

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)

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RONALD MCDONALD HOUSE AT STANFORD		D Employer identification number 94-2538615
	Doing Business As		E Telephone number (650) 470-6000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or country, and ZIP + 4 PALO ALTO, CA 94304		G Gross receipts \$ 11,885,152.
F Name and address of principal officer: ANNETTE EROS SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW. RONALDHOUSE.NET		H(c) Group exemption number ▶	
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: CA	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RONALD MCDONALD HOUSE IS A NURTURING HOME FOR CRITICALLY ILL CHILDREN AND THEIR FAMILIES.		
	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	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	900
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,272,614.	4,220,260.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	198,875.	229,432.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	634,729.	345,966.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,876,503.	4,703,043.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	1,292,704.	1,396,687.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 616,650.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,693,527.	1,912,978.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,986,231.	3,309,665.	
19 Revenue less expenses. Subtract line 18 from line 12	1,890,272.	1,393,378.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	42,366,811.	43,069,805.
	22 Net assets or fund balances. Subtract line 21 from line 20	168,209.	319,960.
		42,198,602.	42,749,845.

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	Date			
	▶ ANNETTE EROS, CEO	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name BARBARA CYPHERS	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00386728
	Firm's name ▶ ARMANINO MCKENNA LLP	Firm's EIN ▶ 94-6214841	Firm's address ▶ 12667 ALCOSTA BOULEVARD, SUITE 500 SAN RAMON, CA 94583-4427	Phone no. 925-790-2600	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: RONALD MCDONALD HOUSE AT STANFORD CREATES A HOME-AWAY-FROM-HOME AND SUPPORTIVE COMMUNITY FOR FAMILIES OF CHILDREN WITH LIFE-THREATENING ILLNESSES RECEIVING SPECIALIZED TREATMENT AT LOCAL HOSPITALS.

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

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

4 Describe the 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 \$ 2,336,549. including grants of \$) (Revenue \$ 229,432.) RONALD MCDONALD HOUSE AT STANFORD OWNS AND OPERATES RONALD MCDONALD HOUSE (HOUSE) IN PALO ALTO, ADJACENT TO THE STANFORD MEDICAL CENTER AND LUCILE PACKARD CHILDREN'S HOSPITAL. THE HOUSE CREATES A HOME-AWAY-FROM-HOME AND SUPPORTIVE COMMUNITY FOR FAMILIES OF CHILDREN WITH LIFE-THREATENING ILLNESSES RECEIVING SPECIALIZED TREATMENT AT LOCAL HOSPITALS. THE FACILITY PROVIDES TEMPORARY LODGING TO FAMILIES OF SERIOUSLY ILL CHILDREN WHO MUST LEAVE THEIR OWN COMMUNITY TO SEEK MEDICAL CARE FOR THEIR CHILD. THE HOUSE CAN ACCOMMODATE 47 FAMILIES PER NIGHT.

SEE SCHEDULE O FOR CONTINUATION

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 2,336,549.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question ID, question text, and Yes/No response columns. Includes rows 1a through 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 1a 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20		
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?	2	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?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	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	9	X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 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 during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CYNTHIA SEMENOFF, DIRECTOR OF FINANCE - 650-470-6009**
520 SAND HILL ROAD, PALO ALTO, CA 94304

