

2010

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

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CLIENT 00892

RONALD MCDONALD HOUSE CHARITIES OF
CHARLOTTESVILLE, INC.

54-1160157

6/28/11

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	2010	2009	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	310,585	275,481	35,104
PROGRAM SERVICE REVENUE.....	70,775	62,783	7,992
INVESTMENT INCOME.....	46,050	48,009	-1,959
OTHER REVENUE.....	100,126	130,237	-30,111
TOTAL REVENUE.....	527,536	516,510	11,026
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	254,278	236,312	17,966
OTHER EXPENSES.....	222,017	211,972	10,045
TOTAL EXPENSES.....	476,295	448,284	28,011
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	51,241	68,226	-16,985
TOTAL ASSETS AT END OF YEAR.....	3,388,144	3,267,935	120,209
TOTAL LIABILITIES AT END OF YEAR.....	272,526	336,766	-64,240
NET ASSETS/FUND BALANCES AT END OF YEAR.	3,115,618	2,931,169	184,449

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DIAGNOSTICS

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FEDERAL INFORMATIONAL DIAGNOSTICS

GENERAL

- THE COMPUTER DATE OF 6/28/2011 WILL BE TRANSMITTED AS ORGANIZATION'S E-FILE PIN AUTHORIZATION SIGNATURE DATE WHEN THE TAX RETURN IS ELECTRONICALLY FILED.

MAIN FORM

- THE ORGANIZATION MEETS THE 33 1/3% SUPPORT TEST DESCRIBED IN THE REGULATIONS UNDER SECTION 509(A)(1) / 170(B)(1)(A)(VI) WHICH REQUIRES THE SCHEDULE OF CONTRIBUTORS TO ONLY GIVE INFORMATION FOR CONTRIBUTORS WHOSE GIFTS OF \$5,000 OR OVER ARE MORE THAN 2% OF THE AMOUNT REPORTED ON FORM 990, PART VIII, LINE 1H OR FORM 990-EZ, PART I, LINE 1. ONLY CONTRIBUTORS MEETING THE REQUIRED CONTRIBUTION AMOUNT ARE REPORTED ON SCHEDULE B.

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FEDERAL OVERRIDES

SCREEN 15

- AN OVERRIDE ENTRY OF 1 HAS BEEN MADE IN FEDERAL "REPLY ADDRESS: 1=FIRM, 2=CLIENT [0]" (SCREEN 15, CODE 6).

SCREEN 50.1

- AN OVERRIDE ENTRY OF 1,861,737 HAS BEEN MADE IN FEDERAL "PUBLICLY-TRADED SECURITIES (FORM 990) [0]" (SCREEN 50.1, CODE 103).
- AN OVERRIDE ENTRY OF 310,000 HAS BEEN MADE IN FEDERAL "SECURED MORTGAGES AND OTHER NOTES PAYABLE [0]" (SCREEN 50.1, CODE 165).
- AN OVERRIDE ENTRY OF -1 HAS BEEN MADE IN FEDERAL "BALANCE SHEET ROUNDING AMOUNT [0] (-1 IF NONE)" (SCREEN 50.1, CODE 256).
- AN OVERRIDE ENTRY OF 210,000 HAS BEEN MADE IN FEDERAL "MORTGAGES AND OTHER NOTES PAYABLE [0]" (SCREEN 50.1, CODE 265).
- AN OVERRIDE ENTRY OF 1 HAS BEEN MADE IN FEDERAL "1=SFAS 117, 2=NON-SFAS 117 [0]" (SCREEN 50.1, CODE 279).

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GENERAL INFORMATION

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FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH L, SCH M, SCH O, 990-T, 8941

CARRYOVERS TO 2011

NONE

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

ADDITIONAL INSTRUCTIONS:

FORM 990-T (EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN) RETURN CANNOT BE FILED ELECTRONICALLY. YOU MUST FILE THIS RETURN AS A CONVENTIONAL PAPER RETURN.

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR.....	1,338.
2. PURCHASES.....	1,336.
3. COST OF LABOR.....	0.
4. ADDITIONAL 263A COSTS.....	0.
5. OTHER COSTS.....	0.
6. TOTAL (ADD LINES 1 THROUGH 5).....	<u>2,674.</u>
7. INVENTORY AT END OF YEAR.....	<u>1,839.</u>
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6).....	<u><u>835.</u></u>

FORM 990, PART IX, LINE 24F
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	1,352.		1,352.	
CLEANING AND SUPPLIES	4,218.	4,049.	169.	
HOUSE PROMOTION	2,720.			2,720.
MISCELLANEOUS	865.		865.	
OTHER TAXES	320.	320.		
POSTAGE AND SHIPPING	1,552.		776.	776.
TOTAL	<u>\$ 11,027.</u>	<u>\$ 4,369.</u>	<u>\$ 3,162.</u>	<u>\$ 3,496.</u>

EXCESS CONTRIBUTIONS
SCHEDULE A, PART II, LINE 5

NAME	2006	2007	2008	2009	2010	TOTAL	2% AMT	EXCESS
AL BOXLEY	\$ 6,803.	\$ 9,301.	\$ 12,094.	\$ 10,487.	\$ 0.	\$ 38,685.	\$ 0.	\$ 0.
I. J. & HILDA M BREEDEN FOUNDATION	10,000.	20,000.	20,000.	20,000.	20,000.	90,000.	45,520.	44,480.
MR & MRS RICHARD HENDRICKS	10,000.	10,000.	32,321.	15,000.	10,000.	77,321.	45,520.	31,801.
MR & MRS TED WESCHLER	25,000.	25,000.	15,000.	20,000.	20,000.	105,000.	45,520.	59,480.
MR & MRS BURTON J MEGARGEL	24,398.	38,607.	18,423.	11,363.	0.	92,791.	45,520.	47,271.
MARTIN-BROWER	6,549.	0.	10,622.	25,000.	25,000.	67,171.	45,520.	21,651.
JOHN GRISHAM JR	0.	0.	15,000.	5,000.	0.	20,000.	0.	0.
MCDONALD'S ASSOCIATION	0.	0.	10,000.	5,000.	10,000.	25,000.	0.	0.
HUGH WILSON	0.	0.	7,500.	5,000.	0.	12,500.	0.	0.
PERRY FOUNDATION	8,600.	10,700.	0.	10,000.	0.	29,300.	0.	0.
EMILY LUDWIG	0.	10,000.	0.	5,000.	0.	15,000.	0.	0.
DLH DESIGNS LLC	0.	5,275.	0.	7,000.	8,000.	20,275.	0.	0.
ALPHA DELTA PI	5,154.	0.	6,185.	0.	0.	11,339.	0.	0.

