

Forms 990 / 990-EZ Return Summary

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

**Ronald McDonald House Charities of 11-3704163
Southwest Florida, Inc.**

Net Asset / Fund Balance at Beginning of Year		<u>2,573,499</u>
Revenue		
Contributions	<u>558,212</u>	
Program service revenue		
Investment income	<u>43,836</u>	
Capital gain / loss		
Special events:		
Gross revenue	<u>217,030</u>	
Direct expenses	<u>185,518</u>	
Net income	<u>31,512</u>	
Other income	<u>70,550</u>	
Total revenue		<u>672,598</u>
Expenses		
Program services	<u>410,684</u>	
Management and general	<u>167,300</u>	
Fundraising	<u>178,135</u>	
Total expenses		<u>756,119</u>
Excess / (deficit)		<u>-83,521</u>
Other changes		<u>21,155</u>
Net Asset / Fund Balance at End of Year		<u>2,511,133</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>693,753</u>
Less:	
Unrealized gains	<u>21,155</u>
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>672,598</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>756,119</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>756,119</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>2,685,058</u>	<u>2,627,093</u>	
Liabilities	<u>111,559</u>	<u>115,960</u>	
Net assets	<u>2,573,499</u>	<u>2,511,133</u>	<u>-62,366</u>

Miscellaneous Information

Amended return _____
Return / extended due date 08/15/11
Failure to file penalty _____

Return of Organization Exempt From Income Tax

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

2010

Open to Public Inspection

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

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

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

C Name of organization **Ronald McDonald House Charities of Southwest Florida, Inc.**

Doing Business As _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
16100 Roserush Court

City or town, state or country, and ZIP + 4
Fort Myers FL 33908

D Employer identification number
11-3704163

E Telephone number
239-437-0202

G Gross receipts \$ **858,116**

F Name and address of principal officer:
Laura Ragain, Executive Director
16100 Roserush Court
Fort Myers FL 33908

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) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.rmhcswfl.org**

H(c) Group exemption number ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **2003** **M** State of legal domicile: **FL**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To create, find and support programs that directly improve the health and well being of children in Southwest Florida.		
	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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	175
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	412,291	558,212
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,012	43,836
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	137,271	70,550
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	605,574	672,598
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	170,414	132,653
	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)	194,628	249,217
	16a Professional fundraising fees (Part IX, column (A), line 11e)		58,460
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 178,135		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	328,774	315,789
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	693,816	756,119	
19 Revenue less expenses. Subtract line 18 from line 12	-88,242	-83,521	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,685,058	2,627,093
	21 Total liabilities (Part X, line 26)	111,559	115,960
	22 Net assets or fund balances. Subtract line 21 from line 20	2,573,499	2,511,133

Part II Signature Block

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

Sign Here

Signature of officer: **Laura Ragain** Date: _____
 Executive Director
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Angeline K. Choo, CPA** Preparer's signature: **Angeline K. Choo, CPA** Date: **07/12/11** Check if self-employed PTIN: **P00547763**

Firm's name ▶ **MYERS, BRETHOLTZ & COMPANY, PA** Firm's EIN ▶ **59-2445709**
12671 Whitehall Dr
 Firm's address ▶ **Fort Myers, FL 33907-3626** Phone no. **239-939-5775**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To create, find and support programs that directly improve the health and well being of children in Southwest Florida.

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

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

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

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

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

4a (Code:) (Expenses \$ **410,684** including grants of \$ **132,653**) (Revenue \$)

The Ronald McDonald House provided temporary residential facilities to the families of seriously ill children receiving medical treatment in Southwest Florida. The House serves Charlotte, Collier, Glades, Hendry and Lee counties. The House has six private bedroom suites with bath, a fully stocked kitchen, a dining room, a living room, a children's recreation room, and a laundry room to meet the needs of the families. The occupancy rate was an average of 74% during 2010.

