** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service

A Fartha 0046 adameter was

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

| AI | or the | e 20 to calendar year, or tax year beginning and | ending | | |
|-------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------|--------------------------------|
| В | Check if applicable Addre | RONALD MCDONALD HOUSE CHARTITES OF | | D Employer ident | ification number |
| = | Name | | | 50_ | 2625008 |
| | chang Initial return | | Room/suite | E Telephone numl | |
| F | Final | 824 CUTINDEN'C WAY | 1100m/Junto | | -807- 4 663 |
| | termin | | | G Gross receipts \$ | 5,149,025. |
| | Amen | | | H(a) Is this a group | |
| | Application | | | | es? Yes X No |
| | pendir | | 32207 | | es included? Yes No |
| | | empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) c | or 527 | If "No," attach | a list. (see instructions) |
| | | e: > WWW.RMHCJACKSONVILLE.ORG | | H(c) Group exemp | |
| | | organization: X Corporation Trust Association Other ▶ | L Year | of formation: 1985 | M State of legal domicile; FL |
| Pa | | Summary | | DOTING LIND | Omited |
| 9 | 1 | Briefly describe the organization's mission or most significant activities: PROV | TET A | ND CERTOIC | UTHEK TV TNITIDED |
| Activities & Governance | | SERVICES FOR CRITICALLY ILL, CHRONICALLY | | | |
| Veri | | Check this box if the organization discontinued its operations or dispose | | ı | 1 00 |
| Ĝ | | Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) | | | 3 23 4 23 |
| •ජ ග | | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | | | 5 24 |
| ij | | Total number of individuals employed in calendar year 2010 (Fart V, line 2a) | | | 2100 |
| 흕 | 72 | Total unrelated business revenue from Part VIII, column (C), line 12 | | | o 0. |
| Ă | | Net unrelated business taxable income from Form 990-T, line 34 | | | ъ 0. |
| Φ. | <u> </u> | Total and a control of the control o | 1 | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | 30000000 | 2,803,982 | . 2,876,068. |
| Ž | 1 | Program service revenue (Part VIII, line 2g) | | 80,446 | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 447,032 | . 128,395. |
| œ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 30,933 | . 23,502. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,362,393 | 3,062,671. |
| | _ | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 10,000 | . 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | v | 0 | 7.3 |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | mana = | 1,123,798 | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | . 0. |
| ğ | b | Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (D), line 25) | 41. | | |
| ш | 17 | Other expenses (Fart IX, Column (A), lines Tra-Trd, Th-24e) | | 1,073,796 | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,207,594 | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 1,154,799 | |
| ets or lances | | | Be | ginning of Current Yea | |
| SSE | 1 | Total assets (Part X, line 16) | | 24,103,346 | |
| net A | 3 | Total liabilities (Part X, line 26) | | 1,395,681 | |
| P. | 22 art II | Net assets or fund balances. Subtract line 21 from line 20 Signature Block | | 22,707,003 | . 23,200,330. |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedule | s and statem | ents, and to the hest of | my knowledge and helief, it is |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | | | my knowledge and belief, it is |
| - | , 001700 | | , , , , , , , , , , , , , , , , , , , | | |
| Sig | n | Signature of officer | | Date | |
| Her | | DIANE BOYLE, EXECUTIVE DIRECTOR | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Paid | d | M RONALD HARGRAVES JR | Art. | 7 12 17 self-em | |
| Pre | parer | Firm's name CARR, RIGGS & INGRAM, LLC | 7 | Firm's EIN | 72-1396621 |
| Use | Only | Firm's address 637 PARK STREET | | | |
| _ | | JACKSONVILLE, FL 32204 | | Phone no. 9 | 04-356-6023 |
| MAN | the II | 2S discuse this raturn with the preparer shown above? (see instructions) | | | X Yes No |

RONALD MCDONALD HOUSE CHARITIES OF 59-2625008 Page 2 JACKSONVILLE, INC Form 990 (2016) Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III X Briefly describe the organization's mission: RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE SUPPORTS THE HEALTH AND WELL-BEING OF CHILDREN BY PROVIDING LODGING AND OTHER SERVICES FOR CRITICALLY ILL, CHRONICALLY ILL AND SERIOUSLY INJURED CHILDREN AND THEIR FAMILIES. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O. 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 1,865,739 • including grants of \$ (Code:) (Expenses \$) (Revenue \$ RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC. HAS TWO CORE PROGRAMS: THE RONALD MCDONALD HOUSE IN JACKSONVILLE, FLORIDA AND THE RONALD MCDONALD FAMILY ROOM AT WOLFSON CHILDREN'S HOSPITAL. THE RONALD MCDONALD HOUSE (RMH) IS THE CORNERSTONE PROGRAM OF RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC. (RMHC OF JACKSONVILLE). RMH HAS BEEN A "HOME AWAY FROM HOME" IN JACKSONVILLE OVER THE PAST 29 YEARS FOR OVER 33,000 FAMILIES. RMH IS LOCATED IN CLOSE PROXIMITY TO JACKSONVILLE'S MAJOR PEDIATRIC HEALTHCARE FACILITIES, INCLUDING WOLFSON CHILDREN'S HOSPITAL, NEMOURS CHILDREN'S CLINIC, UF HEALTH JACKSONVILLE, BROOKS REHABILITATION AND THE UF PROTON THERAPY INSTITUTE. THE FACILITY OPERATES 365 DAYS A YEAR AND 24 HOURS A DAY. (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$

