lady	\$350.00
6/16/2020 The Food Lady	\$300.00
6/18/2020 Fresh Connection	\$256.00
6/21/2020 NuevaCantina	\$400.00
6/26/2020 Pacific Counter	\$400.00
6/27/2020 Fresh Connection	\$228.00
6/28/2020 Old SE Market	\$250.00
6/25/2020 Jimmy Johns	\$208.14
7/15/2020 The Food Lady	\$240.00
7/31/2020 Old SE Market	\$254.00
8/4/2020 The Food Lady	\$216.00
8/11/2020 McDonalds	\$244.05
8/22/2020 Old SE Market	\$254.00
8/29/2020 Siam Garden Thai	\$288.00
8/30/2020 The Food Lady	\$280.00
9/19/2020 The Food Lady	\$245.00
9/24/2020 McDonalds	\$162.59
	<u>\$5,943.17</u>





The Food Lady  
2134 9th Avenue N  
St Petersburg, FL 33713  
727 422-8875

70  
Provide ~~60~~ meals to the Ronald McDonald House on Tuesday, April 7, 2020.  
Menu consist of the following items:

Spaghetti w/Meatballs  
Side Salad  
Bread & Butter

~~60~~ meals @ \$ 5.00 per person..... ~~\$ 300.00~~

70 @ 5.

\$350.00

KAM

**The Food Lady  
2134 9th Avenue N  
St Petersburg, Fl 33713  
727 422-8875**

Provide 75 meals to the Ronald McDonald House on Sunday, April 19, 2020.  
Menu consist of the following items:

- Cheese Ravioli w/Marinara Sauce
- Side Salad
- Bread & Butter

75 meals @ \$ 5.00 per person.....\$ 375.00

**The Food Lady  
2134 9th Avenue N  
St Petersburg, Fl 33713  
727 422-8875**

Provide 70 meals to the Ronald McDonald House on Tuesday, May 6, 2020.  
Menu consist of the following items:

---

Lasagna  
Salad  
Dinner Rolls

70 meals @ \$ 5.00 per person.....\$ 350.00



# RONALD McDONALD HOUSE®

4/25/2020  
\$350.00

## REQUEST FOR CHECK

TO: Billing

FROM: Karen

\$150

Reason for check: Dinner for families

Mail check to: Lisa Kouvaras

Payable to: The Food Lady

Company Name: The Food Lady

Address: You have info

Telephone #: \_\_\_\_\_

Contact person: Lisa Kouvaras

Purchase detail: (what is the item, #units, price per unit, total cost)

Will also forward Lisa's email with the invoice  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*Karen Mathews*  
East House Manager  
RONALD MCDONALD HOUSE CHARITIES TAMPA BAY  
401 7th Avenue S., St. Petersburg, FL 33701  
P: 727.767.7685  
E: [kmathews@rmhctampabay.org](mailto:kmathews@rmhctampabay.org)  
Web: [www.rmhctampabay.org](http://www.rmhctampabay.org)



**From:** LISA KOUVARAS <[lisathefoodlady@gmail.com](mailto:lisathefoodlady@gmail.com)>  
**Sent:** Tuesday, June 16, 2020 6:48 PM  
**To:** Karen Mathews <[kmathews@rmhctampabay.org](mailto:kmathews@rmhctampabay.org)>  
**Subject:** Invoice

Karen,

I hope all went well. I will be in on Wednesday to pick up the coolers. Thank you.

Food Lady Inc  
2134 9th Avenue N  
St. Petersburg, Fl. 33713  
Lisa 727 422-8875

Cater dinner for Ronald McDonald House on Saturday, June 13, 2020. Menu consisted of the following:

Lasagna  
Salad  
Dinner Roll

50 meals @ \$6.00 per meal .....\$ 300.00

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

RONALD McDONALD HOUSE  
401 7TH AVENUE SOUTH  
ST. PETERSBURG, FL 33701  
(727) 821-8961

WELLS FARGO BANK, NA  
ST. PETERSBURG, FL  
33701  
69-751831

8071

FRONT, 6/26

06.26.2020

PAY TO THE ORDER OF

Pacific Counter

Four hundred and 00/100

\$ 400.00

DOLLARS

*Disattly*

MEMO Dinner for families



Intuit® CheckLock™ Secure Check Details on Back

*Check amount* →

660 Central Avenue  
St. Petersburg, FL. 33701  
ORDER ONLINE AT  
www.PACIFICCOUNTER.com

Order# 130912  
Customer: Meghan Chisolm  
Date: 6/26/20, 3:40 PM

50 Chicken bowl \$400.00  
\$8.00 each

Total Item Count: 50

Subtotal: \$400.00

Total Tax: \$0.00

Total: \$400.00

Due Date: 6/26/20, 5:45 PM

Reward Card: \*\*\*\*6036

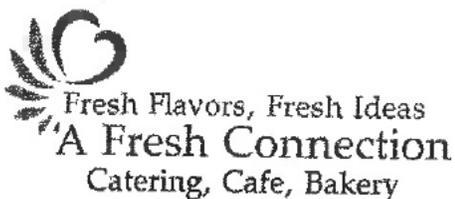
Purchases Balance: 2992.00

You have purchase points waiting for redemption  
Don't forget to redsem your rewards for discounts

Suggested Gratuity

	Tip	Total
15.00% of sales	\$60.00 =	\$460.00
18.00% of sales	\$72.00 =	\$472.00
20.00% of sales	\$80.00 =	\$480.00

ORDER ONLINE AT



A Fresh Connection  
 7097 30th Avenue North  
 St. Petersburg, FL 33710  
 (727) 308-1256

ORDER #1434268

Sold To: Karen Mathews - Ronald  
 McDonald House Charities  
 401 7th Avenue South  
 St. Petersburg, FL 33701  
 (727) 767-7685  
 Mobile: (727) 767-7685

Deliver To: Karen Mathews  
 Ronald McDonald House  
 Charities  
 401 7th Avenue South  
 St. Petersburg, FL 33701  
 (727) 767-7685

Date: 06/23/2020  
 Event Date: Saturday, 06/27/2020  
 Pick-Up/Deliver By Time: 5:30 PM  
 Order Type: DELIVERY

**Order Details**

Item	Unit Price	Quantity	Total Price
<b>Chicken Jambalaya [each]</b> Special Instructions: w/ chicken, sausage, rice, onions and peppers, served with cornbread, and Garden Salad w/ Ranch dressing	\$7.00	18	\$126.00
<b>Mini Sheppards Pie [Per Item]</b> Served in 4" mini tart cups, ground beef, peas & carrots, creamy smashed potatoe w/ cheddar Cheese on top. Grapes & Dinner Roll & butter	\$5.00	12	\$60.00
<b>Lemony Pesto Pasta with Edamame [Per Item]</b> Pasta with sauteed zucchini, squash, spinach & Mushrooms, onions & peppers tossed in a Lemony Pesto Sauce and topped w/ shredded parmesan, w/ Garden Garbanzo Salad and Italian Vinaigrette, dinner roll & butter	\$7.00	6	\$42.00

Subtotal (with any Coupon applied): \$228.00  
 Tax: \$0.00 [0%]  
 Total amount of order: \$228.00

Special Instructions: Bring around to Side Entrance, ring Bell  
 All Individually wrapped dinners & salads  
 Payment Method: Customer will pay at time of delivery or pick-up.

**THANK YOU FOR YOUR BUSINESS.**

**RONALD McDONALD HOUSE**  
 401 7TH AVENUE SOUTH  
 ST. PETERSBURG, FL 33701  
 (727) 821-8981

**WELLS FARGO BANK, NA**  
 ST. PETERSBURG, FL  
 33701  
 83-751631

8072

06-27-20

PAY TO THE ORDER OF A FRESH CONNECTIONS CATERING \$ 228.00  
TWO HUNDRED Twenty Eight and 00/100 DOLLARS

MEMO DINNER FOR FAMILIES

Old Southeast Market  
1700 3rd Street South  
St Pete, FL 33701  
(727) 823-1992

Dine In

Server: CHITTHASACK N. Jun 26, 2020  
Receipt: URE5 2:52 PM

Item(s)	
Custom Item	\$250.00
Subtotal	\$250.00
Total	\$250.00
Check	
Amount Paid	\$250.00

Theoldsoutheastmarket.com

RONALD McDONALD HOUSE  
401 7TH AVENUE SOUTH  
ST. PETERSBURG, FL 33701  
(727) 821-8981

WELLS FARGO BANK, NA  
ST. PETERSBURG, FL  
33701  
88-751/831

8073

PAY TO THE ORDER OF OLD SE MARKET

TWO HUNDRED FIFTY & 00/100

\$ 250.00

DOLLARS

06.26.2020

MEMO DINNER FOR FAMILIES



*Chitthasack N.*

# Jimmy Johns #1404

750 4th St North  
727-894-3300

Date: 06-25-2020

Order ID: 2816

Order Type: DELIVERY

Customer Information: Ronald Mc donald east hou  
401 7Th Ave South  
Phone # 727-767-8166

Order Details:

20	#4 Turkey Tom	117.80
15	#6 The Veggie	88.35

Subtotal	206.15
Sales Tax (7.%)	Exempt
Del Fee	1.99
Total	\$ 208.14

\*\*\* PAID \*\*\*

Credit Tendered 208.14

**From:** [Karen Mathews](#)  
**To:** [Billing](#)  
**Subject:** FW: Sunday the 12th?  
**Date:** Wednesday, July 15, 2020 8:51:06 AM  
**Attachments:** [image001.png](#)

---

Sally,

Below is the invoice from Lisa Kouvaras; she provided dinner on Sunday, July 12.  
Do you need the formal check request too?

Thanks,  
Karen

Karen Email Signature Block combined



**From:** LISA KOUVARAS <[lisathefoodlady@gmail.com](mailto:lisathefoodlady@gmail.com)>  
**Sent:** Wednesday, July 15, 2020 7:48 AM  
**To:** Karen Mathews <[kmathews@rmhctampabay.org](mailto:kmathews@rmhctampabay.org)>  
**Subject:** Re: Sunday the 12th?

The Food Lady, Inc  
2134 9th Avenue N  
St. Petersburg, . Fl. 33713

Cater Ronald McDonald House on Sunday July 12, 2020. Menu consisted of the following:

Baked Ziti  
Salad  
Dinner Rolls

40 meals @ \$ 6.00 ,.....\$240.00

On Tue, Jul 7, 2020, 3:11 PM LISA KOUVARAS <[lisathefoodlady@gmail.com](mailto:lisathefoodlady@gmail.com)> wrote:

Ok will do. See you Sunday

Thank you

Dinner for East + Central (4)  
Friday 7/31/20

Old Southeast Market  
1700 3rd Street South  
St Pete, FL 33701  
(727) 823-1992

Dine In

Server: CHITTHASACK N. Jul 31, 2020  
Receipt: XNM8 5:51 PM

Item(s)	
Custom Item	\$254.00
Subtotal	\$254.00
<b>Total</b>	<b>\$254.00</b>
Check Amount Paid	\$254.00

Theoldsoutheastmarket.com

1-800-433-8310

MEMO DINNER FOR FAMILIES

PAY TO THE ORDER OF

Old Southeast Market  
Two hundred fifty-four and 00/100

\$254.00

DOLLARS

7/31/20

RONALD McDONALD HOUSE  
401 7TH AVENUE SOUTH  
ST. PETERSBURG, FL 33701  
(727) 821-8961

WELLS FARGO BANK, NA  
ST. PETERSBURG, FL  
33701  
68-761631

8074



Chitthasack N

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

**From:** [Karen Mathews](#)  
**To:** [Billing](#)  
**Subject:** FW: cater dinner on August 2, 2020  
**Date:** Tuesday, August 4, 2020 2:55:04 PM

Sally,  
The invoice below is from Dinner on Sunday, Aug 2; East House and 4 meals to Central.