The Ronald McDonald Care Mobile was designed through a relationship with Collier Health Services, Inc., who oversees the operation of a 40 x 8 foot vehicle that delivers cost-effective medical and dental care directly to

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

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

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 410,684

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	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? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		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)		
20b			

Part IV Checklist of Required Schedules (continued)

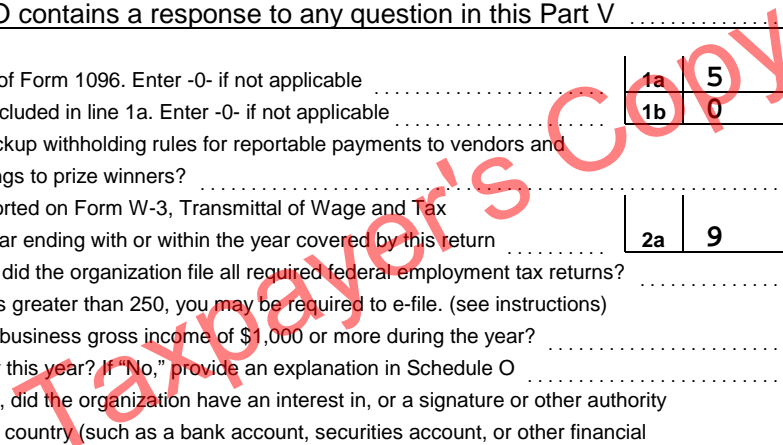
	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Yes No

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5			
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9			
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?					X
4b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?					X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?					
7	Organizations that may receive deductible contributions under section 170(c).					
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?					
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?					
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?					
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
9a	Did the organization make any taxable distributions under section 4966?					
9b	Did the organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:					
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
11a	Gross income from members or shareholders	11a				
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
12b	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.					
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
13c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				



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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	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:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," 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 **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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Laura Ragain 16100 Roserush Court**

Fort Myers

FL 33908

239-437-0202

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

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

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

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

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

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

Check this box if neither the organization nor any related organizations 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) Carey Randall President	20.00	X		X			0	0	0	
(2) Jeff Miloff Vice Pres	2.50	X		X			0	0	0	
(3) Justin Einstein Vice Pres	2.50	X		X			0	0	0	
(4) G David Schiering Treasurer	5.00	X		X			0	0	0	
(5) Lesla Peterson Secretary	1.00	X		X			0	0	0	
(6) Richard Akin Parliamentarian	1.00	X		X			0	0	0	
(7) Garey Butler Past President	1.50	X		X			0	0	0	
(8) Kathy Benforado Director	4.00	X					0	0	0	
(9) Mike Castillo Director	2.00	X					0	0	0	
(10) Heidi Colgate-Tamblyn Director	1.00	X					0	0	0	
(11) Shirley de Vries Director	2.50	X					0	0	0	
(12) Heidi Frederic Director	7.00	X					0	0	0	
(13) John Gensler Director	1.00	X					0	0	0	
(14) John Iacuone Director	2.50	X					0	0	0	
(15) Neil LeClair Director	5.00	X					0	0	0	
(16) Tina Millette Director	2.00	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (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			
(17) Jennifer Novakovich Director	1.50	X						0	0	0
(18) Eric Sandberg Director	2.50	X						0	0	0
(19) Laura Ragain Executive Director	40.00			X				65,449	0	1,141
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								65,449		1,141
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								65,449		1,141

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 **0**

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

Section B. Independent Contractors

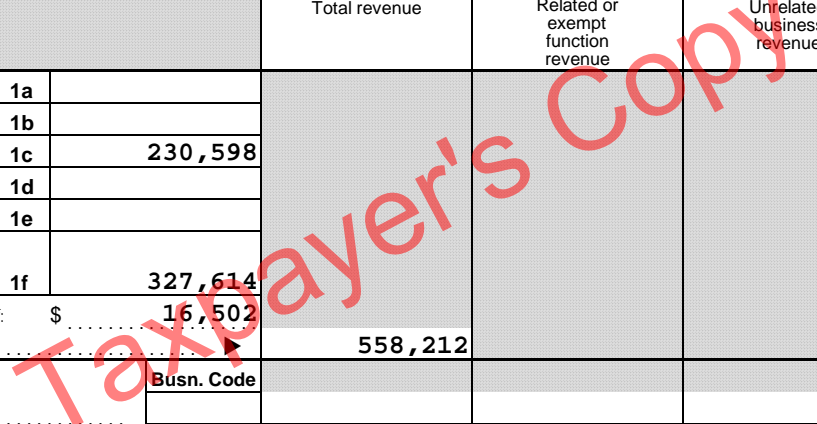
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

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

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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	230,598				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	327,614				
	g Noncash contributions included in lines 1a-1f:	\$	16,502				
	h Total. Add lines 1a-1f			558,212			
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		43,836			43,836	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 230,598 of contributions reported on line 1c). See Part IV, line 18	a		217,030			
	b Less: direct expenses	b		185,518			
	c Net income or (loss) from fundraising events			31,512			31,512
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a Insurance proceeds			39,038			39,038	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			39,038				
12 Total revenue. See instructions.			672,598	0	0	114,386	