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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) HONEY MEIR-LEVI EXECUTIVE DIRECTOR	40.00	X		X			169,176.	0.	51,331.	
(2) BRAD LYMAN PRESIDENT	1.00	X		X			0.	0.	0.	
(3) DENISE COTE VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(4) BRIAN DINSMORE TREASURER	1.00	X		X			0.	0.	0.	
(5) DEBORAH MUELLER SECRETARY	1.00	X		X			0.	0.	0.	
(6) CYNTHIA SEMENOFF DIRECTOR OF FINANCE	40.00			X			93,529.	0.	13,908.	
(7) BERN BEECHAM DIRECTOR	1.00	X					0.	0.	0.	
(8) GREGG DAVIS DIRECTOR	1.00	X					0.	0.	0.	
(9) JUDY KIRKPATRICK DIRECTOR	1.00	X					0.	0.	0.	
(10) ROBERT KRESEK DIRECTOR	1.00	X					0.	0.	0.	
(11) LAURIE LACOB DIRECTOR	1.00	X					0.	0.	0.	
(12) KATIE MARTIN DIRECTOR	1.00	X					0.	0.	0.	
(13) JIM MCCAUGHEY DIRECTOR	1.00	X					0.	0.	0.	
(14) DEAN RISKAS DIRECTOR	1.00	X					0.	0.	0.	
(15) SCOTT RODERICK DIRECTOR	1.00	X					0.	0.	0.	
(16) BARBARA SHAPIRO DIRECTOR	1.00	X					0.	0.	0.	
(17) SUSAN TWIETMEYER DIRECTOR	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) DANIEL BERSTEIN DIRECTOR	1.00	X						0.	0.	0.
(19) KAREN BOYD DIRECTOR	1.00	X						0.	0.	0.
(20) JANICE ROBERTS DIRECTOR	1.00	X						0.	0.	0.
(21) MICHAEL RUBENSTEIN DIRECTOR	1.00	X						0.	0.	0.
(22) ALLISON LEOPOLD TILLEY DIRECTOR	1.00	X						0.	0.	0.
(23) LINDA LYON DEVELOPMENT DIRECTOR	40.00				X			110,443.	0.	6,478.
1b Sub-total								373,148.	0.	71,717.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								373,148.	0.	71,717.

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 **2**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
CUSTOMIZED PERFORMANCE, INC. 1342 RIDDER PARK DRIVE, SAN JOSE, CA 95131	JANITORIAL & HOUSEKEEPING	112,303.

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 **1**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 16,124.					
	b Membership dues	1b					
	c Fundraising events	1c 1,167,513.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,036,623.					
	g Noncash contributions included in lines 1a-1f: \$	481,509.					
	h Total. Add lines 1a-1f		4,220,260.				
	Program Service Revenue	2 a PROGRAM SERVICE REV	Business Code 624100	169,026.	169,026.		
b ROOM DONATIONS		624100	60,406.	60,406.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			229,432.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		505,580.			505,580.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	6440299.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	6599913.				
		c Gain or (loss)	-159614.				
	d Net gain or (loss)		-159,614.			-159,614.	
	8 a Gross income from fundraising events (not including \$ 1,167,513. of contributions reported on line 1c). See Part IV, line 18	a	278,201.				
		b Less: direct expenses	b 436,350.				
c Net income or (loss) from fundraising events			-158,149.			-158,149.	
9 a Gross income from gaming activities. See Part IV, line 19	a	204,550.					
	b Less: direct expenses	b 145,846.					
	c Net income or (loss) from gaming activities		58,704.			58,704.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	624100	6,830.			6,830.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		6,830.					
12 Total revenue. See instructions.		4,703,043.	229,432.	0.	253,351.		

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				
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	334,797.	200,878.	100,529.	33,390.
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	853,585.	512,151.	97,310.	244,124.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	35,323.	21,194.	3,238.	10,891.
9 Other employee benefits	80,218.	48,131.	7,550.	24,537.
10 Payroll taxes	92,764.	55,659.	14,842.	22,263.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	32,308.	19,385.	5,169.	7,754.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	76,244.		76,244.	
g Other	191,310.	184,812.	2,601.	3,897.
12 Advertising and promotion				
13 Office expenses	39,562.	32,458.	3,030.	4,074.
14 Information technology	18,997.	14,197.	1,920.	2,880.
15 Royalties				
16 Occupancy	373,693.	362,683.	7,340.	3,670.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	33,658.	20,195.	5,385.	8,078.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	430,407.	417,495.	8,608.	4,304.
23 Insurance	64,221.	62,295.	1,284.	642.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING AND SUPPLIES	448,400.	299,853.	1,989.	146,558.
b DONOR ENG & RECOGNITION	149,847.	37,412.	18,164.	94,271.
c PUBLIC RELATIONS & NEWS	45,308.	42,401.	1,163.	1,744.
d TAXES AND FEES	9,023.	5,350.	100.	3,573.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,309,665.	2,336,549.	356,466.	616,650.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,666,206.	1	4,353,816.	
	2 Savings and temporary cash investments	6,601,996.	2	8,800,554.	
	3 Pledges and grants receivable, net	2,426,898.	3	769,019.	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	29,249.	9	34,552.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,907,145.			
	b Less: accumulated depreciation	10b 4,990,384.	13,339,263.	10c	12,916,761.
	11 Investments - publicly traded securities	15,150,616.	11	14,101,351.	
	12 Investments - other securities. See Part IV, line 11	0.	12	0.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	2,152,583.	15	2,093,752.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,366,811.	16	43,069,805.		
Liabilities	17 Accounts payable and accrued expenses	6,868.	17	39,798.	
	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	161,341.	25	280,162.	
	26 Total liabilities. Add lines 17 through 25	168,209.	26	319,960.	
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	19,653,300.	27	19,614,815.	
	28 Temporarily restricted net assets	13,569,927.	28	14,066,489.	
	29 Permanently restricted net assets	8,975,375.	29	9,068,541.	
	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	42,198,602.	33	42,749,845.		
34 Total liabilities and net assets/fund balances	42,366,811.	34	43,069,805.		