EXCESS CONTRIBUTIONS (CONTINUED)
SCHEDULE A, PART II, LINE 5

BUSCH ENTERTAINMENT GROUP	\$	0.	\$	0.	\$	15,295.	\$	0.	\$	0.	\$	15,295.	\$	0.	\$	0.
INEZ DUFF BISHOP CHARITABLE FOUND.		0.		4,901.		0.		0.		0.		4,901.		0.		0.
J KIRBY FARRELL JR		0.		0.		5,500.		0.		0.		5,500.		0.		0.
MICHIE HAMLETT LOWRY		0.		0.		5,000.		0.		5,000.		10,000.		0.		0.
SNL CARE FOUNDATION		0.		0.		5,000.		0.		0.		5,000.		0.		0.
CHARLOTTESVILLE ARE COMM FDN		0.		5,000.		0.		0.		0.		5,000.		0.		0.
PETER SKINNER		0.		5,000.		0.		0.		0.		5,000.		0.		0.
MR & MRS H E WILLIAMS		0.		0.		11,000.		0.		5,000.		16,000.		0.		0.
MR & MRS ROBERT ARON		0.		0.		0.		5,000.		0.		5,000.		0.		0.
MR & MRS BURTON J MEGARGEL		0.		0.		0.		5,000.		0.		5,000.		0.		0.
EMBARQ		0.		0.		0.		5,000.		0.		5,000.		0.		0.
STEPHANIE MORRELL		0.		0.		0.		8,000.		0.		8,000.		0.		0.
DOROTHY BATTEN		0.		0.		0.		10,000.		0.		10,000.		0.		0.
MR & MRS RICHARD BOOTH JR		0.		0.		0.		11,000.		0.		11,000.		0.		0.
TOTAL	\$	96,504.	\$	143,784.	\$	188,940.	\$	182,850.	\$	103,000.	\$	715,078.	\$	227,600.	\$	204,683.

FORM 8941, WORKSHEET 1
INFORMATION NEEDED TO COMPLETE LINE 1 AND WORKSHEETS 2 AND 3

INDIVIDUALS CONSIDERED EMPLOYEES	EMPLOYEE HOURS OF SERVICE	EMPLOYEE WAGES PAID
1.....	1,615	20,924
2.....	13	117
3.....	41	699
4.....	121	1,717
5.....	10	151
6.....	1,612	42,468
7.....	2,080	44,269
8.....	693	13,012
9.....	276	3,694
10.....	1,646	50,699
11.....	526	7,182
12.....	436	6,993
13.....	813	10,326
14.....	157	2,199
15.....	1	8,922
16.....	414	5,390
17.....	592	7,741
18.....	68	848
19.....	37	481
TOTALS: 19	11,151	227,832

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FORM 8941, WORKSHEET 2
FULL-TIME EQUIVALENT EMPLOYEES (FTES)

1	TOTAL EMPLOYEE HOURS OF SERVICE FROM WORKSHEET 1.....	11,151
2	HOURS OF SERVICE PER FTE.....	2,080
3	FULL-TIME EQUIVALENT EMPLOYEES. REPORT THE AMOUNT ON LINE 2.....	5

FORM 8941, WORKSHEET 3
AVERAGE ANNUAL WAGES

1	TOTAL EMPLOYEE WAGES PAID FROM WORKSHEET 1.....	227,832
2	ENTER FTES FROM WORKSHEET 2, LINE 3.....	5
3	AVERAGE ANNUAL WAGES. LINE 1 DIVIDED BY LINE 2. IF THE RESULT IS NOT A MULTIPLE OF \$1,000, THEN IT'S ROUNDED DOWN TO THE NEXT LOWEST MULTIPLE OF \$1,000. REPORT THE AMOUNT ON LINE 3.....	45,000

FORM 8941, WORKSHEET 4
INFORMATION NEEDED TO COMPLETE LINES 4 AND 5 AND WORKSHEET 7

ENROLLED INDIVIDUALS CONSIDERED EMPLOYEES	EMPLOYER PREMIUMS PAID	EMPLOYEE STATE AVG. PREMIUMS	ENROLLED EMP. HOURS OF SERVICE
1.....	0	4,890	1,615
2.....	0	4,890	13
3.....	0	4,890	41
4.....	0	4,890	121
5.....	0	4,890	10
6.....	0	4,890	1,612
7.....	0	4,890	2,080
8.....	0	4,890	693
9.....	0	4,890	276
10.....	0	4,890	1,646
11.....	0	4,890	526
12.....	0	4,890	436
13.....	0	4,890	813
14.....	0	4,890	157
15.....	0	4,890	1
16.....	0	4,890	414
17.....	0	4,890	592
18.....	0	4,890	68
19.....	0	4,890	37
TOTALS: 19	0	92,910	11,151

FORM 8941, WORKSHEET 6
AVERAGE ANNUAL WAGE LIMITATION

1	ENTER THE AMOUNT FROM FORM 8941, LINE 8.....	2,686
2	ENTER THE AMOUNT FROM FORM 8941, LINE 7.....	2,686
3	ENTER THE AMOUNT FROM FORM 8941, LINE 3.....	45,000
4	SUBTRACT \$25,000 FROM LINE 3.....	20,000
5	DIVIDE LINE 4 BY \$25,000.....	0.800

