

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RONALD MCDONALD HOUSE CHARITIES OF BALTIMORE INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 635 W LEXINGTON STREET City or town, state or country, and ZIP + 4 BALTIMORE, MD 21201 F Name and address of principal officer RICK SMITH 635 W LEXINGTON ST BALTIMORE, MD 21201	D Employer identification number 52-1184957 E Telephone number (410) 528-1010 G Gross receipts \$ 2,135,261
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
J Website: WWW.RMHCBALTIMORE.ORG		K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation 1979 M State of legal domicile MD

Part I Summary

1	Briefly describe the organization's mission or most significant activities PROVIDES A HOME AWAY FROM HOME FOR SERIOUSLY ILL CHILDREN AND THEIR FAMILIES AND HELPS TO FUND PROGRAMS IN THE STATE OF MARYLAND THAT DIRECTLY IMPROVES THE WELL BEING OF CHILDREN		
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	27
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	26
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	16
6 Total number of volunteers (estimate if necessary)		6	2,600
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
b Net unrelated business taxable income from Form 990-T, line 34		7b	0
		Prior Year	
		Current Year	
8	Contributions and grants (Part VIII, line 1h)	1,679,911	1,760,231
9	Program service revenue (Part VIII, line 2g)	103,768	94,579
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	105,003	122,385
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113,315	100,334
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,001,997	2,077,529
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	78,158	87,736
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	553,158	588,349
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) <u>284,590</u>		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,006,029	1,058,421
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,637,345	1,734,506
19	Revenue less expenses Subtract line 18 from line 12	364,652	343,023
		Beginning of Current Year	
		End of Year	
20	Total assets (Part X, line 16)	7,672,903	7,825,711
21	Total liabilities (Part X, line 26)	248,044	210,481
22	Net assets or fund balances Subtract line 21 from line 20	7,424,859	7,615,230

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 RICK SMITH TREASURER Type or print name and title	2012-10-04 Date	
Paid Preparer's Use Only	Preparer's signature <u>SUSAN KELLER</u> Date Firm's name (or yours if self-employed), address, and ZIP + 4 ELLIN & TUCKER CHARTERED 100 S CHARLES ST SUITE 1300 BALTIMORE, MD 21201	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00245169 EIN <u>52-0959934</u> Phone no <u>(410) 727-5735</u>

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 Yes No

1 Briefly describe the organization's mission
 RONALD MCDONALD HOUSE CHARITIES OF BALTIMORE, INC PROVIDES A HOME AWAY FROM HOME FOR SERIOUSLY ILL CHILDREN AND THEIR FAMILIES AND HELPS TO FUND PROGRAMS IN THE STATE OF MARYLAND THAT DIRECTLY IMPROVES THE WELL BEING OF CHILDREN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,189,007 including grants of \$) (Revenue \$ 99,031)
 RONALD MCDONALD HOUSE CHARITIES OF BALTIMORE, INC OWNS AND OPERATES THE RONALD MCDONALD HOUSE THE BALTIMORE RONALD MCDONALD HOUSE IS LOCATED IN THE CITY OF BALTIMORE THE FIVE HOSPITALS PRIMARILY SERVED BY THE RONALD MCDONALD HOUSE ARE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, JOHNS HOPKINS HOSPITAL, SINAI HOSPITAL, MT WASHINGTON PEDIATRIC HOSPITAL AND KENNEDY KRIEGER INSTITUTE THERE ARE NO SPECIFIC GEOGRAPHIC PARAMETERS REGARDING SERVICE, AS THE HOUSE SERVES FAMILIES FROM EVERY PART OF THE STATE OF MARYLAND AS WELL AS ALL CORNERS OF THE WORLD TO BE ELIGIBLE TO STAY AT THE HOUSE, A FAMILY MUST HAVE A CHILD AGE 21 OR YOUNGER RECEIVING TREATMENT AT ANY ONE OF THE AREA HOSPITALS THE FAMILIES MUST BE REFERRED BY A SOCIAL WORKER FROM THE HOSPITAL TO STAY AT THE HOUSE FAMILIES ARE ASKED TO DONATE A DE MINIMUS AMOUNT FOR THE ROOM AND THE PARKING GARAGE THE REQUESTED DONATION IS \$15 PER NIGHT, WHICH ONLY PARTLY DEFRAYS OPERATING COSTS HOWEVER, THE SOCIAL WORKERS DETERMINE EACH FAMILY'S ABILITY TO DONATE AND THE ROOM AND PARKING CHARGES CAN BE REDUCED OR WAIVED IN THEIR ENTIRETY, WITHOUT AFFECTING ELIGIBILITY THE HOUSE HAS 37 ROOMS, PRIMARILY WITH A DOUBLE AND SINGLE BED IN EACH ROOM THERE ARE 2 ROOMS WITH SINGLE BEDS ONLY AND 2 SUITES CONTAINING A LIVING ROOM AND KITCHEN THE OCCUPANCY RATE AVERAGED 87% DURING 2011 MORE THAN 2,600 VOLUNTEERS ASSISTED DURING THE YEAR BY PROVIDING MEALS FOR THE FAMILIES, CLERICAL SUPPORT, GARDENING, AND HOSTING SPECIAL EVENTS FOR THE FAMILIES ADDITIONALLY, DONATIONS OF ITEMS SUCH AS PAPER PRODUCTS AND HOUSE SUPPLIES ARE RECEIVED DURING THE YEAR WHICH PROVIDES A SMALL REDUCTION IN EXPENSES FUNDS ARE SOLICITED THROUGH ANNUAL NEWSLETTERS ADDITIONALLY AN ANNUAL GOLF TOURNAMENT IS CONDUCTED IN LATE SUMMER OR EARLY FALL OF EACH YEAR AND HELPS TO RAISE MONEY FOR THE RONALD MCDONALD HOUSE