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	4,703,043.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,309,665.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,393,378.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,198,602.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-842,135.
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	42,749,845.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization RONALD MCDONALD HOUSE AT STANFORD	Employer identification number 94-2538615
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(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).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	3277218.	3079548.	7288376.	4272615.	4220260.	22138017.
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	3277218.	3079548.	7288376.	4272615.	4220260.	22138017.
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)						2739938.
6 Public support. Subtract line 5 from line 4.						19398079.

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	3277218.	3079548.	7288376.	4272615.	4220260.	22138017.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	566,604.	462,835.	485,225.	471,034.	505,580.	2491278.
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.)	12,526.	7,591.	7,277.	6,651.	6,830.	40,875.
11 Total support. Add lines 7 through 10						24670170.
12 Gross receipts from related activities, etc. (see instructions)					12	2,953,673.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	78.63	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	79.35	%
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 checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 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 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) 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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

RONALD MCDONALD HOUSE AT STANFORD

Employer identification number

94-2538615

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

(check all that apply):

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,505,394.	13,551,759.	12,014,849.	15,517,474.	
b Contributions	93,166.	39,844.	41,171.	72,258.	
c Net investment earnings, gains, and losses	-472,850.	1,526,931.	2,117,170.	-3,574,883.	
d Grants or scholarships					
e Other expenditures for facilities and programs		613,140.	621,431.		
f Administrative expenses					
g End of year balance	14,125,710.	14,505,394.	13,551,759.	12,014,849.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	17,167,020.		4,330,441.	12,836,579.
c Leasehold improvements				
d Equipment	686,873.		659,943.	26,930.
e Other	53,252.			53,252.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				12,916,761.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EXPENSES	280,162.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	280,162.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,703,043.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,309,665.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,393,378.
4	Net unrealized gains (losses) on investments	4	-783,304.
5	Donated services and use of facilities	5	-58,831.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-842,135.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	551,243.

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	4,703,337.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-783,304.
b	Donated services and use of facilities	2b	352,698.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	582,196.
e	Add lines 2a through 2d	2e	151,590.
3	Subtract line 2e from line 1	3	4,551,747.
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	151,296.
c	Add lines 4a and 4b	4c	151,296.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,703,043.

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

1	Total expenses and losses per audited financial statements	1	4,152,094.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	411,529.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	582,196.
e	Add lines 2a through 2d	2e	993,725.
3	Subtract line 2e from line 1	3	3,158,369.
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	151,296.
c	Add lines 4a and 4b	4c	151,296.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,309,665.

Part XIV Supplemental Information

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

PART V, LINE 4: THE HOUSE'S ENDOWMENT CONSISTS OF DONOR RESTRICTED

FUNDS ESTABLISHED FOR THE BENEFIT OF THE HOUSE. ALL ENDOWMENT GIFTS

STIPULATE THAT THE PRINCIPAL REMAIN INTACT AND THAT INVESTMENT EARNINGS BE

EXPENDED ON HOUSE OPERATIONS. THE HOUSE HAS A POLICY THAT PROVIDES THE

BOARD OF DIRECTORS THE DISCRETION TO SPEND UP TO 4.5% OF THE THREE YEAR

ROLLING AVERAGE OF THE ACTUAL FUND'S VALUE. IN ESTABLISHING THIS POLICY,

THE HOUSE CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT.