Thank you,  
Karen

 *Karen Mathews*  
East House Manager  
RONALD MCDONALD HOUSE CHARITIES TAMPA BAY  
401 7th Avenue S., St. Petersburg, FL 33701  
P: 727.767.7685  
E: [kmathews@rmhctampabay.org](mailto:kmathews@rmhctampabay.org)  
Web: [www.rmhctampabay.org](http://www.rmhctampabay.org)



**Ways to Help While Social Distancing**

- Make an **ONLINE DONATION**
- Donate a **GROCERY GIFT CARD**
- Sponsor a **FAMILY MEAL**
- Ship **SNACKS/HOUSEHOLD SUPPLIES**
- Shop for our families on **AMAZON**

**From:** LISA KOUVARAS <[lisathefoodlady@gmail.com](mailto:lisathefoodlady@gmail.com)>  
**Sent:** Tuesday, August 04, 2020 2:21 PM  
**To:** Karen Mathews <[kmathews@rmhctampabay.org](mailto:kmathews@rmhctampabay.org)>  
**Subject:** cater dinner on August 2, 2020

Food Lady, Inc  
2134 9th Avenue  
St Petersburg, Florida 33772  
Lisa (727) 422-8875

Cater Dinner for Ronald McDonald House on August 2, 2020. Menu consisted of the following:

Cheese Ravioli  
Meatballs  
Salad  
Rolls

36 meals @ \$ 6.00 per meal..... \$ 216.00

**RONALD McDONALD HOUSE**  
 401 7TH AVENUE SOUTH  
 ST. PETERSBURG, FL 33701  
 (727) 821-8961

**WELL'S FARGO BANK, NA**  
 ST. PETERSBURG, FL  
 33701  
 88-751/631

8075

8/11/20

PAY TO THE ORDER OF

*McDonald's*

*Two hundred forty-four and 05/100*  
 DOLLARS \$ 244.05

MEMO

*Dinner for FRANCES*

*Friscelli*

Intuit® CheckLock™ Secure Check Details on Back

*Soledad*  
*Amount don't*  
*match b/c mgr*  
*quoted me incorrect*  
*total.*  
*Karen*

*Donation: \$4.64*

How was your visit?  
 Comments or Concerns please email  
 n1iddt@caspercompany.com

Discount	77.47
Subtotal	232.42
Tax	16.27
Take-Out Total	248.69
Cash Tended	248.69
Change	0.00
Total Savings	77.47

Go to [www.mcdonalds.com](http://www.mcdonalds.com) within 7 days  
 RATE US HIGHLY SATISFIED  
 and receive BUY 1 SANDWICH GET 2ND  
 AT EQUAL OR LESSER VALUE FOR FREE.  
 Validation Code:  
 Expires 30 days after receipt date.  
 Valid at participating US McDonald's.  
 Survey Code:  
 10206-02410-81120-16500-02486-9  
 McDonald's Restaurant #10206  
 1661 4TH ST S  
 ST. PETERSBURG, FL 33705  
 TEL# 727 894 2331

241

8/11/20

RONALD McDONALD HOUSE  
401 7TH AVENUE SOUTH  
ST. PETERSBURG, FL 33701  
(727) 821-8961

WELLS FARGO BANK, NA  
ST. PETERSBURG, FL  
33701  
83-751/831

8076

8/22/20

PAY TO THE  
ORDER OF

Old SE Market

\$ 254.00

Two hundred fifty-four and <sup>00</sup>/<sub>100</sub>

DOLLARS

MEMO

Dinner for families

*Risatt*

Saturday, 8/22/20

Dinner for East - 30

Central - 5

Hotels - 5

total

40 meals

Old Southeast Market  
1700 3rd Street South  
St Pete, FL 33701  
(727) 823-1992

Dine In

Server: Sofia G.  
Receipt: X048

Aug 22, 2020  
5:30 PM

Item(s)	
Catering	\$254.00
Subtotal	\$254.00
Total	\$254.00

Cash	\$254.00
Amount Paid	\$0.00
Change Due	
08/22/2020 17:30:21	

Customer Copy

Theoldsoutheastmarket.com

Dinner Sat 8/29/20

Siam Garden Thai

18 - Pad Thai

18 - Thai Fried Rice

36 total meals

8077

WELLS FARGO BANK, NA  
ST. PETERSBURG, FL  
33701  
88-781631

RONALD McDONALD HOUSE  
401 7TH AVENUE SOUTH  
ST. PETERSBURG, FL 33701  
(727) 821-8961

8/29/20

\$ 288.00

DOLLARS

Siam Garden Thai

Two hundred eighty-eight and 00/100

*[Signature]*

Dinner For Families

MEMO

27 J180002 (8/16)

Rev 2/14

Intuit® CheckLock® Secure Check Details on Back

SIAM GARDEN REST.

3125 MLK. JR. ST. NC

ST. PETE, FL 33704

(727) 822-0613 EST. 1988

Dinner for Ronald McDonald foundation

for 36 persons

Paid in full

\$ 288.<sup>00</sup>-

Boon Kitvint  
Manager.

**From:** [Karen Mathews](#)  
**To:** [Billing](#)  
**Subject:** FW: invoice  
**Date:** Wednesday, September 16, 2020 8:40:20 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image008.png](#)

---

Sally,

Lisa, the Food Lady, never sent this invoice for the meal she provided on August 30. And she's doing dinner this weekend again; please pay both!

Thank you,  
Karen

### **Karen Mathews**

East House Manager, RMHC Tampa Bay | [\\_RMHCTampaBay.org](http://_RMHCTampaBay.org)

ph: 727.767.7685 | [\\_kmathews@rmhctampabay.org](mailto:_kmathews@rmhctampabay.org)

401 7<sup>th</sup> Ave S, St. Petersburg, FL 33701



<b>Ways to Help While Social Distancing</b>		
<b>Make an ONLINE DONATION</b>		
<b>Donate a GROCERY GIFT CARD</b>		
<b>Sponsor a FAMILY MEAL</b>		
<b>Ship SNACKS/HOUSEHOLD SUPPLIES</b>		
<b>Shop for our families on AMAZON</b>		

**From:** LISA KOUVARAS <lisathefoodlady@gmail.com>

**Sent:** Tuesday, September 15, 2020 9:39 PM

**To:** Karen Mathews <kmathews@rmhctampabay.org>

**Subject:** invoice

Invoice for the two weeks August 30 and September 19

The Food Lady  
11578 Shelly Circle  
Seminole, Florida 33772

Cater Dinner on August 30, 2020 and September 19, 2020. Menu consisted of the following

Chicken Parm

Salad

Dinner Roll

40 meals @ \$7.00 per meal.....\$ 280.00

Roast Medallions of Pork

Mashed Potatoes

Vegetable

Rolls

35 meals @ \$ 7.00 per meal.....\$ 245.00

---





# NUEVA CANTINA

THAT MEXICAN PLACE

Catering Order for Friday 6/21/2020  
RONALD MCDONALD HOUSE

50 orders of tacos in separate Togo boxes: 25  
Chicken and 25 beef. Two tacos in each container  
labeled either beef or chicken. Each order comes with  
black beans and rice.

50 orders at \$8.00 per order \$400.00

Flour tortillas

Contact: Bryanna Tramontana  
727-767-8166

Pickup at 5:30PM 6/21/2020



Invoice #1431990 Final

# A Fresh Connection Catering, LLC

Thanks you for choosing A Fresh Connection Catering.

## Bill To

Karen Mathews  
RMHC  
kmathews@rmhctampabay.org

## Invoice Details

PDF created June 19, 2020  
\$256.00

## Payment

Due June 18, 2020  
\$256.00

Item	Quantity	Price	Amount
Final Due	1	\$256.00	\$256.00
Subtotal			\$256.00

**Total Paid** **\$256.00**

## Payments

Jun 19, 2020 (Visa 0987) \$256.00



### View online

To view your invoice go to <https://gosq.me/u/8evWb8ff>

Or open your camera on your mobile device, and place the code on the left within the camera's view.

Hyatt Place Account Ledger  
 Ronald McDonald House Charities of Tampa Bay

<u>Name</u>	<u>Room</u>	<u>Arrival</u>	<u>Departure</u>	<u>Status</u>	<u>Amount</u>	<u>Rate</u>	<u>Ttl_Rm_Rev</u>	<u>Ttl_Nights</u>	<u>Company</u>
██████████	1131	8/8/20	9/1/20	CHECKED OUT	69	RMH A1	\$1,871.28	24	RMHC of Tampa Bay
██████████████████	1533	8/9/20	8/22/20	CHECKED OUT	69	RMH A1	\$1,013.61	13	RMHC of Tampa Bay
██████████	931	8/13/20	8/20/20	CHECKED OUT	69	RMH	\$1,715.34	22	RMHC of Tampa Bay
██████████	903	8/17/20	9/8/20	CHECKED OUT	69	RMH	\$1,715.34	22	RMHC of Tampa Bay
██████████	1227	8/19/20	9/2/20	CHECKED OUT	69	RMH	\$1,091.58	14	RMHC of Tampa Bay
██████████	1207	8/19/20	9/9/20	CHECKED OUT	69	RMH	\$1,637.37	21	RMHC of Tampa Bay
██████████	925	8/20/20	8/23/20	CHECKED OUT	69	RMH	\$233.91	3	RMHC of Tampa Bay
██████████	1133	8/25/20	9/8/20	CHECKED OUT	69	RMH	\$1,091.58	14	RMHC of Tampa Bay
██████████████████	1109	9/6/20	9/7/20	CHECKED OUT	69	RMH	\$77.97	1	RMHC of Tampa Bay
██████████████████	1223	9/9/20	9/24/20	CHECKED OUT	69	RMH	\$1,169.55	15	RMHC of Tampa Bay
██████████	1116	9/12/20	11/12/20	CHECKED N	69	RMH	\$3,664.59	47	RMHC of Tampa Bay
██████████████████	929	9/15/20	9/19/20	CHECKED OUT	69	RMH	\$311.88	4	RMHC of Tampa Bay
██████████	925	9/15/20	9/16/20	CHECKED OUT	69	RMH	\$77.97	1	RMHC of Tampa Bay
██████████	735	9/15/20	9/18/20	CHECKED OUT	69	RMH	\$233.91	3	RMHC of Tampa Bay
██████████████████	903	9/16/20	9/30/20	CHECKED OUT	69	RMH	\$1,091.58	14	RMHC of Tampa Bay
██████████	1111	9/19/20	9/21/20	CHECKED OUT	69	RMH	\$155.94	2	RMHC of Tampa Bay
██████████	1113	9/19/20	10/7/20	CHECKED OUT	69	RMH	\$1,403.46	18	RMHC of Tampa Bay
██████████████████	1109	9/19/20	9/26/20	CHECKED OUT	69	RMH	\$545.79	7	RMHC of Tampa Bay
██████████	731	9/21/20	9/29/20	CHECKED OUT	69	RMH	\$623.76	8	RMHC of Tampa Bay
██████████	1105	9/23/20	9/29/20	CHECKED OUT	69	RMH	\$467.82	6	RMHC of Tampa Bay
██████████	1403	9/24/20	10/8/20	CHECKED OUT	69	RMH	\$1,091.58	14	RMHC of Tampa Bay
██████████	929	9/25/20	9/28/20	CHECKED OUT	69	RMH	\$233.91	3	RMHC of Tampa Bay