4b (Code) (Expenses \$ 87,736 including grants of \$ 87,736) (Revenue \$)
 RONALD MCDONALD HOUSE IS THE CORNERSTONE PROGRAM OF RMHC BUT CAN ONLY HELP 37 FAMILIES AT A TIME TO MEET THE BROADER MISSION OF THE ORGANIZATION, RMHC PROVIDED GRANTS TO OTHER NONPROFIT ORGANIZATIONS IN THE STATE OF MARYLAND MONEY USED FOR GRANT MAKING COMES FROM SPECIAL PROMOTIONS HELD BY THE LOCAL MCDONALD FRANCHISES, SPECIALLY DESIGNATED FUNDRAISING ACTIVITIES AND THE MATCHING GRANT ACCOUNT FUNDED BY THE NATIONAL CHAPTER OF RMHC IN OAK BROOK, ILLINOIS

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

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

4e Total program service expenses \$ 1,276,743

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22		No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a	Yes	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	
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 owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35a Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35b		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
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	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable trusts.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (27), 1b (26), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (No), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. SANDY PAGNOTTI, 635 W LEXINGTON STREET, BALTIMORE, MD 21201, (410) 528-1010

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, and **current** key employees 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, or 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 or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BILL PATERAKIS CHAIRMAN	1 00	X		X				0	0	0
(2) CHUCK LANGMEAD VICE CHAIRMAN	1 00	X		X				0	0	0
(3) RICK SMITH TREASURER	1 00	X		X				0	0	0
(4) VANESSA PATERAKIS SECRETARY	1 00	X		X				0	0	0
(5) KEITH PERSINGER IMMEDIATE PAST CHAIRMAN	1 00	X		X				0	0	0
(6) JIMMY BERG CHAIR, DEV/COMMUNICATIONS	1 00	X		X				0	0	0
(7) MARTY DOMRES CHAIR, INVESTMENTS	1 00	X		X				0	0	0
(8) MARK FURR MEMBER-AT-LARGE	1 00	X		X				0	0	0
(9) TINA BAXTER CHAIR, GRANTS	1 00	X		X				0	0	0
(10) FREDERICK BEALEFELD III BOARD MEMBER	1 00	X						0	0	0
(11) ORVILLE BENNING BOARD MEMBER	1 00	X						0	0	0
(12) RICHARD BERMAN BOARD MEMBER	1 00	X						0	0	0
(13) MARK BRODINSKY BOARD MEMBER	1 00	X						0	0	0
(14) STEVEN J CZINN MD BOARD MEMBER	1 00	X						0	0	0
(15) JOE EHRMANN BOARD MEMBER	1 00	X						0	0	0
(16) KIRSTEN ERIKSSON BOARD MEMBER	1 00	X						0	0	0
(17) CARLA HAYDEN BOARD MEMBER	1 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMY LARKIN BOARD MEMBER	1 00	X						0	0	0
(19) FARIDEH MIRMIRAN BOARD MEMBER	1 00	X						0	0	0
(20) MIKE MOORE BOARD MEMBER	1 00	X						0	0	0
(21) ANITA NUCCI BOARD MEMBER	1 00	X						0	0	0
(22) SCOTT REBER BOARD MEMBER	1 00	X						0	0	0
(23) STEVAN G SIMONS BOARD MEMBER	1 00	X						0	0	0
(24) STACEY ULLRICH BOARD MEMBER	1 00	X						0	0	0
(25) LORETTA LEWIS WALL BOARD MEMBER	1 00	X						0	0	0
(26) ALVIN WILLIAMS BOARD MEMBER	1 00	X						0	0	0
(27) SANDY PAGNOTTI EXECUTIVE DIRECTOR	40 00	X		X				120,000	0	831
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								120,000	0	831

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

			(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	49,683				
	b	Membership dues 1b					
	c	Fundraising events 1c	363,150				