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FORM 8941, WORKSHEET 6 (CONTINUED)
AVERAGE ANNUAL WAGE LIMITATION

6	MULTIPLY LINE 2 BY LINE 5.....	2,149
7	SUBTRACT LINE 6 FROM LINE 1. REPORT THIS AMOUNT ON LINE 9.....	<u>537</u>

FORM 8941, WORKSHEET 7
FTES ENROLLED IN COVERAGE

1	TOTAL ENROLLED EMPLOYEE HOURS OF SERVICE FROM WORKSHEET 4.....	11,151
2	HOURS OF SERVICE PER FTE.....	2,080
3	FULL-TIME EQUIV. ENROLLED EMPLOYEES. REPORT THE AMOUNT ON LINE 14	5

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FORM 990/990-PF																
BUILDINGS																
23	BUILDING	7/01/91		1,145,485							1,145,485	529,785	S/L	40		28,637
24	DOOR MECHANISM	2/08/95		2,136							2,136	792	S/L	40		53
25	PATIO	9/15/97		1,000							1,000	825	S/L	15		67
27	DOOR	1/28/00		760							760	188	S/L	40		19
30	GUTTER REPLACEMENT	12/27/01		9,560							9,560	1,912	S/L	40		239
31	DOORS-BASEMENT	2/27/01		7,642							7,642	1,687	S/L	40		191
34	ALUMINUM WINDOW TRIM	1/20/02		9,850							9,850	1,948	S/L	40		246
35	1ST FLOOR DOOR TRANSMITTE	4/01/02		470							470	241	S/L	15		31
36	HEAT PUMP COMPRESSOR #1	4/18/02		1,782							1,782	1,782	S/L	7		0
45	PATIO	6/01/03		2,950							2,950	1,297	S/L	15		197
47	REPLACE CONDENSOR ON 7/8	1/20/04		545							545	215	S/L	15		36
80	AC UNIT #1	4/30/07		2,750							2,750	488	S/L	15		183
93	FENCE	2/09/09		4,890							4,890	299	S/L	15		326
98	ELEVATOR SENSORS	3/31/10		1,200							1,200		S/L	5		180
TOTAL BUILDINGS				1,191,020		0	0	0	0	0	1,191,020	541,459				30,405
FURNITURE AND FIXTURES																
1	FURNITURE	9/01/91		29,711							29,711	29,711	S/L	7		0
2	OFFICE FURNITURE	7/01/91		4,000							4,000	4,000	S/L	7		0
3	BOOKS	7/01/91		1,450							1,450	1,450	S/L	7		0
4	3 RECLINERS	1/14/94		546							546	546	S/L	7		0
5	FILING CABINET	1/13/95		1,638							1,638	1,638	S/L	7		0
6	FREEZER	9/01/95		703							703	703	S/L	7		0

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7	FILE CABINET	2/28/96		287							287	287	S/L	7		0
8	COMPUTER TABLE	9/10/96		843							843	843	S/L	7		0
9	DESK CHAIR	9/10/96		148							148	148	S/L	7		0
10	3 CREDENZAS	6/15/92		600							600	85	S/L	7		0
11	3 BRASS FLOOR LAMPS	6/15/96		343							343	343	S/L	7		0
12	4 BRASS WALL LAMPS	6/15/96		457							457	457	S/L	7		0
13	OFFICE CHAIR	6/09/97		189							189	189	S/L	7		0
14	MATTRESSES	9/30/97		5,625							5,625	5,625	S/L	7		0
15	FOLDING TABLE/CHAIRS	12/05/97		69							69	69	S/L	7		0
16	DISPLAY BOARD AND CA	2/01/98		443							443	443	S/L	7		0
17	DRYER #4	4/21/98		359							359	359	S/L	7		0
18	KITCHEN FLOOR	10/30/98		6,527							6,527	6,527	S/L	7		0
19	HEAT PUMP #8	2/16/99		2,096							2,096	2,096	S/L	7		0
20	MATTRESSES	4/13/99		2,328							2,328	2,328	S/L	7		0
21	VACUUM CLEANER	10/06/99		339							339	336	S/L	7		0
22	COMDIAL PHONE SYSTEM	7/16/99		4,409							4,409	4,409	S/L	7		0
26	HEAT PUMP UNIT #7	1/28/00		2,232							2,232	2,232	S/L	7		0
32	SECURITY SYSTEM	3/30/01		3,820							3,820	3,820	S/L	7		0
33	FLOOR IMPROVEMENTS	1/16/01		3,835							3,835	2,282	S/L	15		256
37	CHASE & SIDE CHAIRS W/CUS	10/04/02		985							985	985	S/L	5		0
38	OUTDOOR LIGHT	10/01/02		484							484	484	S/L	5		0
39	DELL COMPUTER 2350 SERIES	4/29/03		1,093							1,093	1,093	S/L	5		0
40	DELL COMPUTER	7/28/03		1,100							1,100	1,100	S/L	5		0
41	GARBAGE DISPOSAL 200 SIDE	2/10/03		371							371	371	S/L	5		0
42	CHASE CHAIR	8/12/03		401							401	401	S/L	5		0
43	CHASE CHAIR	8/12/03		401							401	401	S/L	5		0
44	QUEEN MATTRESS & BOX SPRIN	10/01/03		466							466	466	S/L	5		0

