

LBA CERTIFIED PUBLIC ACCOUNTANTS, P.A.
501 RIVERSIDE AVENUE, SUITE 800
JACKSONVILLE, FLORIDA 32202-4939
TEL. NO.: 904-396-4015, FAX. NO.: 904-399-4012

JOY HARDAKER, EXECUTIVE DIRECTOR
RONALD MCDONALD HOUSE CHARITIES
824 CHILDREN'S WAY
JACKSONVILLE, FL 32207

DEAR JOY:

ENCLOSED IS THE 2010 EXEMPT ORGANIZATION RETURN, AS
FOLLOWS...

2010 FORM 990

IN ORDER THAT WE MAY PROPERLY ADVISE YOU OF ANY TAX
CONSIDERATIONS, PLEASE KEEP US INFORMED OF ANY SIGNIFICANT
CHANGES IN YOUR FINANCIAL AFFAIRS OR UPON RECEIPT OF
CORRESPONDENCE FROM TAXING AUTHORITIES.

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX
RETURN.

VERY TRULY YOURS,

LBA CERTIFIED PUBLIC ACCOUNTANTS, P.A.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	JOY HARDAKER, EXECUTIVE DIRECTOR RONALD MCDONALD HOUSE CHARITIES 824 CHILDREN'S WAY JACKSONVILLE, FL 32207
Prepared by	LBA CERTIFIED PUBLIC ACCOUNTANTS PA 501 RIVERSIDE AVENUE, SUITE 800 JACKSONVILLE, FL 32202-4939
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	<p>THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2011.</p> <p>INITIAL AND DATE YOUR COPY AND RETAIN IT FOR YOUR RECORDS.</p>

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 824 CHILDREN'S WAY City or town, state or country, and ZIP + 4 JACKSONVILLE, FL 32207 F Name and address of principal officer: JOY HARDAKER SAME AS C ABOVE	D Employer identification number 59-2625008 E Telephone number 904-807-4663 G Gross receipts \$ 3,490,820. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <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		
J Website: ▶ WWW.RMHCJAX.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1985 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC. IS A NOT-FOR-PROFIT CORPORATION ESTABLISHED TO 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 28 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 28 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 27 6 Total number of volunteers (estimate if necessary) 6 1915 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																												
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,453,490. 9 Program service revenue (Part VIII, line 2g) 53,847. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 140,824. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -147,819. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,500,342.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td style="text-align: right;">1,453,490.</td> <td style="text-align: right;">1,628,907.</td> </tr> <tr> <td>9</td> <td style="text-align: right;">53,847.</td> <td style="text-align: right;">68,344.</td> </tr> <tr> <td>10</td> <td style="text-align: right;">140,824.</td> <td style="text-align: right;">330,503.</td> </tr> <tr> <td>11</td> <td style="text-align: right;">-147,819.</td> <td style="text-align: right;">-44,483.</td> </tr> <tr> <td>12</td> <td style="text-align: right;">1,500,342.</td> <td style="text-align: right;">1,983,271.</td> </tr> </tbody> </table>		Prior Year	Current Year	8	1,453,490.	1,628,907.	9	53,847.	68,344.	10	140,824.	330,503.	11	-147,819.	-44,483.	12	1,500,342.	1,983,271.									
	Prior Year	Current Year																											
8	1,453,490.	1,628,907.																											
9	53,847.	68,344.																											
10	140,824.	330,503.																											
11	-147,819.	-44,483.																											
12	1,500,342.	1,983,271.																											
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 448,893. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 159,027. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 992,883. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,441,776. 19 Revenue less expenses. Subtract line 18 from line 12 58,566.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>13</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">12,650.</td> </tr> <tr> <td>14</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15</td> <td style="text-align: right;">448,893.</td> <td style="text-align: right;">551,026.</td> </tr> <tr> <td>16a</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b</td> <td style="text-align: right;">159,027.</td> <td style="text-align: right;">159,027.</td> </tr> <tr> <td>17</td> <td style="text-align: right;">992,883.</td> <td style="text-align: right;">1,111,919.</td> </tr> <tr> <td>18</td> <td style="text-align: right;">1,441,776.</td> <td style="text-align: right;">1,675,595.</td> </tr> <tr> <td>19</td> <td style="text-align: right;">58,566.</td> <td style="text-align: right;">307,676.</td> </tr> </tbody> </table>		Prior Year	Current Year	13	0.	12,650.	14	0.	0.	15	448,893.	551,026.	16a	0.	0.	b	159,027.	159,027.	17	992,883.	1,111,919.	18	1,441,776.	1,675,595.	19	58,566.	307,676.
	Prior Year	Current Year																											
13	0.	12,650.																											
14	0.	0.																											
15	448,893.	551,026.																											
16a	0.	0.																											
b	159,027.	159,027.																											
17	992,883.	1,111,919.																											
18	1,441,776.	1,675,595.																											
19	58,566.	307,676.																											
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 13,825,324. 21 Total liabilities (Part X, line 26) 6,733. 22 Net assets or fund balances. Subtract line 21 from line 20 13,818,591.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td style="text-align: right;">13,825,324.</td> <td style="text-align: right;">14,627,968.</td> </tr> <tr> <td>21</td> <td style="text-align: right;">6,733.</td> <td style="text-align: right;">23,603.</td> </tr> <tr> <td>22</td> <td style="text-align: right;">13,818,591.</td> <td style="text-align: right;">14,604,365.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20	13,825,324.	14,627,968.	21	6,733.	23,603.	22	13,818,591.	14,604,365.															
	Beginning of Current Year	End of Year																											
20	13,825,324.	14,627,968.																											
21	6,733.	23,603.																											
22	13,818,591.	14,604,365.																											