ACCORDINGLY, OVER THE LONG TERM, THE HOUSE EXPECTS THE CURRENT SPENDING

Part XIV Supplemental Information (continued)

POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 3% ANNUALLY. THIS IS CONSISTENT WITH THE ORGANIZATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

PART X, LINE 2: THE HOUSE FOLLOWS FASB ASC TOPIC 740 INCOME TAXES TO ACCOUNT FOR UNCERTAIN TAX POSITIONS. MANAGEMENT HAS CONCLUDED THAT THE HOUSE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENT TO THE STATEMENT OF POSITION TO COMPLY WITH PROVISIONS OF THIS GUIDANCE.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE	582,196.
-----------------------	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT BENEFIT COSTS	151,296.
------------------------------------	----------

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE	582,196.
-----------------------	----------

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT BENEFIT COSTS	151,296.
------------------------------------	----------

SPECIAL EVENTS INCLUDE TWO MAJOR FUNDRAISING EVENTS, DENIM TO DIAMONDS AND THE RANDY CROSS INVITATIONAL WHICH ARE HELD ANNUALLY ALONG WITH VARIOUS OTHER SPECIAL EVENTS. INCLUDED AS PART OF THE RANDY CROSS INVITATIONAL IS A RAFFLE AND DRAWING ON THE DAY OF THE EVENT. INCLUDING EVENT ASSOCIATED CONTRIBUTIONS, TOTAL PROCEEDS FROM SPECIAL EVENTS AND THE RAFFLE WERE APPROXIMATELY \$1,730,000 AND ASSOCIATED EXPENSES WERE APPROXIMATELY

Part XIV Supplemental Information *(continued)*

\$650,000 INCLUDED IN THESE REVENUE AND EXPENSE AMOUNTS ARE APPROXIMATELY \$300,000 OF IN-KIND CONTRIBUTIONS OF GOODS AND SERVICES PROVIDED AS AN INTEGRAL PART OF THESE EVENTS. NET PROCEEDS FROM THESE EVENTS WERE APPROXIMATELY \$1,080,000.

COPY

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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.**

Open To Public Inspection

Name of the organization

RONALD MCDONALD HOUSE AT STANFORD

Employer identification number

94-2538615

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

2 a 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			
Total						

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.

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
		DENIM TO DIAMONDS DIN	RANDY CROSS INVITATIONAL	1	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	752,073.	465,255.	228,385.	1,445,713.
	2 Less: Charitable contributions	565,422.	373,705.	228,385.	1,167,512.
	3 Gross income (line 1 minus line 2)	186,651.	91,550.		278,201.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	114,901.	23,230.		138,131.
	6 Rent/facility costs	12,400.	38,913.		51,313.
	7 Food and beverages	34,350.	24,575.		58,925.
	8 Entertainment	6,028.	0.		6,028.
	9 Other direct expenses	94,203.	87,750.		181,953.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(436,350)
	11 Net income summary. Combine line 3, column (d), and line 10				-158,149.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			204,550.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			145,846.	145,846.
	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 checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(145,846)	
8 Net gaming income summary. Combine line 1, column d, and line 7				58,704.	

9 Enter the state(s) in which the organization operates gaming activities: CA
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 | 100.00 | % |
| b An outside facility | 13b | | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► RONALD MCDONALD HOUSE AT STANFORD

Address ► 520 SAND HILL ROAD - PALO ALTO, CA 94304

- 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).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

RONALD MCDONALD HOUSE AT STANFORD

Employer identification number

94-2538615

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HONEY MEIR-LEVI	(i)	164,176.	5,000.	0.	0.	51,331.	220,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **RONALD MCDONALD HOUSE AT STANFORD** Employer identification number **94-2538615**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	940	57,929.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	28	4,743.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	188	223,598.	COST OF COMPARABLE G
26 Other ▶ (TOYS/HOUSE GO)	X	526	195,239.	COST OF COMPARABLE G
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: A BROKER IS USED TO RECEIVE CONTRIBUTIONS OF STOCK. UPON RECEIPT THE STOCK IS LIQUIDATED.

SCHEDULE M, LINE 26, OTHER: DONATED GOODS RECEIVED FROM VARIOUS DONORS INCLUDING TOYS AND HOUSEHOLD ITEMS UTILIZED BY THE HOUSE TO FULFILL ITS MISSION BY DEFRAYING COSTS THAT WOULD OTHERWISE BE INCURRED FOR PROGRAM SERVICES.