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46	REPLACE FIRE DAMPER	11/14/03		701							701	290	S/L	15		47
48	HEAD BOARD - 201	4/06/04		399							399	399	S/L	5		0
49	LIGHT FIXTURES FRONTDOOR	4/06/04		853							853	853	S/L	5		0
50	QUEEN MATT. & BOX 201	4/06/04		465							465	465	S/L	5		0
51	TV	5/01/04		380							380	380	S/L	5		0
52	BENCHES	5/01/04		198							198	198	S/L	5		0
53	FAX MACHINE	5/01/04		101							101	101	S/L	5		0
54	DOOR LOCK	5/01/04		595							595	595	S/L	5		0
55	WINDOW SHADES	5/01/04		7,600							7,600	7,600	S/L	5		0
56	ICE MAKER	7/01/04		890							890	890	S/L	5		0
57	DVD PLAYER	10/01/04		130							130	130	S/L	5		0
58	ROOM ENTRY KEYPAD-205	12/17/04		650							650	650	S/L	5		0
59	WATER HEATER	10/31/05		5,875							5,875	3,496	S/L	7		839
60	WATER HEATER	10/31/05		5,875							5,875	3,496	S/L	7		839
61	CONTINENTAL REFRIG-200	9/17/05		2,330							2,330	1,981	S/L	5		349
62	MAGNAVOX 20" TV	10/01/05		262							262	221	S/L	5		41
63	GE GAS STOVE-300 SIDE	6/03/05		715							715	655	S/L	5		60
64	5 TON HEAT PUMP #3	2/15/05		5,789							5,789	1,898	S/L	15		386
65	PLAYSTATION 2 & CONTROLLE	11/01/05		184							184	154	S/L	5		30
66	DOOR LOCK	2/26/06		670							670	525	S/L	5		134
67	HOTPOINT STOVE-200 SIDE	6/01/06		494							494	355	S/L	5		99
68	SOFA-BASEMENT	6/20/06		699							699	490	S/L	5		140
69	SCREEN REPLACEMENT	7/01/06		1,782							1,782	1,246	S/L	5		356
70	2 TVS	6/30/06		750							750	525	S/L	5		150
71	2 DISHWASHERS	4/16/07	6/30/10	2,500							2,500	1,750	S/L	5		250
73	GREEN DRESSER	4/24/07		350							350	133	S/L	7		50
74	COUCH/LOVESEAT-KITCHEN	6/07/07	6/30/10	800							800	295	S/L	7		57

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75	DISHWASHER - MAYTAG	7/16/07		767							767	370	S/L	5		153
76	WASHER #4	7/16/07		766							766	370	S/L	5		153
77	DRYER # 3	7/16/07		767							767	370	S/L	5		153
78	DELL OPTIPLEX - KIM	3/09/07		1,475							1,475	836	S/L	5		295
79	CP1023N COPIER	6/12/07		1,295							1,295	669	S/L	5		259
81	10 DRESSERS	4/30/07		7,170							7,170	2,731	S/L	7		1,024
82	CHAIR AND OTTOMAN	10/29/08		1,098							1,098	183	S/L	7		157
83	WASHER #1	10/01/08		467							467	116	S/L	5		93
84	WASHER #2	10/01/08		467							467	116	S/L	5		93
85	DRYER #1	10/01/08		449							449	112	S/L	5		90
87	HEAT PUMP #5	1/01/08		5,350							5,350	714	S/L	15		357
88	HEAT PUMP #6	1/01/08		5,350							5,350	714	S/L	15		357
89	MAROON ARM CHAIR/LAMP-206	2/06/08		500							500	136	S/L	7		71
90	WHITE DRESSER	7/01/08		420							420	126	S/L	5		84
91	CARPET-MGR APT	11/08/08		1,756							1,756	410	S/L	5		351
92	2 DOOR CONTINENTAL -300	9/16/08		2,660							2,660	665	S/L	5		532
94	CARPET	9/02/09		19,823							19,823	1,322	S/L	5		3,965
95	3 NORA CHAIRS/OTTOMANS	1/22/09		3,298							3,298	432	S/L	7		471
96	4 NORA CHAIRS/OTTOMANS	11/06/09		4,392							4,392	105	S/L	7		627
97	SECURITY CAMERA CPU	2/01/10		918							918		S/L	5		168
99	DELL COMPUTER	6/15/10		1,667							1,667		S/L	5		194
100	DELL COMPUTER	6/15/10		1,667							1,667		S/L	5		194
101	DELL COMPUTER	6/15/10		1,666							1,666		S/L	5		194
102	EPSON PROJECTOR	9/21/10		498							498		S/L	5		25
103	LOVESEAT, 2 CHAIRS, OTTOM	6/30/10		2,375							2,375		S/L	7		170
104	DISHWASHER	8/31/10		423							423		S/L	5		28
105	DISHWASHER	8/31/10		423							423		S/L	5		28

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 5

CLIENT 00892

RONALD MCDONALD HOUSE CHARITIES OF
CHARLOTTESVILLE, INC.

54-1160157

6/28/11

02:47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
106	WASHER	8/31/10		423							423		S/L	5		28
107	DRYER	8/31/10		422							422		S/L	5		28
108	SINGLE CUP COFFEE MAKER	6/01/10		520							520		S/L	5		61
109	GAS GRILL	8/06/10		529							529		S/L	5		44
110	DRIVE THRU CANISTERS	12/31/10		24,607							24,607		S/L	5		0
	TOTAL FURNITURE AND FIXTURE			214,743		0	0	0	0	0	214,743	116,495				14,530
	LAND															
29	LAND	1/01/91		56,900							56,900					0
72	LAND-312 9TH STREET	8/15/07		305,811							305,811					0
86	LAND - DEMOLITION	2/21/08		22,461							22,461					0
	TOTAL LAND			385,172		0	0	0	0	0	385,172	0				0
	MISCELLANEOUS															
28	ART WORK	1/01/05		2,700							2,700					0
	TOTAL MISCELLANEOUS			2,700		0	0	0	0	0	2,700	0				0
	TOTAL DEPRECIATION			1,793,635		0	0	0	0	0	1,793,635	657,954				44,935
	GRAND TOTAL DEPRECIATION			1,793,635		0	0	0	0	0	1,793,635	657,954				44,935
	DEPRECIATION ASSETS SOLD			3,300		0	0	0	0	0	3,300	2,045				307
	DEPR REMAINING ASSETS			1,790,335		0	0	0	0	0	1,790,335	655,909				44,628

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 _____.

Department of the Treasury
Internal Revenue Service

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

2010

Name of exempt organization

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

Employer identification number

54-1160157

Name and title of officer

NORMA MILLER

CO-PRESIDENT

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.