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	132,653	132,653		
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	66,061	16,515	33,031	16,515
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	165,944	78,225	69,564	18,155
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	17,212	7,157	6,560	3,495
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	58,460			58,460
f Investment management fees				
g Other	62,078	31,222	30,856	
12 Advertising and promotion				
13 Office expenses	13,303	9,048	3,652	603
14 Information technology				
15 Royalties				
16 Occupancy	24,538	18,153	4,190	2,195
17 Travel	3,708	1,977	1,731	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	67,428	57,349	10,079	
23 Insurance	23,327	19,157	4,170	
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 RMHC Global	42,844			42,844
b Canister collections	25,700			25,700
c Supplies	23,519	22,625	894	
d Repairs & maintenance	13,028	10,509	2,519	
e Fundraising	10,083			10,083
f All other expenses	6,233	6,094	54	85
25 Total functional expenses. Add lines 1 through 24f	756,119	410,684	167,300	178,135
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	2,373	1	4,005
	2	Savings and temporary cash investments	1,532,917	2	1,554,244
	3	Pledges and grants receivable, net	89,170	3	
	4	Accounts receivable, net		4	58,273
	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	1,080	7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	21,345	9	14,373
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,289,941		
	b	Less: accumulated depreciation	10b 513,996		
	11	Investments—publicly traded securities	839,075	10c	775,945
	12	Investments—other securities. See Part IV, line 11	183,249	11	202,824
	13	Investments—program-related. See Part IV, line 11	15,849	12	17,429
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11		14	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,685,058	15	2,627,093	
Liabilities	17	Accounts payable and accrued expenses	65,564	17	59,599
	18	Grants payable		18	
	19	Deferred revenue		19	10,366
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	45,995	25	45,995
	26	Total liabilities. Add lines 17 through 25	111,559	26	115,960
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,441,189	27	2,378,723
	28	Temporarily restricted net assets	124,214	28	124,314
	29	Permanently restricted net assets	8,096	29	8,096
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,573,499	33	2,511,133	
34	Total liabilities and net assets/fund balances	2,685,058	34	2,627,093	

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	672,598
2	Total expenses (must equal Part IX, column (A), line 25)	2	756,119
3	Revenue less expenses. Subtract line 2 from line 1	3	-83,521
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,573,499
5	Other changes in net assets or fund balances (explain in Schedule O)	5	21,155
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	2,511,133

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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **Ronald McDonald House Charities of Southwest Florida, Inc.** Employer identification number **11-3704163**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	482,560	951,148	538,509	412,291	558,212	2,942,720
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	482,560	951,148	538,509	412,291	558,212	2,942,720
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)						
6 Public support. Subtract line 5 from line 4						2,942,720

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	482,560	951,148	538,509	412,291	558,212	2,942,720
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,411	53,674	44,339	56,649	43,836	230,909
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				296,910	256,068	552,978
11 Total support. Add lines 7 through 10						3,726,607
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	78.97 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	84.00 %

- 16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 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
- 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
- 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
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

Other income \$ **296,910**

Taxpayer's Copy

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010**Name of the organization****Ronald McDonald House Charities of
Southwest Florida, Inc.****Employer identification number****11-3704163****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

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

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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 ▶ \$

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 its 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).

Name of organization **Ronald McDonald House Charities of** Employer identification number **11-3704163**

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Home-Tech 6400 Techster Boulevard Fort Myers FL 33966	\$ 24,273	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Frederic McDonald's of Cape Coral 1715 Del Prado Boulevard Cape Coral FL 33904	\$ 23,470	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Adams & O'Reilly 1885 Veteran's Park Drive Suite 203 Naples FL 34109	\$ 17,382	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Dillard's Inc. 1600 Cantrell Road Little Rock AR 72201	\$ 15,602	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 1661 NW 12th Avenue Pompano Beach FL 33069	\$ 13,858	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.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

Ronald McDonald House Charities of Southwest Florida, Inc.

Employer identification number

11-3704163

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, and various monitoring and reporting questions.

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.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art and historical treasures, and amounts for revenues and assets.