COPY

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

2011

Open to Public
Inspection

Name of the organization

RONALD MCDONALD HOUSE AT STANFORD

Employer identification number

94-2538615

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

FAMILIES OF CRITICALLY ILL CHILDREN AGE 18 AND UNDER ARE REFERRED TO RONALD MCDONALD HOUSE BY PHYSICIANS AND SOCIAL WORKERS. THE HOUSE REQUESTS ONLY A NOMINAL \$10 PER NIGHT, PER FAMILY, WHICH DEFRAYS ONLY A SMALL PART OF THE COST OF HOUSING THE FAMILY. NO FAMILY IS EVER TURNED AWAY DUE TO INABILITY TO PAY. THE HOUSE IS AN APPROVED LODGING FACILITY FOR FAMILIES COVERED BY CALIFORNIA CHILDREN'S SERVICES, INSURANCE PLANS OF MANY OTHER STATES, PLUS KAISER AND OTHER INSURANCE COMPANIES.

THE AVERAGE LENGTH OF STAY AT THE HOUSE HAS RISEN DRAMATICALLY AS MEDICAL ADVANCES ALLOW DOCTORS TO TREAT EVERMORE CRITICALLY ILL CHILDREN. THE HOUSE PROVIDED SERVICES TO NEARLY 500 FAMILIES IN 2011, WITH A TOTAL OF 13,796 GUEST NIGHTS. WHILE THE AVERAGE LENGTH OF STAY FOR A FAMILY IN 2011 WAS 28 DAYS, MORE THAN 60% OF THE HOUSE ROOMS WERE NEEDED FOR LONG-TERM FAMILIES.

IN ORDER TO ASSIST FAMILIES WHO ARE STAYING AT THE HOUSE FOR LONG-TERM STAYS, THE HOUSE STAFFS TEEN AND CHILDREN'S ACTIVITY ROOMS, A COMPUTER LAB, SUMMER CAMP AND OTHER ACTIVITIES. LONG-TERM FAMILIES REQUIRE MORE ACTIVITIES, ESPECIALLY FOR YOUNG CHILDREN WHO MIGHT BE FAR FROM HOME FOR LONG PERIODS OF TIME. ACTIVITIES THAT BUILD A STRONG COMMUNITY AT THE HOUSE PROVIDE THERAPEUTIC BENEFITS TO CHILDREN AND FAMILIES AND AID IN HEALING. KEEPING A REGULAR ROUTINE HELPS FAMILIES MAINTAIN A SENSE OF NORMALCY WHILE LIVING AWAY FROM HOME.

A HOME-AWAY-FROM-HOME

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A FAMILY CARE MANAGER ON STAFF IS RESPONSIBLE FOR ENSURING THAT THE 47 ROOMS ARE FULLY UTILIZED IN KEEPING WITH THE HOUSE'S MISSION TO PROVIDE A HOME-AWAY-FROM-HOME FOR AS MANY FAMILIES AS POSSIBLE.

APPROXIMATELY 100 VOLUNTEERS SUPPORT THE GUESTS AND STAFF OF THE RONALD MCDONALD HOUSE BY PROVIDING REGISTRATION, OFFICE ASSISTANCE, ACTIVITY COORDINATION, MEAL PREPARATION FOR FAMILIES, AND BUILDING MAINTENANCE. IN ADDITION, 15 VOLUNTEERS STAFF A COMPUTER LEARNING FOR ILL KIDS (CLIK) PROGRAM AND A COMPUTER ROOM WITH INTERNET ACCESS WHERE FAMILIES HAVE ACCESS TO EMAIL; YOUNG PATIENTS CAN KEEP UP WITH THEIR STUDIES AND RELAX WITH COMPUTER GAMES.