Part II Signature Block

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

Sign Here	Signature of officer JOY HARDAKER, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name EDWARD J GRENADIER	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶ LBA CERTIFIED PUBLIC ACCOUNTANTS PA Firm's address ▶ 501 RIVERSIDE AVENUE, SUITE 800 JACKSONVILLE, FL 32202-4939	Firm's EIN ▶ Phone no. 904-396-4015

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN BY PROVIDING LODGING AND SUPPORT SERVICES TO FAMILIES OF CRITICALLY ILL, CHRONICALLY ILL, AND SERIOUSLY INJURED CHILDREN.

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

4a (Code:) (Expenses \$ 1,352,215. including grants of \$ 12,650.) (Revenue \$ 68,344.)
THE CORNERSTONE PROGRAM OF RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC., THE RONALD MCDONALD HOUSE, CONTINUES TO SEE HIGH OCCUPANCY, CONSISTENTLY 85% OR HIGHER. THE HOUSE, WHICH ORIGINALLY OPENED IN 1988, HAS RELOCATED ITS RESIDENCE FACILITY ADJACENT TO THE CAMPUS OF WOLFSON CHILDREN'S HOSPITAL AND NEMOURS CHILDREN'S CLINIC, THE AREA'S LEADING PEDIATRIC TERTIARY CARE PROVIDERS. COMPLETED IN NOVEMBER OF 2001, THE NEW HOUSE ACCOMMODATES 30 INDIVIDUAL FAMILIES (THREE TIMES THE NUMBER IN THE ORIGINAL BUILDING). ADDITIONALLY, THREE OTHER MEDICAL FACILITIES REGULARLY REFER FAMILIES TO THE HOUSE PROGRAM, SHANDS JACKSONVILLE, BROOKS REHABILITATION AND UNIVERSITY OF FLORIDA PROTON THERAPY INSTITUTE. WITH ONLY FIVE PROTON FACILITIES IN THE COUNTRY TREATING CHILDREN, JACKSONVILLE IS SEEING CHILDREN COMING FROM

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

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

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

4e Total program service expenses **▶ 1,352,215.**

RONALD MCDONALD HOUSE
 CHARITIES OF JACKSONVILLE, INC.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

RONALD MCDONALD HOUSE
CHARITIES OF JACKSONVILLE, INC.

Form 990 (2010)

59-2625008 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question 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?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		0
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question 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		
	1a 28		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 28		
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 or 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	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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 in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does 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?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	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
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL, SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JOY HARDAKER - 904-807-4663**
824 CHILDREN'S WAY, JACKSONVILLE, FL 32207

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN ARKO DIRECTOR	0.50	X					0.	0.	0.	
WESLEY BEAN DIRECTOR	0.50	X					0.	0.	0.	
COREE CUFF DIRECTOR	0.50	X					0.	0.	0.	
AUSTIN CURTIS CUNKLE DIRECTOR	0.50	X					0.	0.	0.	
JAMES DALTON VICE PRESIDENT	2.00	X		X			0.	0.	0.	
ANDY ECCHER DIRECTOR	0.50	X					0.	0.	0.	
MICHAEL ERHARD MD DIRECTOR	0.50	X					0.	0.	0.	
BETSY FALLON DIRECTOR	0.50	X					0.	0.	0.	
FRANCES FOWLER DIRECTOR	0.50	X					0.	0.	0.	
LARRY J. FREEMAN DIRECTOR	0.50	X					0.	0.	0.	
APRIL HARRELL-DEVINE PRESIDENT	2.00	X		X			0.	0.	0.	
MEG KUCHAR DIRECTOR	0.50	X					0.	0.	0.	
KARA LEONARD DIRECTOR	0.50	X					0.	0.	0.	
KATHARINE LOEB DIRECTOR	0.50	X					0.	0.	0.	
SCOTT MASSON DIRECTOR	0.50	X					0.	0.	0.	
KRISTEN MCLAUCHLAN DIRECTOR	0.50	X					0.	0.	0.	
SUE LAMB MYERS DIRECTOR	0.50	X					0.	0.	0.	