1 a Form 990 check here	G <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>527,536.</u>
2 a Form 990-EZ check here	G <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b	_____
3 a Form 1120-POL check here	G <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	_____
4 a Form 990-PF check here	G <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	_____
5 a Form 8868 check here	G <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 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 WILLS & ASSOCIATES, PC to enter my PIN 00892 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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 G _____ Date G _____

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 54684612345
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 G CHRISTINA MONFALCONE, CPA Date G _____

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2010)

Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

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

RONALD MCDONALD HOUSE CHARITIES OF CHARLOTTESVILLE, INC.
 PO BOX 4005
 CHARLOTTESVILLE, VA 22903

D Employer Identification Number
 54-1160157

E Telephone number
 434-295-1885

G Gross receipts \$ 655,837.

F Name and address of principal officer:
 SAME AS C ABOVE

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

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

J Website: **G** WWW.RMCHARLOTTESVILLE.ORG **H(c)** Group exemption number **G**

K Form of organization: Corporation Trust Association Other **G** **L** Year of Formation: 1981 **M** State of legal domicile: VA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE RONALD MCDONALD HOUSE CHARITIES OF CHARLOTTESVILLE, INC IS ORGANIZED TO MAINTAIN AND OPERATE ONE OR MORE FACILITIES IN THE AREA OF CHARLOTTESVILLE, VIRGINIA TO PROVIDE TEMPORARY HOUSING FOR SERIOUSLY ILL CHILDREN AND THEIR FAMILIES WHILE THE CHILDREN ARE RECEIVING</u>		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	323
	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)	275,481.	310,585.
	9 Program service revenue (Part VIII, line 2g)	62,783.	70,775.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,009.	46,050.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	130,237.	100,126.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	516,510.	527,536.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	236,312.	254,278.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) G <u>34,745.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	211,972.	222,017.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	448,284.	476,295.	
19 Revenue less expenses. Subtract line 18 from line 12	68,226.	51,241.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,267,935.	End of Year 3,388,144.
	21 Total liabilities (Part X, line 26)	336,766.	272,526.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,931,169.	3,115,618.

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

A _____
Signature of officer

_____ Date

A NORMA MILLER
Type or print name and title. **CO-PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: CHRISTINA MONFALCONE, CPA Preparer's signature: CHRISTINA MONFALCONE, CPA Date: 6/28/11 Check if self-employed PTIN: N/A

Firm's name: G WILLS & ASSOCIATES, PC Firm's EIN: G N/A

Firm's address: G 172 S PANTOPS DR CHARLOTTESVILLE, VA 22911-8672 Phone no.: (434) 977-7771

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. [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

4a (Code: []) (Expenses \$ 345,880. including grants of \$) (Revenue \$) THE ORGANIZATION PROVIDES LOW COST TRANSIENT HOUSING FOR FAMILIES OF PEDIATRIC PATIENTS AT LOCAL HOSPITALS.

4b (Code: []) (Expenses \$ including grants of \$) (Revenue \$) THE ORGANIZATION PROVIDES GRANTS TO NON-PROFIT GROUPS SERVING CHILDREN IN THE AREAS OF HEALTH, ILLNESS, PREVENTION, EDUCATION, ADVOCACY AND INTERVENTION.

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 G 345,880.

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? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <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 (see instructions)</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
20 a 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).....		

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, and 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
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	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
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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):		
28a	a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b	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
28c	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	

BAA

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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country: G See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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
b	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand. 13c		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	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. X

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year.		
1 a			19
b	Enter the number of voting members included in line 1a, above, who are independent.		
1 b			17
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? SEE .SCH .O	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
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or 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
10 a	Does the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a	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. SEE SCHEDULE O		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE . SCHEDULE . O	X	
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?		
15 a	The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE . O	X	
15 b	Other officers of key employees of the organization	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	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
16 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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed G NONE
- 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. SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 G ORGANIZATION PO BOX 4005 CHARLOTTESVILLE VA 22903 434-295-1885

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

1 a 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			
(1) RANDY RI NEHART DI RECTOR	2	X					0.	0.	0.	
(2) MARTHA RODGERS DI RECTOR	2	X					0.	0.	0.	
(3) BRYAN SLAUGHTER DI RECTOR	2	X					0.	0.	0.	
(4) GINGER SLAVI C DI RECTOR	2	X					0.	0.	0.	
(5) DAVI D C BLACK DI RECTOR	2	X					0.	0.	0.	
(6) ELI ZA O' CONNELL DI RECTOR	2	X					0.	0.	0.	
(7) DI ANNE HENDRI CKS DI RECTOR	2	X					0.	0.	0.	
(8) RI CH HENDRI CKS DI RECTOR	2	X					0.	0.	0.	
(9) SEAN STALFORT DI RECTOR	2	X					0.	0.	0.	
(10) J. GREGORY WEBB DI RECTOR	2	X					0.	0.	0.	
(11) ANDY BOWMAN DI RECTOR	2	X					0.	0.	0.	
(12) A PRICE BOXLEY IV DI RECTOR	2	X					0.	0.	0.	
(13) HUMES FRANKLIN III DI RECTOR	2	X					0.	0.	0.	
(14) NORMA MI LLER CO-PRESI DENT	5	X		X			0.	0.	0.	
(15) ELI ZABETH BUTLER CO-PRESI DENT	5	X		X			0.	0.	0.	
(16) LYNN MERHI B VICE PRESI DENT	5	X		X			0.	0.	0.	
(17) LINDSAY MULLEN SECRETARY	5	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch 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			
(18) LEE CRESS TREASURER	5	X		X				0.	0.	0.
(19) RITA RALSTON EXECUTIVE DI REC	40				X			50,699.	0.	0.
(20) CHARTERS S WILSON EXECUTIVE DI REC	40				X			8,922.	0.	0.
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
(26) _____										
(27) _____										
(28) _____										
(29) _____										
1 b Sub-total.....							G	59,621.	0.	0.
c Total from continuation sheets to Part VII, Section A.....							G	0.	0.	0.
d Total (add lines 1b and 1c).....							G	59,621.	0.	0.