SERVICES PROVIDED FOR THE FAMILIES ARE WHAT TRULY MAKE THIS HOUSE A "HOME AWAY FROM HOME," ENABLING MOM AND DAD TO FOCUS ON CARING FOR THEIR SICK CHILD. FAMILY ACTIVITIES PROVIDE AN ENVIRONMENT WHERE ORGANIC AND INFORMAL SUPPORT GROUPS ARE FORMED, STRESS LEVELS ARE DECREASED, AND SMALL "ESCAPES" CAN BE ENJOYED. OVER 200 VOLUNTEERS SUPPORT THE FOLLOWING PROGRAMS THAT BRING JOY AND COMFORT TO FAMILIES DURING A VERY DIFFICULT TIME:

- * MEALS FOR MUNCHKINS
- * "HAPPY WHEELS" HOSPITAL CART
- * FAMILY PORTRAITS
- * HOLIDAY EVENTS & ACTIVITIES
- * HEALTH AND WELLNESS PROGRAMS (MASSAGE, THERAPY, HAIRCUTS, SPA DAYS)

ADDITIONALLY, VOLUNTEERS PROVIDE VITAL SUPPORT FOR THE HOUSE MISSION AS

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MEMBERS OF THE HOUSE BOARD OF DIRECTORS AND OVER 500 VOLUNTEERS HELP CREATE THE HOUSE'S ANNUAL FUNDRAISING EVENTS. IN 2011, VOLUNTEERS PROVIDED OVER 25,000 HOURS OF TIME FOR AN ESTIMATED VALUE OF OVER \$562,000 DRAMATICALLY REDUCING THE NEED FOR HIRED STAFF.

MORE THAN SHELTER

THE HOUSE NURTURES THE WHOLE FAMILY IN ADDITION TO THE CRITICALLY ILL CHILD. HEALING AND PERSONAL WELL-BEING FORM THE FRAMEWORK FOR COMPREHENSIVE PROGRAMMING AT RONALD MCDONALD HOUSE AT STANFORD. IT IS OUR MISSION TO CREATE AN ENVIRONMENT WHERE ADULTS AND CHILDREN FEEL NURTURED AND SAFE, AND WHERE PROGRAMS ARE OFFERED THAT ENRICH THEIR LIVES WHILE AMELIORATING THE STRESS OF COMPLEX CRITICAL TREATMENTS LIKE OPEN-HEART SURGERY, KIDNEY, LUNG OR LIVER TRANSPLANTS, RADIATION, OR BONE MARROW TRANSPLANTS. WHAT A FAMILY RECEIVES WHEN THEY STAY AT THE HOUSE IS MUCH MORE THAN THE BUILDING ITSELF PROVIDES. THEY RECEIVE THE SUPPORT OF ALL THE OTHER FAMILIES OCCUPYING THE 47 ROOMS IN THE HOUSE.

RECENTLY TWO NEW PROGRAMS WERE IMPLEMENTED TO SERVE EVEN MORE FAMILIES OF SERIOUSLY-ILL CHILDREN WHO ARE NOT CURRENTLY STAYING AT THE HOUSE. THE HAPPY WHEELS CART MAKES ROUNDS AT THE HOSPITAL, STAFFED BY HOUSE VOLUNTEERS, AND PROVIDES A BIT OF COMFORT AND LOVE TO PARENTS WITH TOILETRIES, A HOT BEVERAGE OR SNACK, WHILE ALSO KEEPING THE LITTLE ONES ENTERTAINED WITH BOOKS, ACTIVITIES AND TOYS. THE DAY PASS PROGRAM INVITES FAMILIES WHOSE CHILDREN ARE BEING TREATED AT PACKARD CHILDREN'S HOSPITAL TO ENJOY THE COMFORT AND AMENITIES OFFERED AT THE HOUSE FROM 11:00 AM TO 7:00 PM. THIS PROVIDES AN OPPORTUNITY FOR FAMILIES STAYING IN HOTELS OR BEDSIDE TO GET THE RESPITE NEEDED TO HELP THEM MAINTAIN

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THEIR FOCUS ON THEIR CHILD'S HEALTH.