RONALD MCDONALD HOUSE
CHARITIES OF JACKSONVILLE, INC.

Form 990 (2010)

59-2625008 Page 8

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LEITH OATMAN DIRECTOR	0.50	X					0.	0.	0.	
ROB PAXTON DIRECTOR	0.50	X					0.	0.	0.	
JAY PLOTKIN DIRECTOR	0.50	X					0.	0.	0.	
RICK RAWALD DIRECTOR	0.50	X					0.	0.	0.	
RICH SHAFER DIRECTOR	0.50	X					0.	0.	0.	
RYAN SCHWARTZ TREASURER	2.00	X		X			0.	0.	0.	
KENNETH R. THOMPSON DIRECTOR	0.50	X					0.	0.	0.	
CLAY B. TOUSEY JR. DIRECTOR	0.50	X					0.	0.	0.	
HOLLY TYRELL DIRECTOR	0.50	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							111,831.	0.	2,797.	
d Total (add lines 1b and 1c)							111,831.	0.	2,797.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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. **NONE**

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

RONALD MCDONALD HOUSE
CHARITIES OF JACKSONVILLE, INC.

Form 990 (2010)

59-2625008 Page 9

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	33,525.				
	b	Membership dues	1b					
	c	Fundraising events	1c	419,605.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1175777.				
	g	Noncash contributions included in lines 1a-1f: \$		459,193.				
	h	Total. Add lines 1a-1f		1628907.				
	Program Service Revenue	2 a	ROOM CONTRIBUTIONS	Business Code	900099	68,344.	68,344.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		68,344.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		197,106.			197,106.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			133,397.		133,397.
	8 a	Gross income from fundraising events (not including \$ 419,605. of contributions reported on line 1c). See Part IV, line 18	a		95,654.			
		b	Less: direct expenses	b	143632.			
		c	Net income or (loss) from fundraising events		-47,978.			-47,978.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	VENDING MACHINE FOR CL	900099		3,495.		3,495.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			3,495.				
12	Total revenue. See instructions.			1983271.	68,344.	0.	286,020.	

032009 12-21-10

Form 990 (2010)

**RONALD MCDONALD HOUSE
CHARITIES OF JACKSONVILLE, INC.**

Form 990 (2010)

59-2625008 Page 10

Part IX Statement of Functional Expenses

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).*

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	12,650.	12,650.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,831.	33,549.	33,549.	44,733.
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	391,860.	321,682.	28,272.	41,906.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,872.	6,910.	987.	1,975.
9 Other employee benefits				
10 Payroll taxes	37,463.	26,449.	4,570.	6,444.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	60,411.		60,411.	
g Other	35,535.	17,768.	17,767.	
12 Advertising and promotion				
13 Office expenses	56,246.	39,793.	7,648.	8,805.
14 Information technology				
15 Royalties				
16 Occupancy	2,132.	2,132.		
17 Travel	13,318.	12,772.	331.	215.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,931.	2,491.	293.	147.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	182,370.	178,723.	3,647.	
23 Insurance	79,113.	77,531.	1,582.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROGRAM SUPPLIES	363,454.	363,454.		
b UTILITIES	93,896.	92,018.	1,878.	
c CONTRACT	61,065.	59,844.	1,221.	
d INDIRECT FUND RAISING E	53,613.			53,613.
e MAINTENANCE AND REPAIRS	50,462.	49,453.	1,009.	
f All other expenses	57,373.	54,996.	1,188.	1,189.
25 Total functional expenses. Add lines 1 through 24f	1,675,595.	1,352,215.	164,353.	159,027.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

RONALD MCDONALD HOUSE
CHARITIES OF JACKSONVILLE, INC.