	d	Related organizations 1d	39,352				
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,308,046				
	g	Noncash contributions included in lines 1a-1f \$ <u>10,201</u>					
	h	Total. Add lines 1a-1f ▶		1,760,231			
Program Service Revenue	2a	GUEST DONATIONS					
		Business Code					
		624221	94,579	94,579			
	b						
	c						
	d						
	e						
f	All other program service revenue						
g	Total. Add lines 2a-2f ▶		94,579				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		122,385		122,385	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income 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 and sales expenses					
c	Gain or (loss)						
d	Net gain or (loss) ▶						
8a	Gross income from fundraising events (not including \$ <u>363,150</u> of contributions reported on line 1c) See Part IV, line 18 a	153,614					
b	Less direct expenses b	57,732					
c	Net income or (loss) from fundraising events ▶		95,882		95,882		
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	Business Code					
11a	RMH CLOTHING AND MISC	453220	4,452	4,452			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		4,452				
12	Total revenue. See Instructions ▶		2,077,529	99,031	0	218,267	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	87,736	87,736		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	120,831	79,367	11,679	29,785
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	404,730	265,845	39,119	99,766
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	14,294	9,389	1,382	3,523
10	Payroll taxes	48,494	31,853	4,687	11,954
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	18,397		18,397	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	28,597		28,597	
g	Other	37,471	1,184	36,287	
12	Advertising and promotion				
13	Office expenses	24,460	19,066	5,394	
14	Information technology				
15	Royalties				
16	Occupancy	197,076	187,013	9,238	825
17	Travel	43,784	43,652		132
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,778	4,379	4,399	
20	Interest				
21	Payments to affiliates	73,473	73,473		
22	Depreciation, depletion, and amortization	358,568	326,516		32,052
23	Insurance	28,955	25,291	3,664	
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	SPECIAL EVENT EXPENSE	106,434			106,434
b	CLEANING SERVICE	66,098	66,098		
c	HOUSE SUPPLIES	29,364	29,364		
d	FAMILY EXPENSES	19,199	19,199		
e					
f	All other expenses	17,767	7,318	10,330	119
25	Total functional expenses. Add lines 1 through 24f	1,734,506	1,276,743	173,173	284,590
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	790,035	2	988,218
	3 Pledges and grants receivable, net	191,163	3	175,518
	4 Accounts receivable, net		4	
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,014	9	30,607
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,603,037		
	b Less accumulated depreciation	10b 3,284,634	3,603,669	10c 3,318,403
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	3,077,022	12	3,312,965
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,672,903	16	7,825,711	
Liabilities	17 Accounts payable and accrued expenses	248,044	17	210,481
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	248,044	26	210,481
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	6,943,609	27	7,133,980
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	481,250	29	481,250
	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	7,424,859	33	7,615,230	
34 Total liabilities and net assets/fund balances	7,672,903	34	7,825,711	