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 **G 0**

	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>	3	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>	4	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>	5	X

Section B. Independent Contractors

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

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

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

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	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	310,585.			
	g Noncash contributions included in lns 1a-1f: \$		55,744.			
	h Total. Add lines 1a-1f	G	310,585.			
PROGRAM SERVICE REVENUE	2 a <u>ROOM RECEIPTS</u>	Business Code 900099	70,355.	70,355.		
	b <u>RECYCLING RECEIPTS</u>	900099	420.		420.	
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	G	70,775.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	G	60,326.		60,326.	
	4 Income from investment of tax-exempt bond proceeds	G				
	5 Royalties	G				
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	G				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	63,061.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	76,389.	948.		
		c Gain or (loss)	-13,328.	-948.		
	d Net gain or (loss)	G	-14,276.	-14,276.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	149,656.			
		b Less: direct expenses	b	50,129.		
		c Net income or (loss) from fundraising events	G	99,527.	99,527.	
	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		G				
10 a Gross sales of inventory, less returns and allowances	a	1,434.				
	b Less: cost of goods sold	b	835.			
	c Net income or (loss) from sales of inventory	G	599.		599.	
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	G				
12 Total revenue. See instructions	G	527,536.	155,606.	0.	61,345.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.....				
4 Benefits paid to or for members.....				
5 Compensation of current officers, directors, trustees, and key employees.....	102,089.	45,940.	40,836.	15,313.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages.....	130,127.	110,608.	13,013.	6,506.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).....				
9 Other employee benefits.....	4,251.	2,764.	1,062.	425.
10 Payroll taxes.....	17,811.	13,358.	3,206.	1,247.
11 Fees for services (non-employees):				
a Management.....				
b Legal.....				
c Accounting.....	6,500.		6,500.	
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17.....				
f Investment management fees.....	6,726.		6,726.	
g Other.....				
12 Advertising and promotion.....				
13 Office expenses.....	8,448.	2,534.	5,069.	845.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....				
17 Travel.....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....				
20 Interest.....	13,620.	13,620.		
21 Payments to affiliates.....	7,555.		7,555.	
22 Depreciation, depletion, and amortization.....	44,934.	43,137.	1,797.	
23 Insurance.....	22,029.	21,148.	881.	
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 <u>HOUSE SUPPLIES</u>	41,559.	41,559.		
b <u>UTILITIES</u>	31,296.	30,044.	1,252.	
c <u>REPAIRS AND MAINTENANCE</u>	15,380.	15,380.		
d <u>TELEPHONE</u>	7,094.	1,419.	4,611.	1,064.
e <u>NEWSLETTER EXPENSE</u>	5,849.			5,849.
f All other expenses.....	11,027.	4,369.	3,162.	3,496.
25 Total functional expenses. Add lines 1 through 24f.....	476,295.	345,880.	95,670.	34,745.
26 Joint costs. Check here G <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.....				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash ' non-interest-bearing	291,796.	1	248,800.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	2,670.	4	4,525.	
	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	1,338.	8	1,839.	
	9	Prepaid expenses and deferred charges	12,051.	9	7,878.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,790,335.		
	b	Less: accumulated depreciation	10b	700,536.	10c	1,089,799.
	11	Investments ' publicly traded securities	1,861,737.	11	2,022,731.	
	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	12,572.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,267,935.	16	3,388,144.		
LIABILITIES	17	Accounts payable and accrued expenses	25,766.	17	37,919.	
	18	Grants payable		18		
	19	Deferred revenue	1,000.	19		
	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	310,000.	23	210,000.	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities. Complete Part X of Schedule D		25	24,607.	
	26	Total liabilities. Add lines 17 through 25	336,766.	26	272,526.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here G <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.					
	27	Unrestricted net assets	2,321,478.	27	2,489,291.	
	28	Temporarily restricted net assets	20,406.	28	37,042.	
	29	Permanently restricted net assets	589,285.	29	589,285.	
	Organizations that do not follow SFAS 117, check here G <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	2,931,169.	33	3,115,618.		
34	Total liabilities and net assets/fund balances	3,267,935.	34	3,388,144.		

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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	527,536.
2	Total expenses (must equal Part IX, column (A), line 25)	2	476,295.
3	Revenue less expenses. Subtract line 2 from line 1	3	51,241.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,931,169.
5	Other changes in net assets or fund balances (explain in Schedule O) .SEE .SCHEDULE .O	5	133,208.
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	3,115,618.

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.		

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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.

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **RONALD MCDONALD HOUSE CHARITIES OF CHARLOTTESVILLE, INC.** Employer identification number **54-1160157**

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 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 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?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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) G	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	267,498.	352,225.	503,176.	432,527.	402,818.	1,958,244.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	267,498.	352,225.	503,176.	432,527.	402,818.	1,958,244.
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).						204,683.
6 Public support. Subtract line 5 from line 4.						1,753,561.

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	267,498.	352,225.	503,176.	432,527.	402,818.	1,958,244.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	59,926.	69,924.	70,824.	56,744.	60,327.	317,745.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						2,275,989.
12 Gross receipts from related activities, etc (see instructions).					12	0.
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.						G <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	77.1 %
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	75.9 %
16a 33-1/3% support test ' 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <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.	G <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.	G <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.	G <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.	G <input type="checkbox"/>	

BAA

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 yr beginning in) G	(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 yr beginning in) G	(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 lns 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. G

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. G

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. G

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

G Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

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

Employer identification number
54-1160157

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year..... G \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

RONALD MCDONALD HOUSE CHARITIES OF

54-1160157

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	I. J. & HILDA M BREEDEN FOUNDATION 8817 PORTNER AVENUE, SUITE 2 MANASSAS, VA 20110	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MR & MRS RICHARD HENDRICKS 1435 WELDEMAR DRIVE CHARLOTTESVILLE, VA 22902	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MR & MRS TED WESCHLER 1835 BENTIVAR DRIVE CHARLOTTESVILLE, VA 22911	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	RAHE, INC 1522 PARK ROAD WAYNESBORO, VA 22980	\$ 25,787.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MARTIN-BROWER 11777 BALLS ROAD ROAD MANASSAS, VA 20109	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MCDONALD'S ASSOCIATION 1522 PARK ROAD WAYNESBORO, VA 22980	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

RONALD MCDONALD HOUSE CHARITIES OF

54-1160157

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	DLH DESIGNS LLC 2246 IVY ROAD CHARLOTTESVILLE, VA 22903	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	APB MANAGEMENT 172 SOUTH AVENUE HARRISONBURG, VA 22801	\$ 25,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	RMHC GLOBAL PO BOX 4005 CHARLOTTESVILLE, VA 22903	\$ 25,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

RONALD MCDONALD HOUSE CHARITIES OF

54-1160157

Part II Noncash Property (see instructions.)