Form 990 (2010)

59-2625008 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	50.	1	60.	
	2 Savings and temporary cash investments	1,833,856.	2	1,283,698.	
	3 Pledges and grants receivable, net	53,426.	3	60,729.	
	4 Accounts receivable, net	7,275.	4	19,783.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	75,522.	9	66,889.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,551,788.			
	b Less: accumulated depreciation	10b 2,110,922.	6,583,674.	10c	6,440,866.
	11 Investments - publicly traded securities	5,271,521.	11	6,755,943.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,825,324.	16	14,627,968.		
Liabilities	17 Accounts payable and accrued expenses	6,733.	17	18,553.	
	18 Grants payable		18		
	19 Deferred revenue		19	5,050.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	6,733.	26	23,603.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	11,655,520.	27	12,310,726.	
	28 Temporarily restricted net assets	21,714.	28	25,000.	
	29 Permanently restricted net assets	2,141,357.	29	2,268,639.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	13,818,591.	33	14,604,365.	
34 Total liabilities and net assets/fund balances	13,825,324.	34	14,627,968.		

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,983,271.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,675,595.
3	Revenue less expenses. Subtract line 2 from line 1	3	307,676.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,818,591.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	478,098.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,604,365.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC.** Employer identification number **59-2625008**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,530,368.	2,615,090.	1,512,954.	1,453,490.	1,683,850.	8,795,752.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,530,368.	2,615,090.	1,512,954.	1,453,490.	1,683,850.	8,795,752.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						301,765.
6 Public support. Subtract line 5 from line 4.						8,493,987.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,530,368.	2,615,090.	1,512,954.	1,453,490.	1,683,850.	8,795,752.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	253,214.	499,998.	242,345.	140,824.	197,106.	1,333,487.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,000.	10,308.	11,916.	3,867.	3,495.	31,586.
11 Total support. Add lines 7 through 10						10,160,825.
12 Gross receipts from related activities, etc. (see instructions)					12	384,891.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	83.60	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	83.07	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **RONALD MCDONALD HOUSE
CHARITIES OF JACKSONVILLE, INC.**

Employer identification number
59-2625008

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education) Preservation of an 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 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,621,357.	1,562,359.			
b Contributions	127,282.	58,998.			
c Net investment earnings, gains, and losses	210,174.	183,666.			
d Grants or scholarships					
e Other expenditures for facilities and programs	210,074.	183,666.			
f Administrative expenses					
g End of year balance	1,748,639.	1,621,357.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Term endowment _____ %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	450,000.	1,126,142.		1,576,142.
b Buildings		6,011,998.	1,396,973.	4,615,025.
c Leasehold improvements				
d Equipment		963,648.	713,949.	249,699.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,440,866.

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,983,271.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,675,595.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	307,676.
4	Net unrealized gains (losses) on investments	4	478,098.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	478,098.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	785,774.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,610,716.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	478,098.
b	Donated services and use of facilities	2b	5,715.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	143,632.
e	Add lines 2a through 2d	2e	627,445.
3	Subtract line 2e from line 1	3	1,983,271.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,983,271.

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

1	Total expenses and losses per audited financial statements	1	1,824,942.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,715.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	143,632.
e	Add lines 2a through 2d	2e	149,347.
3	Subtract line 2e from line 1	3	1,675,595.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,675,595.

Part XIV Supplemental Information

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

PART V, LINE 4: THE ORGANIZATION, PREVIOUSLY RECEIVED GIFTS TOTALING \$1,150,000 TO ESTABLISH THE CHILDRENS LEGACY FUND ENDOWMENT. ADDITIONAL CONTRIBUTIONS OF \$127,282 AND \$8,525 WERE ADDED TO CORPUS DURING 2010 AND 2009. INCOME EARNED ON THE GIFT IS REPORTED AS AN INCREASE IN UNRESTRICTED NET ASSETS AND IS AVAILABLE FOR THE ORGANIZATIONS GENERAL USE.

THE ORGANIZATION ALSO HAS \$532,832 FROM A GIFT PREVIOUSLY RECEIVED WHICH IS REPORTED AS A PERMANENTLY RESTRICTED NET ASSET AT THE FAIR MARKET

Part XIV Supplemental Information (continued)

VALUE. THE GIFT WAS RESTRICTED BY THE DONOR TO ESTABLISH A PERPETUAL
ENDOWMENT FUND. INCOME EARNED ON THE GIFT IS REPORTED AS AN INCREASE IN
UNRESTRICTED NET ASSETS AND AVAILABLE FOR THE ORGANIZATIONS GENERAL USE.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR SPECIAL EVENTS 143,632.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR SPECIAL EVENTS 143,632.