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

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

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

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

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

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

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

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

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 %
- b Permanent endowment %
- c Term endowment %

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

- (i) unrelated organizations Yes No
- (ii) related organizations Yes No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		905,468	318,776	586,692
c Leasehold improvements		105,081	24,456	80,625
d Equipment		256,170	147,542	108,628
e Other		23,222	23,222	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **775,945**

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) Advance from RMHC Global	45,995	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	45,995	

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 XIV Supplemental Information (continued)

Taxpayer's Copy

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2010

Open To Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **Ronald McDonald House Charities of
Southwest Florida, Inc.**

Employer identification number
11-3704163

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 TrueSense Marketing 155 Commerce Drive Freedom PA 15042	Mail Solic	X		29,158	28,944	214
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				29,158	28,944	214

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

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Storybook Ball</u> (event type)	<u>McFlats Tournam</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	161,684	120,709	165,235	447,628
	2	Less: Charitable contributions	92,370	33,157	105,071	230,598
	3	Gross income (line 1 minus line 2)	69,314	87,552	60,164	217,030
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	40,128	11,146	10,727	62,001
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	42,338	57,599	23,580	123,517
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					31,512

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

13a		%
13b		%

Taxpayer's Copy

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

Name ▶
Address ▶

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

Name ▶
Address ▶

16 Gaming manager information:

Name ▶
Gaming manager compensation ▶ \$
Description of services provided ▶
 Director/officer Employee Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Sch G, Part I, Line 2b, Col (iii) - Custody or Control Arrangement
TrueSense Marketing
Custody

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization **Ronald McDonald House Charities of
Southwest Florida, Inc.**

Employer identification number
11-3704163

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Collier Health Services, Inc. 1454 Madison Avenue Immokalee FL 34142	59-1741277	3	98,174				Care Mobile
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations ▶ 10
- 3** Enter total number of other organizations ▶ _____

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

Schedule I (Form 990) (2010)

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

OMB No. 1545-0047

2010Open to Public
InspectionName of the organization **Ronald McDonald House Charities of
Southwest Florida, Inc.**Employer identification number
11-3704163**Form 990, Part III, Line 4a - First Achievement**

underserved children in their own neighborhoods. The Care Mobile is designed and built specifically as a pediatric health unit.

The organization also provides financial assistance by funding board approved grant requests from local (five county region) non-profit organizations serving children.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The board receives a draft of the tax return to review for accuracy and completeness before signing and filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

All board members are required to complete a written questionnaire on an annual basis.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The finance committee uses comparability data from local and national sources to determine the executive director's salary, which is then discussed and approved by a vote of all board members, as documented in the board meeting minutes.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents, conflict of interest policy and financial statements are available to public upon request.

Forms 990 / 990-PF	Other Notes and Loans Receivable	2010
For calendar year 2010, or tax year beginning _____, and ending _____		

Name: **Ronald McDonald House Charities of Southwest Florida, Inc.** Employer Identification Number: **11-3704163**

Form 990, Part X, Line 7 - Additional Information

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Name of borrower					Relationship to disqualified person				
Interest receivable									

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate					

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Security provided by borrower					Purpose of loan				

(1)	(2)	(3)	(4)
Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
	1,080		
Totals	1,080		

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2010

Attachment Sequence No. **67**

Department of the Treasury
Internal Revenue Service

(99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return **Ronald McDonald House Charities of Southwest Florida, Inc.**

Identifying number
11-3704163

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	67,428

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	67,428
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)