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

Name of organization

Employer identification number

RONALD MCDONALD HOUSE CHARITIES OF

54-1160157

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) G \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
		(e) Transfer of gift	
		Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
		Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
		Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
		Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

G Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
G Attach to Form 990. G See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF CHARLOTTESVILLE, INC.	Employer identification number 54-1160157
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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?..... Yes 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?..... Yes 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 G _____

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

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 G _____

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

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.

1 a 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..... G\$ _____

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

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..... G\$ _____

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

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 organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a 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 | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a 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
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment G _____ %
 - b Permanent endowment G _____ %
 - c Term endowment G _____ %
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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
1 a Land		385,172.		385,172.
b Buildings		1,191,020.	571,864.	619,156.
c Leasehold improvements				
d Equipment				
e Other		214,143.	128,672.	85,471.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				G 1,089,799.

Part VII Investments ' Other Securities. See Form 990, Part X, line 12. N/A

(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. (Column (b) must equal Form 990 Part X, column (B) line 12.) . . . G		

Part VIII Investments ' Program Related. (See Form 990, Part X, line 13) N/A

(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. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . G		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

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

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CANISTER PROJECT LIABILITY	24,607.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) G	24,607.

2. 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)		527,536.
2	Total expenses (Form 990, Part IX, column (A), line 25)		476,295.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		51,241.
4	Net unrealized gains (losses) on investments		133,208.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		133,208.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		184,449.

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	662,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	133,208.
b	Donated services and use of facilities	2b	1,200.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) . . . SEE . PART . XI.V	2d	948.
e	Add lines 2a through 2d	2e	135,356.
3	Subtract line 2e from line 1	3	527,536.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments 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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	527,536.

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

1	Total expenses and losses per audited financial statements	1	478,443.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,200.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.) . . . SEE . PART . XI.V	2d	948.
e	Add lines 2a through 2d	2e	2,148.
3	Subtract line 2e from line 1	3	476,295.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments 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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	476,295.

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.

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 00892

RONALD MCDONALD HOUSE CHARITIES OF
CHARLOTTESVILLE, INC.

54-1160157

6/28/11

02:47PM

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

ABANDONMENT LOSS	\$	948.
TOTAL	\$	<u>948.</u>

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

ABANDONMENT LOSS	\$	948.
TOTAL	\$	<u>948.</u>

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 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GOLF TOURNAMEN (event type)	MI SCELLANEOUS (event type)	1 (total number)	(add column (a) through column (c))	
	1	Gross receipts	91,855.	28,815.	27,354.	148,024.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	91,855.	28,815.	27,354.	148,024.
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes	12,115.		5,575.	17,690.
	6	Rent/facility costs			5,536.	5,536.
	7	Food and beverages			8,312.	8,312.
	8	Entertainment				
	9	Other direct expenses	17,967.	624.		18,591.
	10	Direct expense summary. Add lines 4- through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					G 97,895.

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.

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

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 L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

G Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
G Attach to Form 990 or Form 990-EZ. G See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

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

Employer identification number
54-1160157

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 **G \$** _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **G \$** _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total.....						G \$					

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

G Complete if the organizations answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
G Attach to Form 990.

Open To Public
Inspection

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

Employer identification number
54-1160157

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	X		16,289.	MARKET VALUE
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	X	218	12,282.	MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other G (GOLF PRIZES	X	41	12,115.	MARKET VALUE
26 Other G (POKER PRIZES	X	14	5,575.	MARKET VALUE
27 Other G (ENTERTAINMENT	X	59	4,368.	MARKET VALUE
28 Other G (.....				

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

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?

	Yes	No
30a		X
31		X
32a		X
33		

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
G Attach to Form 990 or 990-EZ.

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

Employer identification number
54-1160157

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE RONALD MCDONALD HOUSE CHARITIES OF CHARLOTTESVILLE, INC IS ORGANIZED TO MAINTAIN AND OPERATE ONE OR MORE FACILITIES IN THE AREA OF CHARLOTTESVILLE, VIRGINIA TO PROVIDE TEMPORARY HOUSING FOR SERIOUSLY ILL CHILDREN AND THEIR FAMILIES WHILE THE CHILDREN ARE RECEIVING TREATMENT AT A NEARBY HOSPITAL AND MAKING GRANTS TO OTHER ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(3) FOR THE BENEFIT OF CHILDREN IN AND AROUND THE LOCAL AREA OF THE ORGANIZATION.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE ORGANIZATION AMENDED ARTICLE 4 SECTION 2 OF THEIR BY-LAWS AS OF JULY 2009. THE CHANGE REMOVED THE PROHIBITION AGAINST AN OFFICER HOLDING THE SAME OFFICE FOR MORE THAN TWO CONSECUTIVE YEARS IF SO ELECTED BY THE BOARD IN FULL.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A DRAFT OF THE FORM 990 IS DELIVERED VIA EMAIL TO THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR FORWARDS THE DRAFT TO THE APPROPRIATE GROUP OF BOARD MEMBERS THAT ARE RESPONSIBLE FOR APPROVING THE TAX RETURN. THIS GROUP AND THE EXECUTIVE DIRECTOR THEN PRESENTS THE RETURN TO A MEETING OF THE FULL BOARD FOR REVIEW AND DISCUSSION.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

TO MONITOR AND ENFORCE THIS POLICY, THE ORGANIZATION DISCUSSES THE CONFLICT OF INTEREST POLICY WITH ANY NEW BOARD MEMBERS AT THE TIME OF THEIR ORIENTATION. EACH YEAR, THE BOARD IS ENCOURAGED TO REVIEW THIS POLICY AND DISCLOSE ANY POTENTIAL ISSUES OF CONCERN.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGMTMENT

EACH YEAR, THE BOARD REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IN ORDER TO DETERMINE ANY CHANGES IN COMPENSATION. THE COMPENSATION CHANGES ARE BASED ON AN INDEPENDENT REVIEW BY THE BOARD AND COMPARABLE DATA OF OTHER NONPROFITS IN THE CHARLOTTESVILLE AREA.