Hyatt Place Account Ledger  
 Ronald McDonald House Charities of Tampa Bay

██████████	911	9/26/20	9/28/20	CHECKED OUT	69	RMH	<b>\$155.94</b>	2	RMHC of Tampa Bay
██████████	909	9/27/20	10/1/20	CHECKED OUT	69	RMH	<b>\$311.88</b>	4	RMHC of Tampa Bay
██████████	1420	9/28/20	10/3/20	CHECKED OUT	69	RMH	<b>\$389.85</b>	5	RMHC of Tampa Bay
██████████	1503	9/29/20	10/17/20	CHECKED OUT	69	RMH	<b>\$1,403.46</b>	18	RMHC of Tampa Bay
██████████	1516	9/29/20	10/10/20	CHECKED OUT	69	RMH	<b>\$857.67</b>	11	RMHC of Tampa Bay
██████████	731	9/30/20	10/6/20	CHECKED OUT	69	RMH	<b>\$467.82</b>	6	RMHC of Tampa Bay
██████████	803	9/30/20	10/10/20	CHECKED OUT	69	RMH	<b>\$779.70</b>	10	RMHC of Tampa Bay
██████████	721	10/2/20	10/16/20	CHECKED OUT	69	RMH	<b>\$1,091.58</b>	14	RMHC of Tampa Bay
██████████	1009	10/5/20	10/13/20	CHECKED OUT	69	RMH	<b>\$1,403.46</b>	18	RMHC of Tampa Bay
██████████	1103	10/5/20	10/6/20	CHECKED OUT	69	RMH	<b>\$77.97</b>	1	RMHC of Tampa Bay
██████████	1031	10/6/20	10/13/20	CHECKED OUT	69	RMH	<b>\$545.79</b>	7	RMHC of Tampa Bay
██████████	1225	10/7/20	10/13/20	CHECKED OUT	69	RMH	<b>\$467.82</b>	6	RMHC of Tampa Bay
██████████	1131	10/8/20	10/15/20	CHECKED OUT	69	RMH	<b>\$545.79</b>	7	RMHC of Tampa Bay
██████████	933	10/10/20	10/11/20	CHECKED OUT	69	RMH	<b>\$77.97</b>	1	RMHC of Tampa Bay
██████████	1120	10/13/20	11/2/20	CHECKED N	69	RMH	<b>\$1,247.52</b>	16	RMHC of Tampa Bay
██████████	821	10/14/20	11/4/20	CHECKED N	69	RMH	<b>\$1,169.55</b>	15	RMHC of Tampa Bay
██████████	929	10/15/20	10/19/20	CHECKED OUT	69	RMH	<b>\$311.88</b>	4	RMHC of Tampa Bay
██████████	731	10/16/20	10/20/20	CHECKED OUT	69	RMH	<b>\$311.88</b>	4	RMHC of Tampa Bay
██████████	809	10/16/20	11/5/20	CHECKED N	69	RMH	<b>\$1,013.61</b>	13	RMHC of Tampa Bay
██████████	1003	10/16/20	10/26/20	CHECKED OUT	69	RMH	<b>\$1,403.46</b>	18	RMHC of Tampa Bay
██████████	1223	10/17/20	10/18/20	CHECKED OUT	69	RMH	<b>\$77.97</b>	1	RMHC of Tampa Bay
██████████	1225	10/20/20	10/23/20	CHECKED OUT	69	RMH	<b>\$233.91</b>	3	RMHC of Tampa Bay
██████████ a	1220	10/21/20	10/22/20	CHECKED OUT	69	RMH	<b>\$77.97</b>	1	RMHC of Tampa Bay

Hyatt Place Account Ledger  
 Ronald McDonald House Charities of Tampa Bay

██████████	1021	10/21/20	10/28/20	CHECKED OUT	69	RMH	<b>\$545.79</b>	7	RMHC of Tampa Bay
██████████	1233	10/25/20	10/26/20	CHECKED OUT	69	RMH	<b>\$77.97</b>	1	RMHC of Tampa Bay
██████████	1229	10/26/20	10/28/20	CHECKED OUT	69	RMH	<b>\$155.94</b>	2	RMHC of Tampa Bay
██████████	1005	10/26/20	11/1/20	CHECKED N	69	RMH	<b>\$233.91</b>	3	RMHC of Tampa Bay
██████████	825	10/26/20	11/2/20	CHECKED N	69	RMH	<b>\$233.91</b>	3	RMHC of Tampa Bay
██████████	1121	10/27/20	11/3/20	CHECKED N	69	RMH	<b>\$155.94</b>	2	RMHC of Tampa Bay
██████████	1423	10/27/20	11/3/20	CHECKED N	69	RMH	<b>\$155.94</b>	2	RMHC of Tampa Bay
██████████	705	10/28/20	11/4/20	CHECKED N	69	RMH	<b>\$77.97</b>	1	RMHC of Tampa Bay
						<b>TOTAL</b>	<b>\$37,581.54</b>	<b>482</b>	



www.candlewoodsuites.com

Candlewood Suites, Clearwater

13231 49TH STEET NORTH  
Clearwater FL 33762  
United States

10-29-20

<b>Rmhc</b> <b>1400 Pleasant</b> <b>Des Moines IA 50313</b> <b>United States</b>	Folio No. : <b>110998</b>	Room No. : <b>229</b>
	A/R Number :	Arrival : <b>08-14-20</b>
	Group Code :	Departure : <b>08-16-20</b>
	Company : <b>Rmhc</b>	Conf. No. : <b>45785657</b>
	Membership No. :	Rate Code : <b>ILUZD</b>
	Invoice No. :	Page No. : <b>1 of 1</b>

Date	Description	Charges	Credits
08-14-20	Room Charge	39.00	
08-14-20	State Sales Tax	2.73	
08-14-20	County Occupancy Tax	2.34	
08-15-20	Room Charge	39.00	
08-15-20	State Sales Tax	2.73	
08-15-20	County Occupancy Tax	2.34	
08-16-20	Visa XXXXXXXXXXXXX2207		88.14
<b>Total</b>		<b>88.14</b>	<b>88.14</b>
<b>Balance</b>		<b>0.00</b>	

Guest Signature: \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



www.candlewoodsuites.com

Candlewood Suites, Clearwater

13231 49TH STEET NORTH  
Clearwater FL 33762  
United States

10-29-20

<b>Rmhc</b> 5154 Bayon Blvd Pensacola FI-FI 32503	Folio No. : 111265 A/R Number : Group Code : Company : Rmhc Membership No. : PC 187731741 Invoice No. :	Room No. : 137 Arrival : 08-12-20 Departure : 09-09-20 Conf. No. : 24044961 Rate Code : ILUZD Page No. : 1 of 4
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Date	Description	Charges	Credits
08-12-20	Room Charge	49.00	
08-12-20	State Sales Tax	3.43	
08-12-20	County Occupancy Tax	2.94	
08-13-20	Room Charge	49.00	
08-13-20	State Sales Tax	3.43	
08-13-20	County Occupancy Tax	2.94	
08-14-20	Room Charge	49.00	
08-14-20	State Sales Tax	3.43	
08-14-20	County Occupancy Tax	2.94	
08-15-20	Room Charge	49.00	
08-15-20	State Sales Tax	3.43	
08-15-20	County Occupancy Tax	2.94	
08-16-20	Room Charge	49.00	
08-16-20	State Sales Tax	3.43	
08-16-20	County Occupancy Tax	2.94	
08-17-20	Room Charge	49.00	
08-17-20	State Sales Tax	3.43	
08-17-20	County Occupancy Tax	2.94	
08-18-20	Room Charge	49.00	
08-18-20	State Sales Tax	3.43	
08-18-20	County Occupancy Tax	2.94	
08-19-20	Room Charge	49.00	
08-19-20	State Sales Tax	3.43	
08-19-20	County Occupancy Tax	2.94	
08-20-20	Visa XXXXXXXXXXXXX2207		442.96
08-20-20	Room Charge	49.00	
08-20-20	State Sales Tax	3.43	



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10-29-20

<b>Rmhc</b> <b>5154 Bayon Blvd</b> <b>Pensacola FI-FI 32503</b>	Folio No. : <b>111265</b> A/R Number : Group Code : Company : <b>Rmhc</b> Membership No. : <b>PC 187731741</b> Invoice No. :	Room No. : <b>137</b> Arrival : <b>08-12-20</b> Departure : <b>09-09-20</b> Conf. No. : <b>24044961</b> Rate Code : <b>ILUZD</b> Page No. : <b>2 of 4</b>
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Date	Description	Charges	Credits
08-20-20	County Occupancy Tax	2.94	
08-21-20	Room Charge	49.00	
08-21-20	State Sales Tax	3.43	
08-21-20	County Occupancy Tax	2.94	
08-22-20	Room Charge	49.00	
08-22-20	State Sales Tax	3.43	
08-22-20	County Occupancy Tax	2.94	
08-23-20	Room Charge	49.00	
08-23-20	State Sales Tax	3.43	
08-23-20	County Occupancy Tax	2.94	
08-24-20	Room Charge	49.00	
08-24-20	State Sales Tax	3.43	
08-24-20	County Occupancy Tax	2.94	
08-25-20	Room Charge	49.00	
08-25-20	State Sales Tax	3.43	
08-25-20	County Occupancy Tax	2.94	
08-26-20	Room Charge	49.00	
08-26-20	State Sales Tax	3.43	
08-26-20	County Occupancy Tax	2.94	
08-27-20	Room Charge	49.00	
08-27-20	State Sales Tax	3.43	
08-27-20	County Occupancy Tax	2.94	
08-28-20	Room Charge	49.00	
08-28-20	State Sales Tax	3.43	
08-28-20	County Occupancy Tax	2.94	
08-29-20	Visa XXXXXXXXXXXXXXX2207		498.33
08-29-20	Room Charge	49.00	



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Rmhc
5154 Bayon Blvd
Pensacola FI-FI 32503

Folio No. : 111265
A/R Number :
Group Code :
Company : Rmhc
Membership No. : PC 187731741
Invoice No. :

Room No. : 137
Arrival : 08-12-20
Departure : 09-09-20
Conf. No. : 24044961
Rate Code : ILUZD
Page No. : 3 of 4

Table with 4 columns: Date, Description, Charges, Credits. Rows include various taxes (State Sales Tax, County Occupancy Tax), room charges, and a Visa payment entry.