There are no amounts for Page 2

11-3704163

Federal Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
5	Dining room chairs	5/20/96	1,044		1,044	7 MO S/L	1,044	0
6	Dining room table	5/20/96	1,562		1,562	7 MO S/L	1,562	0
15	Donor board	2/01/98	7,304		7,304	7 MO S/L	7,304	0
23	Tables and chairs	5/01/99	3,718		3,718	7 MO S/L	3,718	0
25	Clothes dryer	3/01/00	294		294	7 MO S/L	294	0
30	New phone system	7/31/01	10,146		10,146	7 MO S/L	10,146	0
31	File cabinets	8/31/01	2,324		2,324	7 MO S/L	2,324	0
32	2001 Chevy Astro van	11/30/00	22,747		22,747	5 MO S/L	22,747	0
33	Running boards for van	1/31/01	475		475	5 MO S/L	475	0
34	Building	8/07/96	845,892		845,892	39 MO S/L	291,002	21,689
37	Pictures for Ronald House	3/01/02	920		920	10 MO S/L	720	92
40	Ceramic tile floors for residence	2/02/03	1,328		1,328	15 MO S/L	612	89
44	Donated furniture - Mungo	8/01/03	80,000		80,000	10 MO S/L	51,333	8,000
47	Sign on Bass Road	1/31/04	5,000		5,000	15 MO S/L	1,972	334
48	New freezer	8/25/04	453		453	7 MO S/L	345	65
49	(2) Generators	9/01/04	3,380		3,380	7 MO S/L	2,575	483
53	(3) Washers/ (2) dryers - donated	7/15/04	3,750		3,750	7 MO S/L	2,946	536
54	Tools	4/21/05	534		534	7 MO S/L	356	76
56	Dell laptop	8/29/05	2,804		2,804	5 MO S/L	2,430	374
58	Mattress	5/11/05	939		939	8 MO S/L	548	117
60	Maytag washer - donated	5/01/05	620		620	7 MO S/L	413	89
61	Maytag dryer - donated	5/01/05	420		420	7 MO S/L	280	60
64	New copier - JM Todd, Inc.	8/06/06	7,440		7,440	7 MO S/L	3,631	1,063
65	5 Ton heat pump system	12/20/06	5,872		5,872	15 MO S/L	1,174	392
66	Parking lot repaved	9/17/07	1,700		1,700	15 MO S/L	255	113
67	Sod for backyard	8/15/07	5,408		5,408	15 MO S/L	871	361
68	Security system - 8 color cameras	7/17/07	7,875		7,875	7 MO S/L	2,719	1,125
69	Heat pump	5/05/07	5,279		5,279	7 MO S/L	2,011	754
70	Bryant AC unit	9/13/07	5,661		5,661	7 MO S/L	1,887	809
71	Computer	3/06/07	1,738		1,738	5 MO S/L	985	347
72	Exceed software	8/03/07	4,224		4,224	3 MO S/L	3,403	821
73	Server	8/22/07	2,683		2,683	5 MO S/L	1,252	536
74	Workstation	10/30/07	849		849	5 MO S/L	368	170
75	Computer	3/26/07	1,951		1,951	5 MO S/L	1,073	391
76	2 TVs - one plasma, one LCD	9/17/07	4,000		4,000	5 MO S/L	1,800	800
77	Sleep Number sofa bed	10/26/77	2,900		2,900	7 MO S/L	898	414
78	Hurricane safe shutters	8/01/08	23,344		23,344	15 MO S/L	2,205	1,556
79	Laptop	5/14/08	867		867	5 MO S/L	289	173
80	(2) 50 inch TVs	9/15/08	3,398		3,398	5 MO S/L	906	680
81	(1) Dryer & (1) oven	9/15/08	950		950	7 MO S/L	181	136
82	Apartment bathroom fixtures	10/15/08	3,000		3,000	7 MO S/L	536	428
83	(1) Activity table, (2) benches	8/01/08	1,500		1,500	7 MO S/L	304	214
84	(12) beds, (12) mattresses, dressers	7/01/05	27,671		27,671	7 MO S/L	5,930	3,953
85	(2) Air conditioners	4/23/08	10,106		10,106	7 MO S/L	2,406	1,444
86	Kitchen remodel WLC Designers	5/05/09	30,463		30,463	15 MO S/L	1,354	2,031
87	Kitchen&dining room tile floors	5/20/09	3,243		3,243	15 MO S/L	126	216
88	Kitchen stone counters	5/21/09	6,130		6,130	15 MO S/L	238	409
89	Kitchen appliances	5/11/09	7,160		7,160	7 MO S/L	682	1,023
90	Roof	11/11/09	50,856		50,856	20 MO S/L	424	2,543
91	Gutters	11/11/09	2,392		2,392	25 MO S/L	16	96
92	Drive-thru box 3645 Cleveland Av FM	10/05/09	1,477		1,477	5 MO S/L	74	295
93	Drive-thru box 2886 E Tamiami Tr Naples	10/23/09	739		739	5 MO S/L	25	147
94	Drive-thru box 4695 Tamiamt Tr PC	10/07/09	1,482		1,482	5 MO S/L	74	297
95	Drive-thru box 4245 N Tamiami Tr Naples	9/23/09	1,477		1,477	5 MO S/L	74	295
96	Drive-thru box 4280 Palm Beach Blvd FM	10/06/09	1,477		1,477	5 MO S/L	74	295
97	Drive-thru box 12290 S Cleveland Av FM	10/01/09	1,477		1,477	5 MO S/L	74	295
98	Drive-thru box 13741 N Cleveland Av FM	10/02/09	1,477		1,477	5 MO S/L	74	295
99	Drive-thru box 1222 Cape Coral Pky CC	10/02/09	1,477		1,477	5 MO S/L	74	295
100	Drive-thru box	9/29/09	1,477		1,477	5 MO S/L	74	295
101	Drive-thru box 1715 Del Prado Bld CC	10/05/09	1,477		1,477	5 MO S/L	74	295
102	Drive-thru box 26570 Jones Loop Rd PG	10/07/09	1,482		1,482	5 MO S/L	74	297
103	Drive-thru box 2001 County Rd 951 Naples	10/01/09	1,477		1,477	5 MO S/L	74	295
104	Drive-thru box 1805 Tamiami Tr PC	10/07/09	1,482		1,482	5 MO S/L	74	297
105	Drive-thru box 905 W Sugarland Hwy Clewis	10/02/09	1,482		1,482	5 MO S/L	74	297
106	Drive-thru box 18500 Summerlin Rd FM	10/06/09	1,477		1,477	5 MO S/L	74	295
107	Drive-thru box 295 Colonial Blv FM	10/01/09	1,477		1,477	5 MO S/L	74	295
108	Drive-thru box 5465 N Airport Rd Naples	10/01/09	1,477		1,477	5 MO S/L	74	295
109	Drive-thru box 899 N Collier Blv Marco	9/30/09	1,477		1,477	5 MO S/L	74	295