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	2,077,529
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,734,506
3	Revenue less expenses Subtract line 2 from line 1	3	343,023
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,424,859
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-152,652
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	7,615,230

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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separated 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2011

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 BALTIMORE INC

Employer identification number
52-1184957

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 **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 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?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,211,179	1,843,773	1,342,113	1,719,263	1,794,076	7,910,404
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	119,571	96,897	106,835	109,175	100,334	532,812
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	1,330,750	1,940,670	1,448,948	1,828,438	1,894,410	8,443,216
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	308,700	305,730	212,832	402,649	588,901	1,818,812
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						0
c Add lines 7a and 7b	308,700	305,730	212,832	402,649	588,901	1,818,812
8 Public Support (Subtract line 7c from line 6)						6,624,404

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	1,330,750	1,940,670	1,448,948	1,828,438	1,894,410	8,443,216
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	109,678	108,367	79,873	84,948	122,385	505,251
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	109,678	108,367	79,873	84,948	122,385	505,251
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)	1,440,428	2,049,037	1,528,821	1,913,386	2,016,795	8,948,467
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2011 (line 8 column (f) divided by line 13 column (f))	15	74.030 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	83.850 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	5.650 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	5.790 %

- 19a 33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF BALTIMORE INC

Employer identification number 52-1184957

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 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	481,250	481,250	481,250	481,250	
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	481,250	481,250	481,250	481,250	

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

- a** Board designated or quasi-endowment
- b** Permanent endowment 100 000 %
- c** Term endowment

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,647,558	2,573,252	2,074,306
c Leasehold improvements		1,591,665	506,103	1,085,562
d Equipment		104,744	63,039	41,705
e Other		259,070	142,240	116,830
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,318,403

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,077,529
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,734,506
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	343,023
4	Net unrealized gains (losses) on investments	4	-152,652
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-152,652
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	190,371

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

1	Total revenue, gains, and other support per audited financial statements	1	1,930,125
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-152,652
b	Donated services and use of facilities	2b	33,845
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-118,807
3	Subtract line 2e from line 1	3	2,048,932
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	28,597
c	Add lines 4a and 4b	4c	28,597
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	2,077,529

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

1	Total expenses and losses per audited financial statements	1	1,739,754
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	33,845
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	33,845
3	Subtract line 2e from line 1	3	1,705,909
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	28,597
c	Add lines 4a and 4b	4c	28,597
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	1,734,506

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PART V - THE ORGANIZATION'S PERMANENT ENDOWMENT CONSISTS OF ONE DONOR RESTRICTED FUND ESTABLISHED TO PROVIDE A SOURCE OF INCOME FOR ONGOING OPERATING EXPENSES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION FOLLOWS THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THE INCOME TAXES TOPIC OF THE CODIFICATION THE CODIFICATION REQUIRES THE EVALUATION OF TAX POSITIONS, WHICH INCLUDE MAINTAINING ITS TAX-EXEMPT STATUS AND THE TAXABILITY OF ANY UNRELATED BUSINESS INCOME, AND DOES NOT ALLOW RECOGNITION OF TAX POSITIONS WHICH DO NOT MEET A "MORE-LIKELY-THAN-NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT WOULD NOT MEET THIS THRESHOLD THE ORGANIZATION FILES FEDERAL AND STATE INFORMATION RETURNS AND IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY MAJOR TAX AUTHORITIES FOR YEARS PRIOR TO 2008
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT MGMT FEES NETTED WITH INVESTMENT INCOME 28,597
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT MGMT FEES NETTED WITH INVESTMENT INCOME 28,597

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

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 BALTIMORE INC

Employer identification number

52-1184957

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a Mail solicitations
b Internet and e-mail 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. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (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.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>GOLF TOURNAMENT</u> (event type)	(b) Event #2 <u>MCDONALD'S PROMOTIONS</u> (event type)	(c) Other Events <hr/> (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	430,125	86,629		516,754
	2 Less Charitable contributions	363,150			363,150
	3 Gross income (line 1 minus line 2)	66,975	86,629		153,604
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	7,787			7,787
	6 Rent/facility costs	12,784			12,784
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	37,161			37,161
10 Direct expense summary Add lines 4 through 9 in column (d) ▶					(57,732)
11 Net income summary Combine lines 3 and 10 in column (d) ▶					95,872