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10-29-20

<b>Rmhc</b> <b>5154 Bayon Blvd</b> <b>Pensacola FI-FI 32503</b>	Folio No. : <b>111265</b>	Room No. : <b>137</b>
	A/R Number :	Arrival : <b>08-12-20</b>
	Group Code :	Departure : <b>09-09-20</b>
	Company : <b>Rmhc</b>	Conf. No. : <b>24044961</b>
	Membership No. : <b>PC 187731741</b>	Rate Code : <b>ILUZD</b>
	Invoice No. :	Page No. : <b>4 of 4</b>

Date	Description	Charges	Credits
09-07-20	Room Charge	49.00	
09-07-20	State Sales Tax	3.43	
09-07-20	County Occupancy Tax	2.94	
09-08-20	Room Charge	49.00	
09-08-20	State Sales Tax	3.43	
09-08-20	County Occupancy Tax	2.94	
09-09-20	Visa XXXXXXXXXXXXX2207		221.48

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<b>Total</b>	<b>1,550.36</b>	<b>1,550.36</b>
<b>Balance</b>	<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



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10-29-20

<b>Rmhc</b> <b>1400 Pleasant</b> <b>Des Moines IA 50313</b> <b>United States</b>	Folio No. : <b>111264</b>	Room No. : <b>138</b>
	A/R Number :	Arrival : <b>08-21-20</b>
	Group Code :	Departure : <b>09-09-20</b>
	Company : <b>Rmhc</b>	Conf. No. : <b>28420061</b>
	Membership No. :	Rate Code : <b>ILUZD</b>
	Invoice No. :	Page No. : <b>1 of 3</b>

Date	Description	Charges	Credits
08-21-20	Room Charge	49.00	
08-21-20	State Sales Tax	3.43	
08-21-20	County Occupancy Tax	2.94	
08-22-20	Room Charge	49.00	
08-22-20	State Sales Tax	3.43	
08-22-20	County Occupancy Tax	2.94	
08-23-20	Room Charge	49.00	
08-23-20	State Sales Tax	3.43	
08-23-20	County Occupancy Tax	2.94	
08-24-20	Room Charge	49.00	
08-24-20	State Sales Tax	3.43	
08-24-20	County Occupancy Tax	2.94	
08-25-20	Room Charge	49.00	
08-25-20	State Sales Tax	3.43	
08-25-20	County Occupancy Tax	2.94	
08-26-20	Room Charge	49.00	
08-26-20	State Sales Tax	3.43	
08-26-20	County Occupancy Tax	2.94	
08-27-20	Room Charge	49.00	
08-27-20	State Sales Tax	3.43	
08-27-20	County Occupancy Tax	2.94	
08-28-20	Room Charge	49.00	
08-28-20	State Sales Tax	3.43	
08-28-20	County Occupancy Tax	2.94	
08-29-20	Visa XXXXXXXXXXXXX2207		442.96
08-29-20	Room Charge	49.00	
08-29-20	State Sales Tax	3.43	



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10-29-20

<b>Rmhc</b> <b>1400 Pleasant</b> <b>Des Moines IA 50313</b> <b>United States</b>  	Folio No.	: 111264	Room No.	: 138
	A/R Number	:	Arrival	: 08-21-20
	Group Code	:	Departure	: 09-09-20
	Company	: Rmhc	Conf. No.	: 28420061
	Membership No.	:	Rate Code	: ILUZD
	Invoice No.	:	Page No.	: 2 of 3

Date	Description	Charges	Credits
08-29-20	County Occupancy Tax	2.94	
08-30-20	Room Charge	49.00	
08-30-20	State Sales Tax	3.43	
08-30-20	County Occupancy Tax	2.94	
08-31-20	Room Charge	49.00	
08-31-20	State Sales Tax	3.43	
08-31-20	County Occupancy Tax	2.94	
09-01-20	Room Charge	49.00	
09-01-20	State Sales Tax	3.43	
09-01-20	County Occupancy Tax	2.94	
09-02-20	Room Charge	49.00	
09-02-20	State Sales Tax	3.43	
09-02-20	County Occupancy Tax	2.94	
09-03-20	Room Charge	49.00	
09-03-20	State Sales Tax	3.43	
09-03-20	County Occupancy Tax	2.94	
09-04-20	Room Charge	49.00	
09-04-20	State Sales Tax	3.43	
09-04-20	County Occupancy Tax	2.94	
09-05-20	Visa XXXXXXXXXXXXX2207		387.59
09-05-20	Room Charge	49.00	
09-05-20	State Sales Tax	3.43	
09-05-20	County Occupancy Tax	2.94	
09-06-20	Room Charge	49.00	
09-06-20	State Sales Tax	3.43	
09-06-20	County Occupancy Tax	2.94	
09-07-20	Room Charge	49.00	



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10-29-20

<b>Rmhc</b> 1400 Pleasant Des Moines IA 50313 United States  [REDACTED]	Folio No. : <b>111264</b> A/R Number : Group Code : Company : <b>Rmhc</b> Membership No. : Invoice No. :	Room No. : <b>138</b> Arrival : <b>08-21-20</b> Departure : <b>09-09-20</b> Conf. No. : <b>28420061</b> Rate Code : <b>ILUZD</b> Page No. : <b>3 of 3</b>
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Date	Description	Charges	Credits
09-07-20	State Sales Tax	3.43	
09-07-20	County Occupancy Tax	2.94	
09-08-20	Room Charge	49.00	
09-08-20	State Sales Tax	3.43	
09-08-20	County Occupancy Tax	2.94	
09-09-20	Visa XXXXXXXXXXXXX2207		221.48
<b>Total</b>		<b>1,052.03</b>	<b>1,052.03</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



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10-29-20

<b>CC AUTHORIZATION</b> <b>United States</b>  [REDACTED]	Folio No.	: 111316	Room No.	: 206
	A/R Number	:	Arrival	: 08-31-20
	Group Code	:	Departure	: 09-15-20
	Company	: Rmhc	Conf. No.	: 29652384
	Membership No.	: PC 264668711	Rate Code	: ILUZD
	Invoice No.	:	Page No.	: 1 of 2

Date	Description	Charges	Credits
08-31-20	Room Charge	39.00	
08-31-20	State Sales Tax	2.73	
08-31-20	County Occupancy Tax	2.34	
09-01-20	Room Charge	39.00	
09-01-20	State Sales Tax	2.73	
09-01-20	County Occupancy Tax	2.34	
09-02-20	Room Charge	39.00	
09-02-20	State Sales Tax	2.73	
09-02-20	County Occupancy Tax	2.34	
09-03-20	Room Charge	39.00	
09-03-20	State Sales Tax	2.73	
09-03-20	County Occupancy Tax	2.34	
09-04-20	Room Charge	39.00	
09-04-20	State Sales Tax	2.73	
09-04-20	County Occupancy Tax	2.34	
09-05-20	Room Charge	39.00	
09-05-20	State Sales Tax	2.73	
09-05-20	County Occupancy Tax	2.34	
09-06-20	Room Charge	39.00	
09-06-20	State Sales Tax	2.73	
09-06-20	County Occupancy Tax	2.34	
09-07-20	Room Charge	39.00	
09-07-20	State Sales Tax	2.73	
09-07-20	County Occupancy Tax	2.34	
09-08-20	Visa XXXXXXXXXXXXX2207		352.56
09-08-20	Room Charge	39.00	
09-08-20	State Sales Tax	2.73	



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10-29-20

Table with 3 columns: Field Name, Value, and Field Name. Includes CC AUTHORIZATION, Folio No., Room No., Arrival, Departure, Conf. No., Rate Code, Page No., A/R Number, Group Code, Company, Membership No., and Invoice No.

Main table with 4 columns: Date, Description, Charges, Credits. Lists daily charges for room, taxes, and occupancy from 09-08-20 to 09-15-20, plus a Visa payment on 09-15-20.

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Summary table with 3 columns: Label, Total, Balance. Shows Total of 661.05 and Balance of 0.00.

Guest Signature: \_\_\_\_\_

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10-29-20

<b>Rmhc</b> <b>5154 Bayon Blvd</b> <b>Pensacola FI-FI 32503</b>	Folio No. : <b>111383</b>	Room No. : <b>102</b>
	A/R Number :	Arrival : <b>09-16-20</b>
	Group Code :	Departure : <b>09-22-20</b>
	Company : <b>Rmhc</b>	Conf. No. : <b>49255701</b>
	Membership No. : <b>PC 265298110</b>	Rate Code : <b>ILUZD</b>
	Invoice No. :	Page No. : <b>1 of 1</b>

Date	Description	Charges	Credits
09-16-20	Room Charge	49.00	
09-16-20	State Sales Tax	3.43	
09-16-20	County Occupancy Tax	2.94	
09-17-20	Room Charge	49.00	
09-17-20	State Sales Tax	3.43	
09-17-20	County Occupancy Tax	2.94	
09-18-20	Room Charge	49.00	
09-18-20	State Sales Tax	3.43	
09-18-20	County Occupancy Tax	2.94	
09-19-20	Room Charge	49.00	
09-19-20	State Sales Tax	3.43	
09-19-20	County Occupancy Tax	2.94	
09-20-20	Room Charge	49.00	
09-20-20	State Sales Tax	3.43	
09-20-20	County Occupancy Tax	2.94	
09-21-20	Room Charge	49.00	
09-21-20	State Sales Tax	3.43	
09-21-20	County Occupancy Tax	2.94	
09-22-20	Visa XXXXXXXXXXXXX2207		332.22
<b>Total</b>		<b>332.22</b>	<b>332.22</b>
<b>Balance</b>		<b>0.00</b>	

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**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



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10-29-20

<b>Rmhc</b> 5154 Bayon Blvd Pensacola FI-FI 32503	Folio No. : <b>111724</b> A/R Number : Group Code : Company : <b>Rmhc</b> Membership No. : <b>PC 278994064</b> Invoice No. :	Room No. : <b>110</b> Arrival : <b>09-30-20</b> Departure : <b>10-13-20</b> Conf. No. : <b>49741480</b> Rate Code : <b>ILUZD</b> Page No. : <b>1 of 2</b>
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Date	Description	Charges	Credits
09-30-20	Room Charge	39.00	
09-30-20	State Sales Tax	2.73	
09-30-20	County Occupancy Tax	2.34	
10-01-20	Room Charge	39.00	
10-01-20	State Sales Tax	2.73	
10-01-20	County Occupancy Tax	2.34	
10-02-20	Room Charge	39.00	
10-02-20	State Sales Tax	2.73	
10-02-20	County Occupancy Tax	2.34	
10-03-20	Room Charge	39.00	
10-03-20	State Sales Tax	2.73	
10-03-20	County Occupancy Tax	2.34	
10-04-20	Room Charge	39.00	
10-04-20	State Sales Tax	2.73	
10-04-20	County Occupancy Tax	2.34	
10-05-20	Room Charge	39.00	
10-05-20	State Sales Tax	2.73	
10-05-20	County Occupancy Tax	2.34	
10-06-20	Room Charge	39.00	
10-06-20	State Sales Tax	2.73	
10-06-20	County Occupancy Tax	2.34	
10-07-20	Room Charge	39.00	
10-07-20	State Sales Tax	2.73	
10-07-20	County Occupancy Tax	2.34	
10-08-20	Visa XXXXXXXXXXXXX2207		308.49
10-08-20	Room Charge	39.00	
10-08-20	State Sales Tax	2.73	



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10-29-20

Table with guest information: Rmhc, 5154 Bayon Blvd, Pensacola FI-FI 32503, Folio No. 111724, Room No. 110, Arrival 09-30-20, Departure 10-13-20, Conf. No. 49741480, Rate Code ILUZD, Page No. 2 of 2.

Main charges table with columns: Date, Description, Charges, Credits. Rows include occupancy taxes, room charges, and state sales taxes from 10-08-20 to 10-13-20.

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Summary table with Total 572.91 and Balance 0.00.

Guest Signature: \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



Prepared For	RMHC OF TAMPA BAY LISA SUPRENAND
Account Number	██████████ 2207
Statement Closing Date	10/02/20
Days in Billing Cycle	29
Next Statement Date	11/03/20
Credit Line	\$10,000
Available Credit	██████████

For Customer Service Call:  
800-231-5511

Inquiries or Questions:  
Wells Fargo SBL PO Box 29482  
Phoenix, AZ 85038-8650

Payments:  
Elite Card Payment Center PO Box 77066  
Minneapolis, MN 55480-7766

**Payment Information**

New Balance	\$1,813.65
<b>Current Payment Due (Minimum Payment)</b>	<b>\$500.00</b>
<b>Current Payment Due Date</b>	<b>10/28/20</b>

If you wish to pay off your balance in full: The balance noted on your statement is not the payoff amount. Please call 800-231-5511 for payoff information.