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

Employer identification number 54-1160157

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE BOARD MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILBLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	133,208.
TOTAL	\$	<u>133,208.</u>

Form 990-T

REQUEST FOR 45R CREDIT ONLY
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

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

OMB No. 1545-0687

2010

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

G See separate instructions.

A Check box if address changed
B Exempt under section
X 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)
Print or Type
RONALD MCDONALD HOUSE CHARITIES OF
CHARLOTTESVILLE, INC.
PO BOX 4005
CHARLOTTESVILLE, VA 22903
D Employer identification number
54-1160157
E Unrelated business activity codes

C Book value of all assets at end of year
3,388,144.
F Group exemption number (See instructions.) G
G Check organization type G 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity.
G

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? G Yes No
If 'Yes,' enter the name and identifying number of the parent corporation G

J The books are in care of G ORGANIZATI ON Telephone number G 434-295-1885

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 detailing various income and expense categories.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows 14-34 detailing various deduction categories.

Part III Tax Computation

35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> G <input type="checkbox"/> . See instructions and: Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 G 35c		
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) G 36		
37	Proxy tax. See instructions G 37		
38	Alternative minimum tax 38		
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39		0.

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)..... 40a		
	b Other credits (see instructions) 40b		
	c General business credit. Attach Form 3800 40c		
	d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d		
	e Total credits. Add lines 40a through 40d 40e		0.
41	Subtract line 40e from line 39 41		0.
42	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 42		
43	Total tax. Add lines 41 and 42 43		0.
44a	Payments: A 2009 overpayment credited to 2010 44a		
	b 2010 estimated tax payments 44b		
	c Tax deposited with Form 8868 44c		
	d Foreign organizations: Tax paid or withheld at source (see instructions) 44d		
	e Backup withholding (see instructions) 44e		
	f Credit for small employer health insurance premiums (Attach Form 8941) 44f	537.	
	g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ... G 44g		
45	Total payments. Add lines 44a through 44g 45		537.
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached G <input type="checkbox"/> 46		
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed G 47		
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid G 48		537.
49	Enter the amount of line 48 you want: Credited to 2011 estimated tax G Refunded G 49		537.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. G _____	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year G \$		

Schedule A Cost of Goods Sold. Enter method of inventory valuation G

1	Inventory at beginning of year 1		6	Inventory at end of year 6	
2	Purchases 2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7	
3	Cost of labor 3				
4a	Additional section 263A costs (attach schedule) 4a				Yes No
	b Other costs (attach sch) 4b				
5	Total. Add lines 1 through 4b 5				
					8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	A _____ Signature of officer	_____ Date	A CO-PRESIDENT Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Paid Preparer Use Only	Print/Type preparer's name CHRISTINA MONFALCONE, CPA	Preparer's signature CHRISTINA MONFALCONE, CPA	Date 6/28/11
	Firm's name G WILLS & ASSOCIATES, PC	Firm's EIN 62-1374701	Phone no. (434) 977-7771	
	Firm's address G 172 S PANTOPS DR CHARLOTTESVILLE, VA 22911-8672			

Schedule C ' Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) G
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) G		

Schedule E ' Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals G		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 G				

Schedule F ' Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G ' Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals..... G				Enter here and on page 1, Part I, line 9, column (B).

Schedule I ' Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals..... G		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.

Schedule J ' Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))..... G						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I..... G	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).			Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)..... G						

Schedule K ' Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14..... G			

Credit for Small Employer Health Insurance Premiums

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return	RONALD MCDONALD HOUSE CHARITIES OF CHARLOTTESVILLE, INC.	Identifying number	54-1160157
-------------------------	--	--------------------	------------

1	Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	1	19
2	Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	5
3	Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	3	45,000.
4	Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions)	4	10,742.
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions)	5	92,910.
6	Enter the smaller of line 4 or line 5	6	10,742.
7	Multiply line 6 by the applicable percentage: ? Tax-exempt small employers, multiply line 6 by 25% (.25) ? All other small employers, multiply line 6 by 35% (.35)	7	2,686.
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	8	2,686.
9	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	9	537.
10	Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	10	
11	Subtract line 10 from line 4. If zero or less, enter -0-	11	10,742.
12	Enter the smaller of line 9 or line 11	12	537.
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	13	19
14	Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	14	5
15	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	15	
16	Add lines 12 and 15. Partnerships and S corporations, stop here and report this amount on Schedule K; all others, go to line 17	16	537.
17	Credit for small employer health insurance premiums included on line 16 from passive activities (see instructions)	17	
18	Subtract line 17 from line 16	18	537.
19	Credit for small employer health insurance premiums allowed for 2010 from a passive activity (see instructions)	19	
20	Carryback of the credit for small employer health insurance premiums from 2011	20	
21	Add lines 18 through 20. Cooperatives, estates, and trusts, go to line 22. Tax-exempt small employers, skip lines 22 and 23 and go to line 24. All others, stop here and report this amount on Form 3800, line 29h	21	537.
22	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	22	
23	Cooperatives, estates, and trusts, subtract line 22 from line 21. Stop here and report this amount on Form 3800, line 29h	23	
24	Enter the amount you paid in 2010 for taxes considered payroll taxes for purposes of this credit (see instructions)	24	21,277.
25	Tax-exempt small employers, enter the smaller of line 21 or line 24 here and on Form 990-T, line 44f	25	537.

BAA For Paperwork Reduction Act Notice, see separate instructions.