RONALD MCDONALD HOUSE

Part II Fundraising Events. Complete if the organization answered "Yes" to 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))	
		MCGALA (event type)	PIG PICKIN (event type)	3 (total number)		
Revenue	1	Gross receipts	410,043.	42,867.	62,349.	515,259.
	2	Less: Charitable contributions	327,234.	40,242.	52,129.	419,605.
	3	Gross income (line 1 minus line 2)	82,809.	2,625.	10,220.	95,654.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	128,305.	5,819.	9,508.	143,632.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(143,632)
	11	Net income summary. Combine line 3, column (d), and line 10				-47,978.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	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. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **RONALD MCDONALD HOUSE
CHARITIES OF JACKSONVILLE, INC.** Employer identification number
59-2625008

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ART WITH A HEART IN HEALTHCARE 841 PRUDENTIAL DRIVE, #204 JACKSONVILLE, FL 32207	26-1313805	501(C)(3)	2,500.	0.			TO ASSIST THE PROGRAMS OF THE CHARITABLE ORGANIZATION
NORTHEAST FLORIDA HEALTHY START COALITION - 644 CESERY BLVD, #210 - JACKSONVILLE, FL 32211	59-3139801	501(C)(3)	10,150.	0.			TO ASSIST THE PROGRAMS OF THE CHARITABLE ORGANIZATION

2 Enter total number of section 501(c)(3) and government organizations **2.**

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

RONALD MCDONALD HOUSE
CHARITIES OF JACKSONVILLE, INC.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KRISTIN MCLAUHLAN	BUSINESS RELATIONSH	60,411.	KRISTIN MCL		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KRISTIN MCLAUHLAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS RELATIONSHIP

(D) DESCRIPTION OF TRANSACTION: KRISTIN MCLAUHLAN IS A MEMBER OF THE BOARD OF DIRECTORS AND IS CHAIRMAN/CEO OF LEGACY TRUST COMPANY WHICH MANAGES PART OF RONALD MCDONALD HOUSE CHARITIES INVESTMENTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

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.**

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC.** Employer identification number **59-2625008**

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				
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>HOUSE SUPPLIE</u>)	X	1,352	318,906.	FMV
26 Other ▶ (<u>FUNDRAISING</u>)	X	302	138,344.	FMV
27 Other ▶ (<u>OFFICE SUPPLI</u>)	X	8	1,943.	FMV
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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC.	Employer identification number	59-2625008
--------------------------	--	--------------------------------	------------

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

IMPROVE THE HEALTH AND WELL BEING OF CHILDREN BY PROVIDING LODGING AND
SUPPORT SERVICES TO FAMILIES OF CRITICALLY ILL, CHRONICALLY ILL, AND
SERIOUSLY INJURED CHILDREN. THE ORGANIZATION OPERATES A RONALD
MCDONALD HOUSE IN JACKSONVILLE, FLORIDA FOR CHILDREN ADMITTED TO
JACKSONVILLE AREA HOSPITALS AND CLINICS. THE ORGANIZATION ALSO OPERATES
A RONALD MCDONALD FAMILY ROOM AT AN AREA HOSPITAL WHICH INCLUDES A
FAMILY ROOM AND KITCHEN FOR PATIENTS AND FAMILIES TO USE.

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

AS FAR AWAY AS COLORADO, ILLINOIS, VIRGINIA AND EVEN ENGLAND, SCOTLAND
AND NORWAY. THE HOUSE HAS ACCOMMODATED AS MANY AS TEN FAMILIES AT A
TIME SEEKING THIS SIX-WEEK OUTPATIENT TREATMENT, AND THE TREND IS
CONTINUING INTO 2011.

THE THIRTY BEDROOM HOUSE INCLUDES FOUR SPECIALLY DESIGNED EASILY
CLEANED UNITS FOR CHILDREN WITH CANCER AND OTHER COMPLEX CONDITIONS, A
LARGE DOUBLE KITCHEN, DINING ROOM, LAUNDRY ROOMS, ACTIVITY AND PLAY
ROOMS, A BUSINESS CENTER, EXERCISE ROOM, AND MUCH MORE. THERE ARE ALSO
ROOMS FOR FAMILIES WHOSE CHILDREN, AS OUTPATIENTS, HAVE NEED FOR
CONTINUED SUPPORT. A VAN DRIVEN BY STAFF AND VOLUNTEERS TAKES FAMILIES
TO AND FROM THE HOSPITALS AND CLINICS AS NEEDED.