**Account Summary**

Previous Balance		\$1,394.95
Credits	-	\$643.02
Payments	-	\$9,601.01
Purchases & Other Charges	+	\$10,662.73
Cash Advances	+	\$0.00
Finance Charges	+	\$0.00
New Balance	=	\$1,813.65

**Rate Information**

Your rate may vary according to the terms of your agreement.

TYPE OF BALANCE	ANNUAL INTEREST RATE	DAILY FINANCE CHARGE RATE	AVERAGE DAILY BALANCE	PERIODIC FINANCE CHARGES	TRANSACTION FINANCE CHARGES	TOTAL FINANCE CHARGES
PURCHASES	11 240%	03079%	\$0 00	\$0 00	\$0 00	\$0 00
CASH ADVANCES	23 990%	06572%	\$0 00	\$0 00	\$0 00	\$0 00
TOTAL				\$0 00	\$0 00	\$0 00

**Transaction Details**

Trans	Post	Reference Number	Description	Credits	Charges
09/02	09/04	2490604LA16PRVX3N	HYATT PLACE ST PTRBURG ST PETERSBURG FL		479 12
09/04	09/04	2490604L816PRVYZL	HYATT PLACE ST PTRBURG ST PETERSBURG FL		1 013 61
09/05	09/05	2443106LALKYJJA55	CDW SUITES CLEARWATER CLEARWATER FL		387 59
09/05	09/05	2443106LALKYJJ84N	CDW SUITES CLEARWATER CLEARWATER FL		387 59
09/08	09/08	2443106LDLKYPK797	CDW SUITES CLEARWATER CLEARWATER FL		352 56
09/09	09/09	2443106LELKYREJV0	CDW SUITES CLEARWATER CLEARWATER FL		221 48
09/09	09/09	2443106LELKYREK8K	CDW SUITES CLEARWATER CLEARWATER FL		221 48

See reverse side for important information

5596 YTG 1 7 2 201002 0 PAGE 1 of 4 1 0 3268 1000 ELA3 01DR5596

----- DETACH HERE -----

Detach and mail with check payable to "Wells Fargo" to arrive by Current Payment Due Date

Make checks payable to: Wells Fargo

Account Number	4484 6100 0281 2207
New Balance	\$1,813.65
<b>Total Amount Due (Minimum Payment)</b>	<b>\$500.00</b>
<b>Current Payment Due Date</b>	<b>10/28/20</b>

05000001813650044846100028122072

Print address or phone changes: \_\_\_\_\_

Work ( ) \_\_\_\_\_

Amount Enclosed: \$

ELITE CARD PAYMENT CENTER YTG  
PO BOX 77066 30  
MINNEAPOLIS MN 55480-7766

RMHC OF TAMPA BAY  
LISA SUPRENAND  
35 DAVIS BLVD  
TAMPA FL 33606-3427

**If your card is ever lost or stolen:**

Please notify us immediately by calling: 1-800-231-5511, 24 hours a day, 7 days a week.

**Questions about your statement:**

If you have a question about your statement, please write to us within 30 days after the statement was mailed to you. Please use a separate letter and include your account number and the date of the statement in question. Please refer to the front of the statement for our Inquiry mailing address.

**For all your personal or business financial service needs  
Visit us at [www.wellsfargo.com](http://www.wellsfargo.com)**

**Important Payment Information:**

**Payments made at a Wells Fargo branch.** You may use cash or checks when making payments at a Wells Fargo branch.

**Payments by mail.** Mail your check and the payment coupon to the Payment Remittance Center address printed on this statement. For fastest delivery, please use the enclosed window envelope. If using a single check to pay multiple accounts, we must receive a completed payment coupon for each account being paid or a list showing the full account number and amount to be credited to each account. If you are paying multiple accounts with a single check, the total of the check must equal the sum of the payments to be applied to each individual account, with at least the total minimum payment due for all accounts.

**Payments by phone.** If you are authorized to transact on the account, you may be able to initiate a payment by calling the Customer Service number listed on the front of this statement.

**Payments made using Wells Fargo Online Banking or Wells Fargo Mobile.** If you have access to the account via Wells Fargo Online Banking or Mobile you may be able to make a payment depending on your level of access.

**Automatic Payments.** You can establish automatic payments to this credit account from a Wells Fargo deposit account or any other financial institution. For enrollment information, please contact our Customer Service number listed on the front of this statement.

**Timing of payment by mail or payments made at a Wells Fargo branch.** Payments that are received at the designated payment processing address (printed on each statement) by 5:00 p.m. on any business day will be credited as of the day of receipt. Payments received after 5:00 p.m. or on non-business days may be credited as of the next business day.

**When a payment is considered late.** If your payment is received or initiated any time after the Due Date, it is considered late and your account will be subject to a late fee.

**Promotional Rates:**

All promotional rates are subject to early termination if there are late payments or other defaults. Please see sections "Default" and "Remedies" in your Cardholder Agreement.

**Transaction Details**

<i>Trans</i>	<i>Post</i>	<i>Reference Number</i>	<i>Description</i>	<i>Credits</i>	<i>Charges</i>
09/09	09/09	2490604LD16PRVV4P	HYATT PLACE ST PTRBURG ST PETERSBURG FL		2 105 19
09/14	09/14	2490604LK16PRVK9N	HYATT PLACE ST PTRBURG ST PETERSBURG FL		77 97
09/15	09/15	2443106LLLKZ13Q66	CDW SUITES CLEARWATER CLEARWATER FL		308 49
09/18	09/18	2490604LP16PRVDLS	HYATT PLACE ST PTRBURG ST PETERSBURG FL		623 76
09/19	09/19	2490604LP16PRVDHP	HYATT PLACE ST PTRBURG ST PETERSBURG FL		2 027 22
09/21	09/21	2490604LS16PRVH1R	HYATT PLACE ST PTRBURG ST PETERSBURG FL		545 79
09/21	09/21	7448461LT26RZB043	PAYMENT THANK YOU	1 394 95	
09/22	09/22	2443106LVLKZB3L5N	CDW SUITES CLEARWATER CLEARWATER FL		332 22
09/22	09/22	7448461LS0A8SH04A	ONLINE PAYMENT	8 206 06	
09/23	09/23	2490604LV16PRVPV3	HYATT PLACE ST PTRBURG ST PETERSBURG FL		1 578 66
09/26	09/26	7490604LY16PRVLM0	HYATT PLACE ST PTRBURG ST PETERSBURG FL	643 02	

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## ACCOUNTANTS' COMPILATION REPORT

July 1, 2020

To the Board of Directors  
Ronald McDonald House Charities of Tampa Bay, Inc.  
Tampa, Florida

Management is responsible for the accompanying financial statements of Ronald McDonald House Charities of Tampa Bay, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2020, and the related statements of activities for the periods indicated therein. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

Management has elected to omit substantially all disclosures and the statement of cash flows required in financial statements prepared in accordance with accounting principles generally accepted in the United States of America. If the omitted disclosures and the statement of cash flows were included in the financial statements, they might influence the user's conclusions about the Organization's financial position, changes in net assets, and cash flows. Accordingly, the financial statements are not designed for those who are not informed about such matters.

We are not independent with respect to Ronald McDonald House Charities of Tampa Bay, Inc.

FRSCPA, PLLC  
Certified Public Accountants

**RMHC of Tampa Bay, Inc**  
**STATEMENT OF ACTIVITY COMPARISON**  
 June 2020

**PRELIMINARY DRAFT**  
 The financial information is tentative subject to change and additional disclosures and is restricted to the client's internal use only. Accordingly, we do not express an opinion or any other form of assurance on it.

**ERSCPA, PLLC**  
 Certified Public Accountants

	TOTAL			
	JUN 2020	JUN 2019 (PY)	JAN - JUN, 2020 (YTD)	JAN - JUN, 2019 (PY YTD)
<b>Revenue</b>				
4000 Donations				
4001 Donations - General	131,673.75	29,772.59	493,889.93	197,300.24
4040 Donations - Guests	1,715.00	6,190.00	18,613.00	36,857.30
4044 Donations - LALSAN			27,909.00	78,461.87
4050 Donations - Restricted				20,000.00
<b>Total 4000 Donations</b>	<b>133,388.75</b>	<b>35,962.59</b>	<b>540,411.93</b>	<b>332,619.41</b>
4100 McDonald's Fundraisers				
4105 Mach 5 Games		13,984.87	55,327.69	71,368.24
4110 Canister Collection	15,552.68	19,006.06	89,752.55	91,952.52
4115 Round-Up Donations	6,778.67		45,964.00	
4130 Hands				1.00
4140 365 Fundraiser			17,695.26	19,034.13
4190 Newspaper Program		656.90	987.60	4,414.06
4195 Miscellaneous			10.00	
<b>Total 4100 McDonald's Fundraisers</b>	<b>22,331.35</b>	<b>33,647.83</b>	<b>209,737.10</b>	<b>186,769.95</b>
4200 RMHCTB Fundraisers				
4210 Story Book Ball	5,000.00	46,215.00	130,249.00	476,581.39
4230 Golf Tournament			10,000.00	4,300.00
4240 Fishing Tournament			3,500.00	
4250 Clay Shoot			83,798.55	52,820.00
<b>Total 4200 RMHCTB Fundraisers</b>	<b>5,000.00</b>	<b>46,215.00</b>	<b>227,547.55</b>	<b>533,701.39</b>
4300 Community Fundraisers				
4310 Kimal Lumber			28,963.79	30,776.94
4330 Suncoast Porsche Club			15,945.00	5,300.00
4350 ADPi	1,753.85		5,082.51	
4360 Recycling Program	350.38	120.00	932.54	3,451.81
4365 Vehicle Donation Program			2,865.00	3,327.50
4390 Red Shoe Council		7,815.00		11,959.00
4399 Miscellaneous CF	2,860.00		13,418.00	31,050.04
<b>Total 4300 Community Fundraisers</b>	<b>4,969.23</b>	<b>7,935.00</b>	<b>67,206.84</b>	<b>65,865.29</b>
4400 Grants Unrestricted				
4405 Grants - Other Unrestricted			67,500.00	2,000.00
<b>Total 4400 Grants Unrestricted</b>			<b>67,500.00</b>	<b>2,000.00</b>
4410 Grants - Restricted				
4430 Grant - Coke Restricted				2,575.00
4440 Grants - House Specific		50,000.00		50,000.00
<b>Total 4410 Grants - Restricted</b>		<b>50,000.00</b>		<b>52,575.00</b>