11-3704163

Federal Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
110	Drive-thru box 13600 Indian Paint Ln FM	10/05/09	1,477		1,477	5 MO S/L	74	295
111	Drive-thru box 7105 Constitution Blv FM	9/30/09	1,477		1,477	5 MO S/L	74	295
112	Drive-thru box 8961 College Pky FM	10/06/09	1,477		1,477	5 MO S/L	74	295
113	Drive-thru box 8 NE Pine Island Rd CC	10/05/09	1,477		1,477	5 MO S/L	74	295
114	Drive-thru box 8875 Davis Blv Naples	10/02/09	1,477		1,477	5 MO S/L	74	295
115	Drive-thru box 24133 Peachland Blv PC	10/07/09	1,482		1,482	5 MO S/L	74	297
116	Drive-thru box 14805 Tamiami Tr N Port	10/06/09	1,482		1,482	5 MO S/L	74	297
117	Drive-thru box 21 Hickpochee LaBelle	10/26/09	1,482		1,482	5 MO S/L	49	297
118	Drive-thru box 3061 NE Pine Island Rd CC	10/01/09	1,477		1,477	5 MO S/L	74	295
119	Drive-thru box 12615 E Tamiami Tr Naples	9/28/09	1,477		1,477	5 MO S/L	74	295
120	Drive-thru box 11411 N Tamiami Tr Naples	10/01/09	1,477		1,477	5 MO S/L	74	295
121	Drive-thru box 1133 Estero Blv FM	9/29/09	1,477		1,477	5 MO S/L	74	295
122	Drive-thru box 1604 W Cape Coral Pky CC	10/01/09	1,477		1,477	5 MO S/L	74	295
123	Drive-thru box 1530 Colonial Blv FM	10/01/09	1,477		1,477	5 MO S/L	74	295
124	Drive-thru box 6065 Pine Ridge Rd Naples	9/28/09	1,477		1,477	5 MO S/L	74	295
125	Drive-thru box 406 N 15th St Imm	9/29/09	1,477		1,477	5 MO S/L	74	295
126	Drive-thru box 27996 Oakland Dr BS	9/29/09	1,477		1,477	5 MO S/L	74	295
127	Drive-thru box 4704 Golden Gate Pky Naples	9/28/09	1,477		1,477	5 MO S/L	74	295
128	Drive-thru box 20310 Grand Oaks Estero	10/02/09	1,477		1,477	5 MO S/L	74	295
129	Drive-thru box 5616 Tavilla Cr Naples	9/28/09	1,477		1,477	5 MO S/L	74	295
130	Drive-thru box 15291 Collier Blv Naples	9/30/09	1,477		1,477	5 MO S/L	74	295
131	Drive-thru box 2404 Santa Barbara Blv CC	10/06/09	1,477		1,477	5 MO S/L	74	295
132	Drive-thru box 8177 Dani Dr FM	10/06/09	1,477		1,477	5 MO S/L	74	295
133	Drive-thru box 2541 Del Prado CC	10/26/09	1,477		1,477	5 MO S/L	49	296
134	Lazy Boy donated furniture	12/07/10	3,545		3,545	7 MO S/L	0	42
135	Computer	3/08/10	759		759	5 MO S/L	0	127
Total Other Depreciation			<u>1,289,949</u>		<u>1,289,949</u>		<u>446,079</u>	<u>67,428</u>
Total ACRS and Other Depreciation			<u>1,289,949</u>		<u>1,289,949</u>		<u>446,079</u>	<u>67,428</u>
Grand Totals			1,289,949		1,289,949		446,079	67,428
Less: Dispositions and Transfers			0		0		0	0
Less: Start-up/Org Expense			0		0		0	0
Net Grand Totals			<u>1,289,949</u>		<u>1,289,949</u>		<u>446,079</u>	<u>67,428</u>