SICK AND INJURED CHILDREN RESPOND TO HOSPITAL TREATMENT MUCH MORE
READILY WHEN THEIR FAMILIES ARE NEARBY. THAT IS THE REASON FOR THE
FIRST RONALD MCDONALD HOUSE 40 YEARS AGO AND IS STILL TRUE TODAY IN

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC.	Employer identification number	59-2625008
--------------------------	--	--------------------------------	------------

JACKSONVILLE. THE RONALD MCDONALD HOUSE HAS BEEN VERY SUCCESSFUL FOR OFFERING TEMPORARY LODGING FOR OVER 29,500 OF THESE FAMILIES IN ITS TWENTY-TWO YEARS IN JACKSONVILLE. ON A REGULAR BASIS THE HOUSE OFFERS MANY VOLUNTEER-LED RECREATIONAL AND SUPPORTIVE PROGRAMS FOR OUR FAMILIES, INCLUDING ART AND PET THERAPY, MUSIC PROGRAMS, AND EVEN BINGO. THE JACKSONVILLE RONALD MCDONALD HOUSE IS THE FIRST UNITED STATES HOUSE TO HAVE A FULL-TIME CERTIFIED ASSISTANCE DOG, NOW IN HER EIGHTH YEAR OF DAILY SUPPORT FOR THE FAMILIES.

THE 42,000 SQUARE FOOT BUILDING IN WHICH THE RONALD MCDONALD HOUSE PROGRAM IS PROVIDED IS MAINTAINED TO HIGH STANDARDS UNDER THE DIRECTION OF THE BOARD AND STAFF FACILITY MANAGER, WHO HAS BEEN ON STAFF MORE THAN 11 YEARS AND PROGRAM MANAGER ON STAFF MORE THAN 13 YEARS. VOLUNTEERS ASSIST STAFF AND PART-TIME HOUSEKEEPING IN A COMPREHENSIVE PLAN TO MAINTAIN THE ENTIRE HOUSE AS A SAFE, SECURE, AND CLEAN ENVIRONMENT FOR EVERYONE UTILIZING THIS SPECIAL HOME AWAY FROM HOME. A FEASIBILITY STUDY WAS ALSO COMPLETED TO CREATE A PLAN FOR EXPANSION ON THE EXISTING PROPERTY OF THE HOUSE. UP TO 16 ADDITIONAL BEDROOMS CAN BE ADDED WHEN NEEDED WITHOUT ADDITIONAL PROPERTY NEEDED.

ANOTHER RMHC JACKSONVILLE CORE PROGRAM SINCE 1993 IS A RESOURCE FOR LOCAL FAMILIES INSIDE WOLFSON CHILDREN'S HOSPITAL. IT IS CALLED THE RONALD MCDONALD FAMILY ROOM. RMHC JACKSONVILLE TRAINED VOLUNTEERS OFFER REFRESHMENTS, ACTIVITIES AND A LISTENING EAR RIGHT IN THE THIRD FLOOR WAITING ROOM THAT HAS BEEN ADAPTED FOR THIS SPECIAL LICENSED PROGRAM. SINCE MOVING IN 2008 FROM THE ONCOLOGY FLOOR TO A NEW SPACE NEXT TO THE PEDIATRIC INTENSIVE CARE UNIT, USAGE OF THE PROGRAM HAS DOUBLED. THE RONALD MCDONALD FAMILY ROOM PROVIDES DAILY RESPITE FOR PARENTS,

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC.	Employer identification number	59-2625008
--------------------------	--	--------------------------------	------------

PATIENTS AND SIBLINGS AND IS LOCALLY FUNDED.

RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE (RMHC) PARTNERS WITH ST. VINCENT'S HEALTHCARE TO LICENSE ANOTHER CORE PROGRAM, THE RONALD MCDONALD CARE MOBILE, A MEDICAL VAN THAT PROVIDES PHYSICALS AND VACCINATIONS AT TARGETED FULL SERVICE SCHOOLS IN DUVAL COUNTY, FLORIDA, NOW IN ITS SIXTH YEAR OF OPERATION AS PART OF THE HOSPITAL'S MOBILE MINISTRY. IN 2010, RMHC JACKSONVILLE BEGAN ANOTHER GLOBAL PROGRAM TO EXPAND ITS MISSION, ESPECIALLY FOR LOCAL CHILDRENS HEALTHCARE ISSUES. WITH FUNDING FROM DONATIONS COLLECTED IN AREA MCDONALDS RESTAURANTS AND MATCHED BY GLOBAL RMHC, RMHC JACKSONVILLE GRANTED TWO LOCAL ORGANIZATIONS FUNDING, ONE FOR ART THERAPY AND ONE TO ASSIST LOCAL FAMILIES IN SIGNING UP THEIR CHILDREN FOR SUBSIDIZED HEALTH INSURANCE. THE GRANTS TOTALED \$12,650.

RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE IS LICENSED BY MCDONALD'S TO USE THE BRAND NAME WHICH IS UNIVERSALLY RECOGNIZED. TODAY, THE MCDONALD'S CORPORATION CONTINUES TO PROVIDE OUR PROGRAMS WITH VALUABLE TRAINING AND NETWORK OPPORTUNITIES. HOWEVER, LIKE EVERY RONALD MCDONALD HOUSE CHARITIES CHAPTER, WE DEPEND ON OUR OWN COMMUNITY FOR THE MAJORITY OF ANNUAL FINANCIAL SUPPORT, FROM PRIVATE FOUNDATIONS, CORPORATE AND INDIVIDUAL GIFTS AND PLEDGES, AND IN-KIND CONTRIBUTIONS. ON AN ANNUAL BASIS, WE COUNT ON BOTH CASH AND IN-KIND GIFTS AS WELL AS FUNDRAISING EVENTS FOR REVENUES, AND WE ARE VERY FORTUNATE TO HAVE RECEIVED OVER \$300,000 IN PROGRAM IN-KIND CONTRIBUTIONS ALONE FOR 2010!

IN 2010, THE HOUSE PROGRAM SERVED MORE THAN 1,100 FAMILIES. THE AVERAGE LENGTH OF STAY IS 7 DAYS, WITH NEARLY 40% OF FAMILIES STAYING JUST ONE

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC.	Employer identification number	59-2625008
--------------------------	--	--------------------------------	------------

NIGHT, BUT WITH MANY STAYING SIX TO TEN WEEKS. THE RONALD MCDONALD HOUSE IS THE ONLY PROGRAM HELPING THIS POPULATION OF FAMILIES IN NEED OF BEING CLOSE TO THE HOSPITAL WHILE THEIR CRITICALLY ILL OR INJURED CHILD IS BEING TREATED IN JACKSONVILLE. THE GOALS INCLUDE REDUCING THE STRESS FAMILIES ARE UNDER IN THIS SITUATION, PROVIDING SOME NORMALCY FOR THE FAMILY AND PROVIDING NEEDED RESOURCES AND REFERRALS. THERE IS A REQUESTED CONTRIBUTION OF \$20 AT CHECK-IN AND WHEN FAMILIES CHECK OUT, THEY ARE ENCOURAGED TO HELP BY CONTRIBUTING \$10 PER NIGHT. THIS PRACTICE HAS ALLOWED FAMILIES TO FEEL THEY ARE PART OF THE PROGRAM, NOT JUST TAKING A HANDOUT, BUT NO ONE IS EVER TURNED AWAY FOR INABILITY TO PAY. EVEN WHEN A FAMILY CAN MAKE A CONTRIBUTION, IT DOESN'T OFFSET THE \$100 PER FAMILY IN EXPENSES PER NIGHT TO RUN THE PROGRAM. THEREFORE FUNDRAISING IN THE LOCAL COMMUNITY IS COUNTED ON TO MAKE UP THE DIFFERENCE.

SOME 2010 STATISTICS FOR THE RONALD MCDONALD HOUSE PROGRAM IN JACKSONVILLE:

-OVER 1900 VOLUNTEERS LOGGED 23,500 VOLUNTEER HOURS FOR A VALUE EQUAL TO 10 FULL TIME STAFF MEMBERS.

-70% OF THE FAMILIES WHO CAME TO OUR RONALD MCDONALD HOUSE LAST YEAR WERE FROM FLORIDA - FROM CITIES WHERE THEY COULDN'T RECEIVE THE SPECIALTY CARE JACKSONVILLE OFFERS.

-66% OF THE FAMILIES WHO STAYED OVERNIGHT INCLUDED THEIR CHILD PATIENT WITH THEM AT THE RONALD MCDONALD HOUSE. (UP FROM 44% IN 2000) THIS IS A TREND BASED ON BETTER TECHNOLOGY AND MANAGED CARE RESTRICTIONS ON HOSPITAL STAYS.

-THE RONALD MCDONALD HOUSE OFFERS TRANSPORTATION TO AND FROM THE MEDICAL FACILITIES. VOLUNTEERS PROVIDE DINNER FOR THE FAMILIES EVERY

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC.	Employer identification number	59-2625008
--------------------------	--	--------------------------------	------------

NIGHT OF THE YEAR, AND DONATED ITEMS STOCK A PANTRY FOR SNACKS AND QUICK MEALS.