	TOTAL			
	JUN 2020	JUN 2019 (PY)	JAN - JUN, 2020 (YTD)	JAN - JUN, 2019 (PY YTD)
4500 RMHC Global Fundraisers				
4510 Dillards			12,869.91	22,319.22
<b>Total 4500 RMHC Global Fundraisers</b>			<b>12,869.91</b>	<b>22,319.22</b>
4600 Adopt A Room	4,666.68	4,166.66	40,912.03	49,834.32
4800 Wills & Trusts	2,131.26	50,000.00	51,112.82	138,272.00
4900 Miscellaneous Income	567.25	4,196.17	15,481.45	27,629.79
<b>Total Revenue</b>	<b>\$173,054.52</b>	<b>\$232,123.25</b>	<b>\$1,232,779.63</b>	<b>\$1,431,586.37</b>
<b>GROSS PROFIT</b>	<b>\$173,054.52</b>	<b>\$232,123.25</b>	<b>\$1,232,779.63</b>	<b>\$1,431,586.37</b>
Expenditures				
6000 Salaries	114,472.08	119,185.67	726,830.94	725,500.96
6020 Payroll Tax Expense	8,757.19	9,116.66	56,199.85	55,426.01
6040 Health Insurance	23,076.12	23,096.16	138,206.81	135,691.50
6060 Worker's Comp Insurance	725.00	698.80	5,567.00	3,916.80
6070 Background Checks	253.00		253.00	7.25
6099 Utilities				
6100 Phone & Cable	1,551.03	1,591.63	10,306.20	10,325.48
6101 Electric	5,390.21	7,583.31	33,892.22	36,732.32
6102 Water, Sewer, Trash	4,558.64	4,168.48	29,607.59	29,912.75
6103 Gas	426.82	467.19	2,678.36	4,259.04
<b>Total 6099 Utilities</b>	<b>11,926.70</b>	<b>13,810.61</b>	<b>76,484.37</b>	<b>81,229.59</b>
6120 House Supplies	12,404.14	368.54	26,427.01	5,864.36
6125 Outside Services	2,870.89	2,986.75	18,323.23	17,333.71
6140 Maintenance & Repairs	3,413.65	3,525.36	55,019.26	37,183.53
6159 Office Supplies & Expense				
6160 Office Expense & Printing	850.19	935.29	9,259.56	14,457.88
6161 Lease Expense	1,236.31	1,031.15	8,594.40	7,052.66
6162 Computer & Technology Software	2,962.94	2,121.98	14,666.39	15,630.52
<b>Total 6159 Office Supplies &amp; Expense</b>	<b>5,049.44</b>	<b>4,088.42</b>	<b>32,520.35</b>	<b>37,141.06</b>
6180 Postage	44.00	176.95	154.00	7,540.05
6220 Dues & Subscriptions				375.00
6240 Marketing & Promotion	151.39		5,201.39	684.00
6241 Cost of Items Sold		464.46	5,456.85	2,771.30
6255 Clay Shoot Expense			20,167.84	14,059.96
6260 Fund Raising Expense	1,246.50	738.00	4,928.45	7,071.11
6263 Mach 5 Expenses		5,907.50	23,520.00	41,026.00
6265 Canister Expense - McD	5,000.00		5,000.00	6,532.50
6266 Red Shoe Council Expense	0.00		0.00	1,011.62
6270 Story Book Ball Expense	-29,922.43	-1,128.18	21,938.42	212,488.11
6280 Golf Tournament Expense				395.00
6290 Grant - Coke Expense	209.81	1,083.40	3,150.63	6,273.83
6300 Volunteer Program	21.70	492.00	615.12	2,088.28
6320 Meeting & Travel		2,181.38	3,223.69	6,621.28
6330 Mileage	287.28	553.96	2,602.76	5,189.81
6340 House Insurance	8,965.22	6,051.91	36,202.63	40,340.80
6370 Parking	300.00	300.00	1,800.00	1,804.80
6500 Restricted Items Expense		0.00	838.84	0.00

	TOTAL			
	JUN 2020	JUN 2019 (PY)	JAN - JUN, 2020 (YTD)	JAN - JUN, 2019 (PY) (YTD)
8500 Legal & Accounting	2,330.00	2,219.85	32,593.19	25,145.70
8510 All Taxes & Licenses				
8520 Sales Tax	7.53	67.63	412.68	477.24
8550 Taxes & Licenses		75.00	136.25	211.25
<b>Total 8510 All Taxes &amp; Licenses</b>	<b>7.53</b>	<b>142.63</b>	<b>548.93</b>	<b>688.49</b>
8750 Bank & Credit Card Fees	2,105.60	3,603.89	11,362.74	13,895.45
8800 Miscellaneous Expense			0.05	20.00
<b>Total Expenditures</b>	<b>\$173,694.81</b>	<b>\$199,664.72</b>	<b>\$1,315,137.35</b>	<b>\$1,495,317.86</b>
<b>NET OPERATING REVENUE</b>	<b>\$ -640.29</b>	<b>\$32,458.53</b>	<b>\$ -82,357.72</b>	<b>\$ -63,731.49</b>
Other Revenue				
7000 Interest Income	44,075.02	42,591.58	173,150.39	168,918.70
<b>Total Other Revenue</b>	<b>\$44,075.02</b>	<b>\$42,591.58</b>	<b>\$173,150.39</b>	<b>\$168,918.70</b>
<b>NET OTHER REVENUE</b>	<b>\$44,075.02</b>	<b>\$42,591.58</b>	<b>\$173,150.39</b>	<b>\$168,918.70</b>
<b>NET REVENUE</b>	<b>\$43,434.73</b>	<b>\$75,050.11</b>	<b>\$90,792.67</b>	<b>\$105,187.21</b>

The financial information is tentative subject to change and additional disclosures and is restricted to the client's internal use only. According to the terms of the engagement, we do not provide any other form of assurance on it.

FRSCPA, PLLC  
Certified Public Accountants

# RMHC of Tampa Bay, Inc

## BUDGET VS. ACTUALS:

January - December 2020

PRELIMINARY DRAFT

The financial information is tentative subject to change and additional disclosures and is restricted to the client's internal use only. Accordingly, we do not express an opinion or any other form of assurance on it.

FRSCPA, PLLC  
Certified Public Accountants

	TOTAL	
	ACTUAL	BUDGET
Revenue		
4000 Donations		
4001 Donations - General	531,164.99	375,000.00
4040 Donations - Guests	18,813.00	80,000.00
4044 Donations - LALSAN	27,909.00	230,000.00
4050 Donations - Restricted		155,000.00
<b>Total 4000 Donations</b>	<b>577,886.99</b>	<b>840,000.00</b>
4100 McDonald's Fundraisers		
4105 Mach 5 Games	55,327.69	176,000.00
4110 Canister Collection	89,752.55	220,000.00
4115 Round-Up Donations	45,964.00	135,000.00
4140 365 Fundraiser	17,695.26	75,000.00
4150 FI Travel Savers	2,000.00	500.00
4190 Newspaper Program	987.60	2,000.00
4195 Miscellaneous	10.00	
<b>Total 4100 McDonald's Fundraisers</b>	<b>211,737.10</b>	<b>608,500.00</b>
4200 RMHCTB Fundraisers		
4210 Story Book Ball	130,249.00	535,000.00
4230 Golf Tournament	10,000.00	150,000.00
4240 Fishing Tournament	3,500.00	52,000.00
4250 Clay Shoot	83,798.55	80,000.00
<b>Total 4200 RMHCTB Fundraisers</b>	<b>227,547.55</b>	<b>817,000.00</b>
4300 Community Fundraisers		
4310 Kimal Lumber	28,963.79	30,776.00
4320 SW Airlines Fishing Tournament		35,241.00
4330 Suncoast Porsche Club	15,945.00	18,000.00
4350 ADPI	5,082.51	24,602.00
4355 Dunedin Blue Jays		10,641.00
4360 Recycling Program	1,659.61	4,850.00
4365 Vehicle Donation Program	2,865.00	10,000.00
4375 FL Tag & License Program		10,000.00
4390 Red Shoe Council		15,000.00
4399 Miscellaneous CF	19,777.98	60,000.00
<b>Total 4300 Community Fundraisers</b>	<b>74,293.89</b>	<b>219,110.00</b>
4400 Grants Unrestricted		
4405 Grants - Other Unrestricted	67,500.00	12,000.00
<b>Total 4400 Grants Unrestricted</b>	<b>67,500.00</b>	<b>12,000.00</b>
4410 Grants - Restricted		
4430 Grant - Coke Restricted		18,500.00
4440 Grants - House Specific		55,000.00
<b>Total 4410 Grants - Restricted</b>		<b>73,500.00</b>
4500 RMHC Global Fundraisers		

The financial information is tentative subject to change and additional disclosures and is restricted to the client's internal use only. Accordingly, we do not express any other form of assurance on it.

	ACTUAL	BUDGET
4510 Dillards	12,869.91	22,319.00
<b>Total 4500 RMHC Global Fundraisers</b>	<b>12,869.91</b>	<b>22,319.00</b>
4600 Adopt A Room	43,912.03	80,000.00
4800 Wills & Trusts	51,112.82	150,000.00
4900 Miscellaneous Income	15,571.45	34,000.00
<b>Total Revenue</b>	<b>\$1,282,431.74</b>	<b>\$2,856,429.00</b>
<b>GROSS PROFIT</b>	<b>\$1,282,431.74</b>	<b>\$2,856,429.00</b>
Expenditures		
6000 Salaries	779,429.12	1,669,460.00
6020 Payroll Tax Expense	60,223.54	122,000.00
6040 Health Insurance	161,902.87	341,000.00
6060 Worker's Comp Insurance	6,292.00	9,000.00
6065 401k Expense		44,500.00
6070 Background Checks	253.00	
6080 Employee Reimbursement		5,790.00
6099 Utilities		
6100 Phone & Cable	10,849.05	21,113.00
6101 Electric	34,244.43	78,000.00
6102 Water, Sewer, Trash	29,766.23	64,000.00
6103 Gas	2,884.49	7,500.00
<b>Total 6099 Utilities</b>	<b>77,744.20</b>	<b>170,613.00</b>
6120 House Supplies	31,945.06	25,000.00
6125 Outside Services	20,400.07	40,000.00
6140 Maintenance & Repairs	57,133.06	110,000.00
6159 Office Supplies & Expense		
6160 Office Expense & Printing	9,064.47	25,000.00
6161 Lease Expense	8,713.38	14,000.00
6162 Computer & Technology Software	16,245.18	28,000.00
<b>Total 6159 Office Supplies &amp; Expense</b>	<b>34,023.03</b>	<b>67,000.00</b>
6180 Postage	209.00	18,000.00
6220 Dues & Subscriptions		1,000.00
6240 Marketing & Promotion	5,201.39	12,000.00
6241 Cost of Items Sold	5,456.85	4,500.00
6255 Clay Shoot Expense	20,167.84	15,000.00
6260 Fund Raising Expense	5,378.45	40,000.00
6263 Mach 5 Expenses	23,520.00	70,000.00
6265 Canister Expense - McD	5,000.00	20,000.00
6266 Red Shoe Council Expense	0.00	4,400.00
6270 Story Book Ball Expense	21,938.42	200,000.00
6280 Golf Tournament Expense		80,000.00
6290 Grant - Coke Expense	3,150.63	13,000.00
6300 Volunteer Program	615.12	10,000.00
6320 Meeting & Travel	3,023.69	28,500.00
6330 Mileage	2,825.86	10,000.00
6340 House Insurance	40,592.74	70,000.00
6370 Parking	1,800.00	3,750.00
6500 Restricted Items Expense	838.84	
8500 Legal & Accounting	34,343.19	44,000.00

The financial information is tentative subject to change and additional disclosures and is restricted to the client's internal use only. Accordingly, we do not express an opinion or any other form of assurance on it.