A WELL-MAINTAINED FACILITY

THE HOUSE OFFERS A TRUSTED ENVIRONMENT FOR CRITICALLY ILL CHILDREN TO STAY INCLUDING TWO WINGS SPECIFICALLY DESIGNED FOR CHILDREN WITH SUPPRESSED IMMUNE SYSTEMS DUE TO HEART, LUNG OR STEM CELL TRANSPLANTS. LUCILE PACKARD CHILDREN'S HOSPITAL DOCTORS HAVE SAID THAT THEY ARE MORE LIKELY TO DISCHARGE A PATIENT SOONER, IF THEY KNOW THE CHILD IS GOING TO STAY AT THE HOUSE. TO ENSURE A WELL MAINTAINED FACILITY, THE HOUSE HAS A PREVENTATIVE MAINTENANCE PROGRAM TO KEEP ALL SYSTEMS IN GOOD OPERATING CONDITION. THE HOUSE HAS EMBARKED ON A GREEN INITIATIVE, REPLACING ALL CLEANING PRODUCTS WITH GREEN ALTERNATIVES, AND IS EVALUATING ALL AREAS TO DISCOVER WHERE ADDITIONAL ENVIRONMENTALLY SUSTAINING ALTERNATIVES ARE APPROPRIATE.

LEVERAGING RESOURCES

APPROXIMATELY \$311,000 OF IN-KIND DONATIONS OF GOODS AND SERVICES WERE RECEIVED IN 2011 COVERING PROGRAM EXPENSES THAT THE CHARITY WOULD OTHERWISE HAVE TO PAY, AS WELL AS SPECIAL CHEERING GIFTS FOR THE FAMILIES AND CHILDREN. MAJOR IN-KIND DONATIONS INCLUDE LINEN SERVICE, SOFT DRINKS, RESTAURANT COUPONS FOR GUESTS, FROZEN AND DRY FOOD ITEMS, DONATED DINNERS, CLEANING SUPPLIES, DAILY NEWSPAPERS, AND TOYS AND GAMES FOR THE CHILDREN AND FAMILIES. IN ADDITION, THE LEASED PROPERTY ON WHICH THE HOUSE SITS IS LEASED AT \$1/YEAR FROM STANFORD. THE ANNUAL DONATED LEASE AMOUNT IS CURRENTLY VALUED AT \$228,888.

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ADDITIONALLY, APPROXIMATELY \$300,000 OF IN-KIND GOODS AND SERVICES WERE RECEIVED AND USED FOR FUNDRAISING THROUGH TWO MAJOR ANNUAL EVENTS, MINIMIZING THE COST OF PRODUCING THE EVENTS. THESE FUNDRAISING EVENTS WERE DESIGNED TO BEST UTILIZE THESE GIFTS TO RAISE MUCH NEEDED CASH.

RELYING ON COMMUNITY SUPPORT

WITH OVER 85% OF REVENUE COMING FROM CONTRIBUTIONS, AND HUNDREDS OF HOURS OF HELP EACH WEEK FROM VOLUNTEERS; COMMUNITY SUPPORT IS CRUCIAL TO THE HOUSE'S SUCCESS. ROOM REVENUE REPRESENTS LESS THAN 10% OF THE TOTAL COST OF HOUSING THE FAMILIES WHO STAY AT RONALD MCDONALD HOUSE. THIS ROOM REVENUE IS COMPOSED OF THE DE MINIMUS ROOM RATE PAID BY THE FAMILIES BASED ON THEIR ABILITY TO PAY, AS WELL AS ROOM REVENUE PAID BY STATE-FUNDED AGENCIES, BASED ON ELIGIBILITY OF THE FAMILIES TO RECEIVE THIS AID. NO FAMILY IS EVER EXCLUDED DUE TO INABILITY TO PAY.

AS THE ROOM REVENUE IS THE ONLY TYPE OF "SERVICE FEE" RECEIVED, THE REMAINING 90+% OF THE COST OF PROVIDING HOUSING IS FUNDED BY CONTRIBUTIONS. ALTHOUGH THE PERCENTAGE OF FUNDS NEEDED TO BE RAISED IS ASTRONOMICALLY HIGHER THAN PEER ORGANIZATIONS, FUNDRAISING EFFECTIVENESS, EVEN IN THIS CHALLENGING ECONOMY, HAS BEEN MAINTAINED AT OVER 4.5 (4.5 DOLLARS RAISED FOR EVERY DOLLAR SPENT). THE FUNDRAISING EXPENSE PERCENTAGE IS ONLY AT A SLIGHTLY HIGHER RATE THAN OTHER ORGANIZATIONS THAT RECEIVE A MAJORITY OF THEIR FUNDING FROM SERVICE FEES. OF THE 90+% RAISED TO SUPPORT THE MISSION OF THE HOUSE, LESS THAN 6% COMES FROM MCDONALD'S CORPORATION, ITS FRANCHISE OWNERS AND THEIR LOCAL CHARITY CHAPTER. THE REMAINING 84% COMES FROM INDIVIDUALS, FOUNDATIONS AND CORPORATIONS. IT IS THANKS TO THE FINANCIAL SUPPORT OF

Name of the organization

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OUR GREATER COMMUNITY THAT WE ARE ABLE TO OFFER HELP TO FAMILIES OF CHILDREN WITH LIFE-THREATENING ILLNESS.