EXIT SURVEY STATS - 100% RATED THAT SERVICES PROVIDED NEEDED MENTAL/PHYSICAL WELL-BEING FOR THE FAMILY UNIT. 90% RATED THAT STAYING AT THE RONALD MCDONALD HOUSE HIGHLY REDUCED STRESS. 98% OF FAMILIES INDICATED THAT SERVICES/BASIC NEEDS HELPED THEM DURING ENROLLMENT. VOLUNTEERS WHO MAKE UP A SPEAKERS' BUREAU FOR THE HOUSE SHARED THE STORY OF THE ORGANIZATION WITH ANOTHER 1194 PEOPLE IN 2010. 64 MEETINGS OF HEALTH RELATED SUPPORT GROUPS WERE HELD IN THE HOUSE'S COMMUNITY MEETING ROOM, WHICH IS ALSO USED DAILY FOR FAMILY AND VOLUNTEER ACTIVITIES. 290 PLANNED ACTIVITIES WERE SCHEDULED FOR THE HOUSE FAMILIES WITH MORE THAN 1,430 PEOPLE PARTICIPATING. MANY MORE IMPROMPTU VOLUNTEER ACTIVITIES HAPPEN ON A REGULAR BASIS.

RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE HAS A STABLE LONG TERM AND LOYAL STAFF AND VOLUNTEER TEAM AS WELL AS AN ACTIVE, INVOLVED BOARD OF DIRECTORS, ALL OF WHOM HAVE A COMMITMENT TO THE MISSION OF SERVING THE FAMILIES WITH SICK AND INJURED CHILDREN. WE ARE COMMITTED TO MAKING THE FAMILIES' EXPERIENCE THE MOST POSITIVE AND STRESS RELIEVING POSSIBLE, AND TO MAINTAINING THE HIGHEST LEVEL OF NORMALCY FOR THE CHILDREN AS WELL AS THE PARENTS. THE RMHC JACKSONVILLE PROGRAMS ARE ALL ABOUT REDUCING THE STRESSES AND PROVIDING HOPE DURING DIFFICULT TIMES OF DEALING WITH CHILDREN'S MEDICAL CRISES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR AND BY THE BOARD PRIOR TO FILING.

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC.	Employer identification number	59-2625008
--------------------------	--	--------------------------------	------------

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS SIGN A CONFLICT OF INTEREST FORM WHEN THEY INITIALLY COME ONTO THE BOARD. BOARD MEMBERS ARE ASKED TO COMPLETE A FORM ANNUALLY TO CONFIRM THERE HAVE BEEN NO CHANGES. ADDITIONALLY, WHEN KEY DECISIONS ARE MADE, THE BOARD MEMBERS ARE ASKED TO AFFIRM THAT THEY HAVE NO CONFLICTS WHICH WOULD PRECLUDE THEIR PARTICIPATING IN THE VOTE.

FORM 990, PART VI, SECTION B, LINE 15: THE CURRENT PRESIDENT AND THE INCOMING PRESIDENT SERVE AS THE COMPENSATION REVIEW COMMITTEE. THEY USE AVAILABLE DATA TO DETERMINE THAT SALARIES ARE IN LINE WITH INDUSTRY STANDARDS. THE ACTIONS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST AT THE ORGANIZATION'S OFFICE. FINANCIAL STATEMENTS ARE AVAILABLE FROM THE ORGANIZATION'S WEBSITE OR ON REQUEST FROM THE ORGANIZATION.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 478,098.

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC.	Employer identification number 59-2625008
	Number, street, and room or suite no. If a P.O. box, see instructions. 824 CHILDREN'S WAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSONVILLE, FL 32207	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	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

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

JOY HARDAKER

• The books are in the care of **▶ 824 CHILDREN'S WAY - JACKSONVILLE, FL 32207**
 Telephone No. **▶ 904-807-4663** FAX No. **▶ 904-807-4700**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.

5 For calendar year **2010**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED IN ORDER TO PREPARE AN ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

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

Signature **▶** _____ Title **▶ CPA** Date **▶** _____

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20

2010

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

Name of exempt organization

**RONALD MCDONALD HOUSE
CHARITIES OF JACKSONVILLE, INC.**

Employer identification number

59-2625008

Name and title of officer

**JOY HARDAKER
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1983271
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **LBA CERTIFIED PUBLIC ACCOUNTANTS PA** to enter my PIN **05008**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Joy C. Hardaker Date ▶ 8/15/11

Part III Certification and Authentication

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

59245202284
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Ed J. ... CPA Date ▶ 8/16/11

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

LHA For Paperwork Reduction Act Notice, see instructions.
023091
12-27-10

Form 8879-EO (2010)