	ACTUAL	BUDGET
8510 All Taxes & Licenses		
8520 Sales Tax	468.61	1,000.00
8550 Taxes & Licenses	136.25	1,000.00
<b>Total 8510 All Taxes &amp; Licenses</b>	<b>604.86</b>	<b>2,000.00</b>
8750 Bank & Credit Card Fees	11,362.74	20,000.00
8800 Miscellaneous Expense	0.05	
<b>Total Expenditures</b>	<b>\$1,415,375.62</b>	<b>\$3,270,513.00</b>
<b>NET OPERATING REVENUE</b>	<b>\$ (132,943.88)</b>	<b>\$ (414,084.00)</b>
Other Revenue		
7000 Interest Income	173,150.39	400,000.00
<b>Total Other Revenue</b>	<b>\$173,150.39</b>	<b>\$400,000.00</b>
<b>NET OTHER REVENUE</b>	<b>\$173,150.39</b>	<b>\$400,000.00</b>
<b>NET REVENUE</b>	<b>\$40,206.51</b>	<b>\$ (14,084.00)</b>



Keeping families close™

## Board of Trustees Meeting Minutes – July 2020

Meeting Name: RMHC Board of Trustees July Meeting

Meeting Start Time: 4:30 PM EDT

Meeting Start Date: 07/29/2020

Meeting End Time: 6:10 PM EDT

Meeting Location: Zoom

### Attended - Yes

Brenyn Stoyanov, Joe Citro, Lisa Suprenand, Sheila Vukmer, John Iwanicki, Lauren Catoe, Marsha Ramsay, Mike Barbaro, Jeff Harring, Janel Laravie, Krista Garner, Josh Hames, Wes Bean, Warren Hypes, Caycee Hampton, Travis Pelleymounter, Dan Paone, Kerry O'Reilly, Ruth Lynch, Brian Ford, Pam Barber, Ana Wallrapp, Diane Keane, Eric Blankenship

### Attended - No

Chris Frost, Edward Ameen, Tom Powers

Agenda with Minutes:

- I. Call to Order - K. O'Reilly, President (Time: 4:30 PM)

**K. O'Reilly called the meeting to order and gave Kudos to board members including K. Garner who has made many donor calls, and C. Frost for his work on the McDonald's promotion.**

- II. Mission Moment - B. Stoyanov, Director of Operations (Time: 4:35 PM)

**B. Stoyanov shared the video of the Drown Family story.**

- III. Mission Forward Update - L. Suprenand, Executive Director (Time: 4:40 PM)

**L. Suprenand gave an overview of number of families in each house and the challenges of bringing in new families during Covid. Also discussed the need to hotel families. The hospital has been hoteling families and can no longer take on this expense. The families**

are needing to be hotelled due to RMHC limited Covid occupancy and safety restrictions. These are families we would usually house and they have no where to go. Based on the hospital's numbers, we will need at least \$80,000 from August – December.

**Motion (J. Laravie, W. Bean): Approve \$80,000 in 2020 to hotel families that we cannot place at the house.**

Discussion: How will this affect cash flow? Response: We moved \$300k from investment (reserve) account into main account a few months ago to help cover loss of revenue from Covid. Right now we should be able to provide the hotel cost but will track the cash flow monthly to ensure funds are available.

**Motion approved as stated.**

IV. Consent Agenda - K. O'Reilly (Time: 4:50 PM)

- A. May 2020 Minutes
- B. Committee Reports
- C. Motion: Approval of Consent Agenda

**Consent Agenda approved.**

V. Finance Report - K. Garner (Time: 4:55 PM)

- A. June 2020 Financials

K. Garner presented May and June financials. With interest income, the organization remains in the positive. Financials approved by the board.

VI. Governance Committee Report & Discussion - W. Bean & R. Lynch, Governance Co-Chairs (Time: 5:00 PM)

The Governance Committee surveyed the Trustees and created a matrix of board demographics, skills, and abilities. The findings from the matrix coupled with the recent national discussions on race create an opportunity for us to evaluate areas for growth in ethnic and race diversity on the board.

R. Lynch presented an overview of the current diversity of the families served and the board. Discussion on adding a line codifying diversity into the bylaws. Wording could not be finalized so Governance will rework and bring back to the board for approval.

- A. Racial & Ethnic Diversity

1. RMHCTB Diversity Overview
  - a. Policies on Diversity from our RMHC policy manual
  - b. Diversity of our families
  - c. RMHC TB Board Diversity
2. Discussion & Breakout Groups: Why should we have a racially and ethnically diverse board?

B. Potential Changes to Bylaws

1. MOTION: Include diversity requirement in Bylaws

The Governance Committee proposes codifying our commitment to racial and ethnic diversity moving forward by including the following in our bylaws: "RMHCTB is committed to Diversity, Equity and Inclusion. The Board composition must reflect the race and ethnicity of the families served and the community of Tampa Bay." **MOTION not approved at this time – rewording suggested.**

2. Discussion & MOTION: Additional specified McDonald's Seat on Board  
(Add to Bylaws or Vote for this to be an ExOfficio position)

Discussion about McDonald's seat. Motion and vote to add another ExOfficio seat for a McDonald's O/O, corporate, vendor or other relations. Approved. **MOTION APPROVED.**

**Discussion about Tate Casper stepping down from board due to schedule.**

**Nomination and approval of Blake Casper to take the new position.**

VII. Development & Marketing - P. Barber & J. Citro (Time: 5:20 PM)

**P. Barber gave updates to the emergency campaign & J. Citro setup discussion for breakout groups. See notes Joe sent on breakout group discussion regarding development.**

- A. Discussion & Breakout Groups Development

VIII. Fishing for Hearts - W. Hypes, Fishing Chair (Time: 5:40 PM)

**W. Hypes shared the results from fishing survey and presented that the Fishing Tournament be moved to November 6th without social events. Board approved.**

- A. Results from survey of sponsors and anglers
- IX. Charity Golf Classic Discussion - E. Ameen, Chairman & Golf Chair (Time: 5:45 PM)
  - L. Suprenand presented for Ameen. Organization not sure if we can reach a decent ROI for the golf tournament under current conditions and golfing rules. Proposal to cancel golf tournament and partner with the Maus Foundation to assist with their tournament. Board approved proposal.
- X. McDonald's Update - C. Frost (Time: 5:55 PM)
  - L. Suprenand reported for C. Frost. McDonald's Round-Up and Drive Thru initiative is going really well and Chris has led Central Florida in a successful initiative.
- XI. Questions or New Business/Adjourn (Time: 6:00 PM)



## ADDITIONAL COVERAGES

Ref #	Description Business Auto	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Experience Mod Factor 1	Coverage Code EXP01	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
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Ref #	Description	Coverage Code	Form No.	Edition Date	
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Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

**Pinellas Community Foundation  
Pinellas CARES Nonprofit Partnership Fund Grant Application**

**DO NOT ADD ANY LINE ITEMS TO THIS BUDGET SUMMARY. IF YOU ARE UNSURE OF  
WHERE A COST BELONGS, PLEASE CONTACT PCF STAFF.**

Organization Name: Ronald McDonald House Charities Tampa Bay

Project Name: Basic Needs for Pediatric Patient Families During COVID-19

FROM (date): November 1, 2020 TO (date): December 30, 2020

Budget Category/Line Item	Program Budget - Total	Pinellas CARES Grant
Personnel <i>(salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program)</i>		\$6,000
Equipment <i>(computers, furniture, etc., less than \$3,000 per item)</i>		2,699
Supplies <i>(office materials, program related purchases, program necessities to deliver services, etc.)</i>		\$130,592
Occupancy <i>(property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)</i>		\$43,739.13
Local Travel <i>(mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)</i>		\$5,000
Training <i>(staff development, conferences, long distance travel)</i>		
Design, Printing, Marketing & Postage <i>(for direct program related services only)</i>		\$5,000
Capital <i>(Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)</i>		
Purchased Services <i>(consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)</i>		\$199
<b>TOTAL</b>	<b>0</b>	<b>193229.13</b>

Pinellas Community Foundation  
PCF CARES Application  
**BUDGET NARRATIVE FORM**

**BRIEF INSTRUCTIONAL VIDEO – CLICK LINK - <https://youtu.be/s5kkxsaQkCg>**

**If you are applying under multiple funding areas, please indicate which funding area (food, behavioral health, and/or eviction mitigation through legal aid) each cost belongs to.**

**This narrative is to explain the costs in the Pinellas CARES Grant Column of the Budget Summary**

Organization Name: Ronald McDonald House Charities of Tampa Bay  
Project Name: Basic Needs for Pediatric Patient Families During COVID-19  
FROM (month/year): 11/2020 TO (month/year): 12/2020

**ALL DESCRIPTIONS BELOW SHOULD BE CLEAR AS TO HOW REQUESTED FUNDS BY AREA RELATE TO ADDITIONAL COSTS THAT WOULD NOT HAVE BEEN INCURRED OR PLANNED IF NOT FOR COVID-19**

Personnel (salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program)

Define each position and indicate how the costs you are requesting expands your COVID-19-related programming and/or how it was unbudgeted as of 3/1/2020 or later. Be sure to include as much detail as possible for each position, e.g. rate per hour and number of hours for new position due to COVID-19 or increased hours as a result of COVID-19 (see example if needed).

Ronald McDonald House Charities of Tampa Bay (RMHCTB) employs 22 full-time staff members, meant to run four separate Houses on a 24/7 continuum, as well as manage all the administrative and fundraising components of our organization. RMHCTB has always operated with as few employees as possible to ensure the bulk of our financial resources are dedicated to our families; only 17% of our budget goes to administrative and fundraising costs. Historically, we have relied heavily on volunteers and meal groups to supplement our staff in ensuring the Houses are running smoothly and families have the resources (food and other support) they need; in 2019, volunteers provided enough hours to equate to eight full-time employees. All four RMHCTB Houses are currently open in various phases, however due to COVID-19, none are operating at full capacity, and none are able to allow the volunteers needed to assist operationally. We are committed to continue offering 24/7 staff coverage and support for our families, even though we are in various phases of operations due to COVID-19; RMH Global also mandates this staffing model. Furthermore, RMHCTB has strict protocols for anyone accessing the facilities (staff and families alike), in order to control any potential COVID-19 exposure within this medically-compromised population. As such, we are finding ourselves needing to extend our reach outside the physical space of our Houses, and in order to expand our existing programming, we must have additional operational support. While expanding our existing services to the bedside families at Johns Hopkins All Children's Hospital is essential in meeting the needs of this community, none of our existing staff can dedicate the time necessary to ensure this program runs efficiently; we are anticipating needing approximately 30 hours a week of time dedicated to facilitating this expanded resource program.

\$6,000 - A temporary position to manage the needs of this resource program. Responsibilities will include: needs assessments in conjunction with the Johns Hopkins All Children's Hospital (JHACH) social work team, meal scheduling and delivery, grocery ordering and delivery, and transportation scheduling. The cost will be \$25/hour, 30 hours/week, for 8 weeks (\$25 x 30 x 8 = \$6,000).

Equipment (computers, phone, furniture, etc., less than \$3,000 per item)

Define each individual piece of equipment, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming. Including estimates, quotes, or print offs from a supplier website is helpful to defend these costs.

\$2,699 – Lenovo ThinkPad X1 Carbon Gen 8. This upgraded model was recommended by our IT partner due to its increased processing power to help with our data processing and input, and to remotely connect with our internal server. Additionally, this staff member will be constantly moving between multiple RMH facilities, restaurants, and Johns Hopkins All Children’s Hospital, so its increased battery life, best-in-class connectivity, and light-weight durability will be essential for working remotely.

Supplies (office materials, program related purchases, program necessities to deliver services, etc.)

Define each supply requested, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming.

COVID –19 necessitated significant changes to the operations of Ronald McDonald Houses across the country—Ronald McDonald House Charities of Tampa Bay (RMHCTB) specifically had to close our doors to new families, as well as our volunteers, meal groups, and non-essential staff. RMHCTB has historically relied on the donations of meal groups and restaurant partners to provide meals for our families. The national shut-down has greatly hindered our food resources. However, the need for meals is greater than ever among our current RMHCTB families (who are confined to the Houses), as well as the patient families staying bedside.

The services listed below are beyond what we currently provide to hospital families. COVID-19 challenged us to look for creative ways to deliver our mission to serve the most vulnerable population of children and their families, whether or not they are staying with us. This will increase our ability to provide meals by 120% or 50 additional people daily. Providing groceries is an expansion of our transitional house to home program to further support our families; we are currently only able to offer post-check-out support to families as resources are available, and only in the most extreme circumstances. Therefore, we are seeking funds to purchase daily meals based on the needs assessed through our hospital partners, as well as current trends within RMHCTB. Particularly, we will provide food for bedside families and families who eat meals at the home.