LOOKING TOWARDS THE FUTURE

THE DEMAND FOR THE HOUSE'S SERVICES IS GROWING AS THE LEVEL OF CARE PROVIDED BY LUCILE PACKARD CHILDREN'S HOSPITAL CONTINUES TO PROGRESS AND DRAW SICKER CHILDREN. TO MEET THE EXPANDED POPULATION COMING FROM AFAR FOR PEDIATRIC MEDICAL SERVICES THE HOUSE HAS SPENT SEVERAL YEARS ACTIVELY LOOKING FOR A WAY TO GROW TO MEET THE NEED. IN 2011, THE HOUSE BEGAN FORMAL EXPANSION PLANS. STANFORD UNIVERSITY GENEROUSLY OFFERED ANOTHER \$1/YEAR LEASE ON THE PROPERTY NEXT DOOR, WHICH WILL ALLOW US TO BUILD AN ADJACENT 51,000 SQUARE FOOT FACILITY. A NUMBER OF CAPITAL GIFTS WERE SECURED DURING THE YEAR, AND GROUNDWORK WAS LAID FOR THE LAUNCH OF A FORMAL CAPITAL CAMPAIGN.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO REVIEW THE ORGANIZATION'S FORM 990 BEFORE IT IS FILED WITH THE IRS. THE FINANCE COMMITTEE SUBSEQUENTLY REVIEWS THE FORM 990 AND APPROVES IT FOR SUBMISSION TO THE IRS. COPIES OF THE FORM 990 AND ALL RELATED SHCEDULES ARE PROVIDED TO THE BOARD BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE ORGANIZATION. POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD AND REVIEWED BY A COMMITTEE OF THE BOARD.

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FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION COMMITTEE, COMPOSED OF INDEPENDENT DIRECTORS AND OFFICERS OF THE ORGANIZATIONS GOVERNING BODY, MEETS ANNUALLY TO REVIEW AND APPROVE THE COMPENSATION OF THE EXECUTIVE DIRECTOR. USING INPUT FROM AN OUTSIDE COMPENSATION FIRM THE COMMITTEE REVIEWS ANALYSIS OF SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR ORGANIZATION PREPARED BY AN INDEPENDENT COMPENSATION CONSULTANT. MINUTES OF THE MEETING ARE RECORDED AND FILED. THIS PROCESS WAS LAST UNDERTAKEN FOR FISCAL 2011.

FORM 990, PART VI, SECTION C, LINE 19: THE HOUSE MAINTAINS ITS ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS AT ITS CURRENT LOCATION: 520 SAND HILL ROAD IN PALO ALTO, CALIFORNIA. COPIES OF THESE DOCUMENTS ARE AVAILABLE ON REQUEST FOR A NOMINAL FEE.

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

NET UNREALIZED LOSSES ON INVESTMENTS:	-783,304.
DONATED SERVICES AND USE OF FACILITIES:	-58,831.
TOTAL TO FORM 990, PART XI, LINE 5	-842,135.

FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BUILDING	VARIOUS	SL	40.00		16	17167020.				17167020.	3,914,179.		429,176.	4,343,355.
	* 990 PAGE 10 TOTAL BUILDINGS						17167020.				17167020.	3,914,179.		429,176.	4,343,355.
	MACHINERY & EQUIPMENT														
2	FURNITURE AND EQUIPMENT	VARIOUS	SL	10.00		16	686,873.				686,873.	645,801.		41,072.	686,873.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						686,873.				686,873.	645,801.		41,072.	686,873.
	OTHER														
3	ARTWORK	VARIOUS	NC	.000	HY		53,252.				53,252.			0.	
	* 990 PAGE 10 TOTAL OTHER						53,252.				53,252.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						17907145.				17907145.	4,559,980.		470,248.	5,030,228.