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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

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

b If "Yes," Explain _____

- 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

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

14 Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I (Form 990)
 Department of the Treasury
 Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
 Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
 Attach to Form 990

OMB No 1545-0047
2011
 Open to Public Inspection

Name of the organization
 RONALD MCDONALD HOUSE CHARITIES OF BALTIMORE INC

Employer identification number
 52-1184957

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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) JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	10,000				FUNDING THE FURNISHING OF TWO PLAYROOMS AT THE NEW HOSPITAL
(2) KIDS OF HONOR INC PO BOX 1131 C/O PAULA T MORRIS SALISBURY, MD 21802	20-0093383	501(C)(3)	5,000				FUNDING THE PURCHASE OF HEALTHY SNACKS AND SUPPLIES FOR THEIR STUDENT PROJECTS
(3) UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION INC 620 WEST LEXINGTON STREET 2ND FLOOR BALTIMORE, MD 21201	31-1678679	501(C)(3)	12,230				FUNDING FOR THE CHILDHOOD OBESITY AND CARDIOVASCULAR HEALTH INITIATIVE
(4) MAKE-A-WISH FOUNDATION OF MID-ATLANTIC INC 5272 RIVER ROAD SUITE 700 BETHESDA, MD 20816	52-1306075	501(C)(3)	5,118				FUNDING A WISH BENEFITTING A CHILD WITH A LIFE THREATENING MEDICAL CONDITION
(5) YWCA OF ANNAPOLIS & ANNE ARUNDEL COUNTY 1517 RITCHIE HIGHWAY ARNOLD, MD 21012	52-0591702	501(C)(3)	7,210				FUNDING FOR THE ART & PLAY THERAPY RESOURCES
(6) INNTERIM HOUSING CORPORATION 112 SUDBROOK LANE BALTIMORE, MD 21208	52-1714903	501(C)(3)	10,000				FUNDING FOR THE SUDBROOK PLAYGROUND PROJECT
(7) UNIVERSITY OF MARYLAND FOUNDATION INC 3300 METZEROTT ROAD ADELPHI, MD 20783	52-1125663	501(C)(3)	11,500				FUNDING FOR TWO WEEK SUMMER CAMP, REACH FOR THE STARS
(8) THE BENEDICTINE SCHOOL FOR EXCEPTIONAL CHILDREN INC 14299 BENEDICTINE LANE RIDGELY, MD 21660	52-1479494	501(C)(3)	15,500				FUNDING THE PLAY TO GROW PLAYGROUND REFURBISHING PROJECT

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 BENEFICIARIES OF THE GRANTS ARE REQUIRED TO SUBMIT WRITTEN REPORTS DETAILING THE USE OF THE AWARDED FUNDS

Software ID:

Software Version:

EIN: 52-1184957

Name: RONALD MCDONALD HOUSE CHARITIES OF BALTIMORE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	10,000				FUNDING THE FURNISHING OF TWO PLAYROOMS AT THE NEW HOSPITAL
KIDS OF HONOR INCPO BOX 1131 C/O PAULA T MORRIS SALISBURY, MD 21802	20-0093383	501(C)(3)	5,000				FUNDING THE PURCHASE OF HEALTHY SNACKS AND SUPPLIES FOR THEIR STUDENT PROJECTS
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION INC 620 WEST LEXINGTON STREET 2ND FLOOR BALTIMORE, MD 21201	31-1678679	501(C)(3)	12,230				FUNDING FOR THE CHILDHOOD OBESITY AND CARDIOVASCULAR HEALTH INITIATIVE
MAKE-A-WISH FOUNDATION OF MID-ATLANTIC INC 5272 RIVER ROAD SUITE 700 BETHESDA, MD 20816	52-1306075	501(C)(3)	5,118				FUNDING A WISH BENEFITTING A CHILD WITH A LIFE THREATENING MEDICAL CONDITION
YWCA OF ANNAPOLIS & ANNE ARUNDEL COUNTY 1517 RITCHIE HIGHWAY ARNOLD, MD 21012	52-0591702	501(C)(3)	7,210				FUNDING FOR THE ART & PLAY THERAPY RESOURCES
INNTERIM HOUSING CORPORATION 112 SADBROOK LANE BALTIMORE, MD 21208	52-1714903	501(C)(3)	10,000				FUNDING FOR THE SADBROOK PLAYGROUND PROJECT
UNIVERSITY OF MARYLAND FOUNDATION INC 3300 METZEROTT ROAD ADELPHI, MD 20783	52-1125663	501(C)(3)	11,500				FUNDING FOR TWO WEEK SUMMER CAMP, REACH FOR THE STARS
THE BENEDICTINE SCHOOL FOR EXCEPTIONAL CHILDREN INC 14299 BENEDICTINE LANE RIDGELY, MD 21660	52-1479494	501(C)(3)	15,500				FUNDING THE PLAY TO GROW PLAYGROUND REFURBISHING PROJECT

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. 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 BALTIMORE INC

Employer identification number 52-1184957

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MIKE MOORE	BOARD MEMBER IS EMP OF DELBERT ADAMS CONSTR & FATHER OF A FORMER EMPLOYEE	6,411	REPAIRS AND MAINTENANCE SERVICES PROVIDED BY CONTRACTOR AT FAIR VALUE		No
(2) AMY LARKIN	BOARD MEMBER IS EMPLOYEE OF UNDER ARMOUR & EXEC DIRECTOR OF THE CUPID FDN	2,810	DONATED CASH AND PROVIDED APPAREL AT FAIR VALUE FOR VARIOUS FUNDRAISING EVENTS		No
(3)					No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF BALTIMORE INC

Employer identification number 52-1184957

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food inventory, Drugs, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, and Other (REPAIR AND MAINTENANCE).

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

Summary table with columns Yes and No. Rows 30a, 31, 32a, 33.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
RONALD MCDONALD HOUSE CHARITIES OF BALTIMORE INC

Employer identification number

52-1184957

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS WILLIAM P PATERAKIS AND VANESSA PATERAKIS, ARE SIBLINGS BOARD MEMBER MIKE MOORE IS THE FATHER OF A FORMER EMPLOYEE (TERM 2/2011) AND ALSO IS AN EMPLOYEE OF DELBERT ADAMS CONSTRUCTION GROUP UTILIZED IN THE REPAIRS AND MAINTENANCE OF THE FACILITY
	FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE REVIEWS A DRAFT OF THE FORM 990 IN COORDINATION WITH THE AUDITED FINANCIAL STATEMENTS THE FORM 990 IS EMAILED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL BEFORE SUBMITTAL
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, EVERY BOARD MEMBER SIGNS THE CONFLICT OF INTEREST POLICY STATEMENT THE SIGNED STATEMENTS ARE MAINTAINED IN THE EXECUTIVE DIRECTOR'S OFFICE
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS BENCHMARKED LOCALLY AND NATIONALLY WITH COMPARABLE ORGANIZATIONS NEAR YEAR END AND COMPENSATION FOR THE SUBSEQUENT YEAR IS APPROVED BY THE BOARD OF DIRECTORS AT THE FINAL MEETING EACH YEAR
	FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS ARE AVAILABLE UPON REQUESTS MADE TO THE EXECUTIVE DIRECTOR
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -152,652

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF BALTIMORE INC

Employer identification number

52-1184957

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) RMHCINC 1900 SPRING ROAD STE 310 OAK BROOK, IL 60523 36-2934689	PROVIDE TEMPORARY HOUSING FOR FAMILIES OF TERMINALLY ILL CHILDREN	IL	501(C)(3)	LINE 7			No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)

- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) RMHC INC	Q	114,352	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	
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Schedule R (Form 990) 2011

Additional Data

Software ID:

Software Version:

EIN: 52-1184957

Name: RONALD MCDONALD HOUSE CHARITIES OF
BALTIMORE INC

Form 990, Special Condition Description:

Special Condition Description