#### **Daily Meals for Bedside Families:**

For the bedside families, \$1,750/week for 8 weeks for individually packaged breakfast items purchased in combination from our pre-existing restaurant partners (McDonald’s, Chic-Fil-A, etc.) and Sam’s Club. Estimated at \$5/meal at 50 meals daily ( $5 \times 50 \times 7 \times 8 = \$14,000$ ). This is 2,800 individual breakfasts served for the entire 8 week program.

Additionally, for the bedside families, \$3,500/week for 8 weeks for healthy, individually packaged dinners purchased in combination from the JHACH food vendor Sodexo, as well as existing RMH restaurant partners (Ciccio’s, Pacific Counter, The SURGE, Evos, etc). Estimated at \$10/meal at 50 meals daily ( $10 \times 50 \times 7 \times 8 = \$28,000$ ). This is 2,800 individual dinners served for the entire 8 week program.

Assuming the same person receives both breakfast and lunch, we will serve 2,800 people at the patients’ bedside through this program.

#### **Daily Meals for Ronald McDonald House Families:**

For the families at the house, \$1,050/week for 8 weeks for individually packaged breakfast items purchased in combination from our pre-existing restaurant partners (McDonald’s, Chic-Fil-A, etc.) and

Sam's Club. Estimated at \$5/meal at 30 meals daily ( $\$5 \times 30 \times 7 \times 8 = \$8,400$ ). This is 1,680 individual meals (usually dinner only) served over the 8 week program.

For the families at the house, \$2,100/week for 8 weeks for healthy, individually packaged dinners purchased in combination from the JHACH food vendor Sodexo, as well as existing RMH restaurant partners (Ciccio's, Pacific Counter, The SURGE, Evos, etc.). Estimated at \$10/meal at 30 meals daily ( $\$10 \times 30 \times 7 \times 8 = \$16,800$ ).

Combined with the meals for bedside families, we will serve 4,480 people through this program.

#### **Transitional Groceries, Post-Discharge:**

We allocated \$24,000/month to purchase two weeks' worth of groceries from Publix and Sam's Club for our most resource-stricken families. The average cost of groceries for a family of four for two weeks is \$400, and we are planning to assist 60 families/month (120 families in total) with transitional groceries. ( $\$400 \times 60 \times 2 = \$48,000$ )

These groceries will be selected by the families and delivered to the Ronald McDonald House. Subsequently the items will be given to the families in a cooler. The families will be selected based on socioeconomic status and the recommendation of social workers of families who could benefit from basic needs assistance.

#### **Cooler (insulated home delivery bag) for transition home**

We will purchase 120 coolers (Insulated home delivery bags) for meal delivery. Thus we allocated \$5,392.80 ( $\$44.94$  for 1 cooler  $\times 120$ ) to purchase the coolers. We would give each family (120 families) a cooler.

#### **Transitional Grocery Delivery Subscription, Post-Discharge:**

We allocated \$5,000/month for Shipt or Instacart to provide grocery delivery to immuno-compromised families that cannot risk visiting the grocery store in-person. Grocery delivery services cost approximately \$100 annually, and we are looking to provide this service to 50 Pinellas families/month. This would be a total of 100 families. ( $\$100 \times 50 \times 2 = \$10,000$ )

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)  
**Define each occupancy-related item, the supplier of the service, how much it costs, the % which is appropriately allocated to this grant, and how the costs you are requesting expands your COVID-19-related programming.**

RMHCTB is not currently able to house families at our normal capacity, per restrictions caused by COVID-19 and set by Ronald McDonald House Charities Global Headquarters. Nevertheless, RMHCTB is currently in the process of reopening our Houses, following the guidelines mandated by our global governing body. We currently have three Houses at various stages of reopening, while one House continues to host families that have been in residence since prior to the COVID shutdown. Additionally, in an effort to continue meeting the needs of the patient family population we serve, RMHCTB has begun to host families in local hotels. We anticipate a need to continue this practice throughout the remainder of the year 2020. The addition of hotels to our COVID-19 resource program will double our existing occupancy in St. Petersburg.

We budgeted \$4,420.89/week at Hyatt Place for 8 weeks. Currently, we have a 9 room block at a rate of \$77.97/night. We are anticipating operating at 90% capacity through the end of 2020. ( $\$77.97 \times 8.1 \times 7 \times 8 = \$35,367.19$ ). The Hyatt Place was selected because it is closest to the John Hopkins All Children hospital and has room availability during the holiday season. Priority to stay at the Hyatt Place will be

given to families who have children in hospital. This is 454 hotel rooms provided to patient families—based on an average length of stay of 8 days, this is 57 families served. Assuming an average of 3 family members (2 adults, 1 child), this is 171 individuals provided lodging close to their pediatric patient.

We also budgeted \$1,046.49/week at Candlewood Suites for 8 weeks. We reserved a 3 room block at \$55.37/night that we are anticipating operating at 90% capacity through the end of 2020. ( $\$55.37 \times 2.7 \times 7 \times 8 = \$8,371.94$ ). This is 151 hotel nights provided to patient families—based on an average length of stay of 8 days, this is 19 families served. Assuming an average of 3 family members (2 adults, 1 child), this is 57 individuals provided lodging near their pediatric patient. . Candlewood is much further from the hospital and the hotels have limited continuous availability during the block rooms for the specified time. Hence, we intend to allocate accommodations to Candlewood for families seeking follow-up appointments via outpatient care.

These costs include occupancy and sales tax. We are not exempt from occupancy tax and that the sales tax is the local tax, not state tax, which also does not fall under our exemption.

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)  
Define each travel item, the person who will be incurring the cost (for staff travel), the supplier of the services (for rental/leasing), and how the costs you are requesting expands your COVID-19-related programming.

Providing transportation is an expansion of our transitional house to home program to further support our families; we are currently only able to offer transportation support to families as resources are available, and only in the most extreme circumstances. Transportation for follow-up care has always been a major concern for patient families with limited resources. This need became more critical due to COVID-19 because of constraints of public transportation options and potential exposure risks for immuno-compromised children. To assist with follow-up care, we would like to provide Uber/Lyft options within Pinellas County for families in critical need. Therefore, we budgeted \$2,500/month on Uber/Lyft ridesharing platforms for two months. We are anticipating supporting 25 families per month, a total of 50 families, at an estimated \$100 roundtrip ( $\$100 \times 25 \times 2 = \$5,000$ ).

Design, Printing, Marketing & Postage (for direct program related services only)  
Define each item, the supplier of the services, the cost, and how the costs you are requesting expands your COVID-19-related programming.

Marketing of the support offered by Pinellas Cares will be acknowledged on the meals, and on brochures administered to the families. Hence, we allocated \$5,000 to print materials to advertise the support offered by RMHCTB during COVID19 due to the generosity of donors.

Capital (buildings, vehicles, equipment \$5,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)

Define each item, the vendor who will supply the capital item, or construct the item, and provide a defense for how the purchase of this item costs less than the leasing of the item for the grant period. Also explain how this item is necessary for the expansion of your COVID-19-related programming.

No capital funding is being requested at this time.

Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)

Define each item, the vendor supplying the purchased services, the cost of the services per a specified period of time, and explain how this is necessary for the expansion of your COVID-19-related programming.

We allocated funding (\$199) to purchase the Microsoft Office Professional Plus to assist with recordkeeping, and creating documents related to the initiative.

LPO	Address	Contact Name	Contact Title	Contact 1	Contact 2
Johns Hopkins All Children's St. Pete	501 6th Ave S, St. Petersburg, FL 33701	Dr. Jennifer Katzenstein	Jennifer Katzenstein, PhD, ABPP-CN, Director, Psychology and Neuropsychology	727-767-7439	jkaten7@jhmi.edu
Tampa General Hospital	1 Tampa General Cir, Tampa, FL 33606	Vaneta Joseph	Clinical Social Worker	(813) 844-7643	<vjoseph@tgh.org>
St Joseph's Childrens Hospital	3001 W Dr Martin Luther King Jr Blvd, Tampa, FL 33614	Mensah, Yanni A	Clinical Social Worker	<b>(813) 870-4974</b>	<a href="mailto:Yanni.Mensah@baycare.org">Yanni.Mensah@baycare.org</a> ;
Rogers Memorial Hospital Behavioral Health	2002 North Lois Avenue #400, Tampa FL 33607	Dr. Sim yin Tan	Clinical supervisor for Children and Adolescent care	(813) 498-6400	<a href="mailto:kayla.dodds@rogersbh.org">kayla.dodds@rogersbh.org</a>
ACH Outpatient Care, Tampa	12220 Bruce B Downs Blvd, Tampa FL 33612	Nancy Heavener	Outpatient Clinical Social Worker	(813) 631-5020	nheavener@jhmi.edu
Bayfront Medical Center	701 6th St S, St. Petersburg, FL 33701	Elise Pump	Bayfront Baby Place Social worker	(727) 290-1382	<a href="mailto:elise.pump@orlandohealth.com">elise.pump@orlandohealth.com</a>
Lampert's Therapy Group	8254 118th Avenue North, Suite 100, Largo, FL 33773	Jennifer Aguilar	Clinic Coordinator	(727) 541-5304 x202	<a href="mailto:jennifer.aguilar@lampertshometherapy.com">jennifer.aguilar@lampertshometherapy.com</a>
Largo Medical Center	201 14th St SW, Largo, FL 33770	Valerie Cochran	Director of Health Information Services	(727) 588-5200	
Piper Clinic	131 2nd Ave S, St. Petersburg, FL 33701	Tanille Williams	Clinical Manger	(727) 823-3220	<a href="mailto:Info@PiperClinic.com">Info@PiperClinic.com</a>

Center for Behavioral Health  
880 Sixth Street South  
CDRC 420  
Saint Petersburg, FL 33701  
727-767-4824 T  
727-767-8237 F



October 29, 2020

To whom it may concern:

It is with great pleasure that I write this letter of support for the Tampa Bay Ronald McDonald House Charity (RMHC) grant application to provide additional support to our families at Johns Hopkins All Children's Hospital (JHACH). Our RMHC partners have been an invaluable resource throughout our entire partnership, but especially during the COVID-19 pandemic. When families and children are hospitalized with medical conditions, which often require significant support and treatment, they experience incredible stress and anxiety, and often experience financial hardship. During hospitalization, the mental health of the patient and family can be impacted, as well as their access to having their basic needs met, including housing and access to food. RMHC serves as an invaluable resource to our families, as this amazing team provides our families with access to housing to remain close to their child during hospitalization, access to meals, and access to additional supports, such as laundry and shower services. This ensures our families can remain close to their children, while having their basic needs met.

I have had many families comment on the stress reduction and improved mental health they have experienced as having access to the RMHC resources. The COVID-19 has brought a very unique set of challenges, and increased stress and anxiety for our families. Meeting the basic needs of our families, including housing, access to food, and shower/laundry services, are imperative to providing a mentally healthy experience and reducing the stress and anxiety our families experience during incredibly stressful hospitalization, which are exacerbated by the COVID-19 pandemic. We are so very grateful to RMHC for everything they do to support out families.

Please do not hesitate to reach out to me for any additional information (727-767-7439).

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Katzenstein".

Jennifer Katzenstein, PhD, ABPP-CN  
Board Certified in Clinical Neuropsychology  
Board Certified Subspecialist in Pediatric Neuropsychology  
Co-Director, Center for Behavioral Health  
Director, Psychology and Neuropsychology  
Pediatric Neuropsychologist  
Johns Hopkins All Children's Hospital  
FL License PY9293