Depreciation Adjustment Report

All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

Taxpayer's Copy

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
5	Dining room chairs	5/20/96	1,044	0	0
6	Dining room table	5/20/96	1,562	0	0
15	Donor board	2/01/98	7,304	0	0
23	Tables and chairs	5/01/99	3,718	0	0
25	Clothes dryer	3/01/00	294	0	0
30	New phone system	7/31/01	10,146	0	0
31	File cabinets	8/31/01	2,324	0	0
32	2001 Chevy Astro van	11/30/00	22,747	0	0
33	Running boards for van	1/31/01	475	0	0
34	Building	8/07/96	845,892	21,690	0
37	Pictures for Ronald House	3/01/02	920	92	0
40	Ceramic tile floors for residence	2/02/03	1,328	88	0
44	Donated furniture - Mungo	8/01/03	80,000	8,000	0
47	Sign on Bass Road	1/31/04	5,000	333	0
48	New freezer	8/25/04	453	43	0
49	(2) Generators	9/01/04	3,380	322	0
53	(3) Washers/ (2) dryers - donated	7/15/04	3,750	268	0
54	Tools	4/21/05	534	76	0
56	Dell laptop	8/29/05	2,804	0	0
58	Mattress	5/11/05	939	118	0
60	Maytag washer - donated	5/01/05	620	88	0
61	Maytag dryer - donated	5/01/05	420	60	0
64	New copier - JM Todd, Inc.	8/06/06	7,440	1,063	0
65	5 Ton heat pump system	12/20/06	5,872	391	0
66	Parking lot repaved	9/17/07	1,700	114	0
67	Sod for backyard	8/15/07	5,408	360	0
68	Security system - 8 color cameras	7/17/07	7,875	1,125	0
69	Heat pump	5/05/07	5,279	754	0
70	Bryant AC unit	9/13/07	5,661	808	0
71	Computer	3/06/07	1,738	348	0
72	Exceed software	8/03/07	4,224	0	0
73	Server	8/22/07	2,683	537	0
74	Workstation	10/30/07	849	169	0
75	Computer	3/26/07	1,951	390	0
76	2 TVs - one plasma, one LCD	9/17/07	4,000	800	0
77	Sleep Number sofa bed	10/26/77	2,900	414	0
78	Hurricane safe shutters	8/01/08	23,344	1,556	0
79	Laptop	5/14/08	867	173	0
80	(2) 50 inch TVs	9/15/08	3,398	679	0
81	(1) Dryer & (1) oven	9/15/08	950	135	0
82	Apartment bathroom fixtures	10/15/08	3,000	429	0
83	(1) Activity table, (2) benches	8/01/08	1,500	214	0
84	(12) beds, (12) mattresses, dressers	7/01/05	27,671	3,953	0
85	(2) Air conditioners	4/23/08	10,106	1,444	0
86	Kitchen remodel WLC Designers	5/05/09	30,463	2,031	0
87	Kitchen&dining room tile floors	5/20/09	3,243	217	0
88	Kitchen stone counters	5/21/09	6,130	409	0
89	Kitchen appliances	5/11/09	7,160	1,023	0
90	Roof	11/11/09	50,856	2,542	0
91	Gutters	11/11/09	2,392	95	0
92	Drive-thru box 3645 Cleveland Av FM	10/05/09	1,477	296	0
93	Drive-thru box 2886 E Tamiami Tr Naples	10/23/09	739	148	0
94	Drive-thru box 4695 Tamiamt Tr PC	10/07/09	1,482	296	0
95	Drive-thru box 4245 N Tamiami Tr Naples	9/23/09	1,477	296	0
96	Drive-thru box 4280 Palm Beach Blvd FM	10/06/09	1,477	296	0
97	Drive-thru box 12290 S Cleveland Av FM	10/01/09	1,477	296	0
98	Drive-thru box 13741 N Cleveland Av FM	10/02/09	1,477	296	0
99	Drive-thru box 1222 Cape Coral Pky CC	10/02/09	1,477	296	0
100	Drive-thru box	9/29/09	1,477	296	0
101	Drive-thru box 1715 Del Prado Bld CC	10/05/09	1,477	296	0
102	Drive-thru box 26570 Jones Loop Rd PG	10/07/09	1,482	296	0
103	Drive-thru box 2001 County Rd 951 Naples	10/01/09	1,477	296	0
104	Drive-thru box 1805 Tamiami Tr PC	10/07/09	1,482	296	0
105	Drive-thru box 905 W Sugarland Hwy Clewiston	10/02/09	1,482	296	0
106	Drive-thru box 18500 Summerlin Rd FM	10/06/09	1,477	296	0
107	Drive-thru box 295 Colonial Blv FM	10/01/09	1,477	296	0
108	Drive-thru box 5465 N Airport Rd Naples	10/01/09	1,477	296	0

Asset	Description	Date In Service	Cost	Tax	AMT
109	Drive-thru box 899 N Collier Blv Marco	9/30/09	1,477	296	0
110	Drive-thru box 13600 Indian Paint Ln FM	10/05/09	1,477	296	0
111	Drive-thru box 7105 Constitution Blv FM	9/30/09	1,477	296	0
112	Drive-thru box 8961 College Pky FM	10/06/09	1,477	296	0
113	Drive-thru box 8 NE Pine Island Rd CC	10/05/09	1,477	296	0
114	Drive-thru box 8875 Davis Blv Naples	10/02/09	1,477	296	0
115	Drive-thru box 24133 Peachland Blv PC	10/07/09	1,482	296	0
116	Drive-thru box 14805 Tamiami Tr N Port	10/06/09	1,482	296	0
117	Drive-thru box 21 Hickpochee LaBelle	10/26/09	1,482	296	0
118	Drive-thru box 3061 NE Piine Island Rd CC	10/01/09	1,477	296	0
119	Drive-thru box 12615 E Tamiami Tr Naples	9/28/09	1,477	296	0
120	Drive-thru box 11411 N Tamiami Tr Naples	10/01/09	1,477	296	0
121	Drive-thru box 1133 Estero Blv FM	9/29/09	1,477	296	0
122	Drive-thru box 1604 W Cape Coral Pky CC	10/01/09	1,477	296	0
123	Drive-thru box 1530 Colonial Blv FM	10/01/09	1,477	296	0
124	Drive-thru box 6065 Pine Ridge Rd Naples	9/28/09	1,477	296	0
125	Drive-thru box 406 N 15th St Imm	9/29/09	1,477	296	0
126	Drive-thru box 27996 Oakland Dr BS	9/29/09	1,477	296	0
127	Drive-thru box 4704 Golden Gate Pky Naples	9/28/09	1,477	296	0
128	Drive-thru box 20310 Grand Oaks Estero	10/02/09	1,477	296	0
129	Drive-thru box 5616 Tavilla Cr Naples	9/28/09	1,477	296	0
130	Drive-thru box 15291 Collier Blv Naples	9/30/09	1,477	296	0
131	Drive-thru box 2404 Santa Barbara Blv CC	10/06/09	1,477	296	0
132	Drive-thru box 8177 Dani Dr FM	10/06/09	1,477	296	0
133	Drive-thru box 2541 Del Prado CC	10/26/09	1,477	295	0
134	Lazy Boy donated furniture	12/07/10	3,545	507	0
135	Computer	3/08/10	759	151	0
Total Other Depreciation			<u>1,289,949</u>	<u>66,292</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>1,289,949</u>	<u>66,292</u>	<u>0</u>
Grand Totals			<u>1,289,949</u>	<u>66,292</u>	<u>0</u>

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest	\$ 43,836		14			
Total	<u>\$ 43,836</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Outside service contracts	\$ 26,720	\$ 23,263	\$ 3,457	\$
Professional fees	35,358	7,959	27,399	
Total	<u>\$ 62,078</u>	<u>\$ 31,222</u>	<u>\$ 30,856</u>	<u>\$ 0</u>

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Miscellaneous	\$ 4,826	\$ 4,722	\$ 54	\$ 50
Volunteer	1,407	1,372		35
Total	<u>\$ 6,233</u>	<u>\$ 6,094</u>	<u>\$ 54</u>	<u>\$ 85</u>