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

4e Total program service expenses ▶

including grants of \$

1,865,739.

| | | | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 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? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | ٠,, |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | ₩ |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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 | | | x |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | _ |
| e | | 11e | | - |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 445 | x | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 12a | х | |
| | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | 124 | | 1 |
| D | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | | | | |
| _ | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | Ó | |
| _ | complete Schedule G, Part III | 19 | 0 | X |
| | | Form | 990 | (2016 |

Form 990 (2016) JACKSONVILLE, INC
Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----------|
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| þ | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <u>X</u> |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | _X_ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | l I | | 37 |
| | Schedule J | 23 | | <u>X</u> |
| 24a | · · · · · · · · · · · · · · · · · · · | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | v |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | _X_ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | _X_ |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | 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 | | | ٠,, |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 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): | | | - T |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | - | X |
| Ь | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 00- | х | |
| 00 | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c 29 | X | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule will be organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | |
| 30 | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 30 | | <u> </u> |
| 31 | If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete | - | | |
| | Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | _ X_ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | ٠, | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | (0016) |

RONALD MCDONALD HOUSE CHARITIES OF Form 990 (2016) JACKSONVILLE, INC Part V | Statements Regarding Other IRS Filings and Tax Compliance

59-2625008 Page 5

| rai | Check if Schedule O contains a response or note to any line in this Part V | | | | | | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----|-------|-------|--|--|--|--|--|
| | | | | Yes | No | | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 14 | | | | | | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re- | eportable gaming | | | | | | | | |
| | (gambling) winnings to prize winners? | , | 1c | X | | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 24 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | ns? | 2b | X | _ | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | 5) | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | X | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | 0 | 3b | | | | | | | |
| 4a | 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | account)? | 4a | | X | | | | | |
| b | If "Yes," enter the name of the foreign country: | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccounts (FBAR). | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | ction? | 5b | | X | | | | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | ne organization solicit | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | X | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribu- | tions or gifts | | | | | | | | |
| | were not tax deductible? | ., | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | rvices provided to the payor? | 7a | X | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | X | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as required | | | | | | | | |
| | to file Form 8282? | | 7c | | X | | | | | |
| ď | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | contract? | 7e | | X | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | | 7f | | X | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file F | | 7g | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation file a Form 1098-C? | 7h | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | 8 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | |
| а | , | ************** | 9a | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | i i | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | î î | | | | | | | | |
| а | Gross income from members or shareholders | 11a | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | 1 | | | | | |
| | amounts due or received from them.) | 11b | | | 1 | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form | 1041? | 12a | | 1 | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | |
| а | | | 13a | | _ | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | Y Y | | | 1 | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | | | | |
| | Enter the amount of reserves on hand | 13c | | | | | | | | |
| | The state of the s | | 14a | | X | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu | le O | 14b | | | | | | | |
| | | | F | ~ DON | /2016 | | | | | |

Form 990 (2016) JACKSONVILLE, INC 59-2625008 Page 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.

| | | | | X |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|----------|
| 500 | Check if Schedule O contains a response or note to any line in this Part VI | | | A |
| Sec | tion A. Governing Body and Management | | V | Na |
| | Enter the number of voting members of the governing body at the end of the tax year. | | Yes | No |
| та | Enter the flamber of voting members of the gerenming body at the enter of the territory of the second secon | | | |
| | 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 0. Forter the number of voting members included in line 1a, above, who are independent 23 | | | |
| ь | Enter the harmon or voting mornore metadad at time its description | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | اما | | x |
| _ | officer, director, trustee, or key employee? | 2 | - | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | اما | | x |
| | 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? | 5 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 6 | | X |
| 6 | Did the organization have members or stockholders? | - | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | - - | | х |
| | more members of the governing body? | 7a | | <u> </u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | -9L | | x |
| _ | persons other than the governing body? | 7b | - | A |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | х | |
| a | The governing body? | 8a | X | _ |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Δ. | - |
| 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 |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| 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 | v | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | - |
| þ | 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 | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | v | |
| | 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? | | ۱., | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | _ |
| b | Other officers or key employees of the organization | 15b | Х | _ |
| | 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 | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►FL, SC | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availat | ole | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | d finar | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| | SUSAN GENDZIER - 904-807-4663 | | | |
| | 824 CHILDREN'S WAY, JACKSONVILLE, FL 32207 | | | |

JACKSONVILLE, INC

59-2625008

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

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

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

| (A) | (B) | | | (C Pos | | | | (D) | (E) | (F) |
|----------------------------|--------------------------|--------------------------------|-----------------------|-----------|--------------|------------------------------|--------------|----------------------|------------------------------|-----------------------------|
| Name and Title | Average | | not c | heck | more | than | | Reportable | Reportable | Estimated |
| | hours per week | | | | | is bot or/trus | | compensation from | compensation from related | amount of other |
| | (list any | ctor | | | | | | the | organizations | compensation |
| | hours for | Individual trustee or director | 83 | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related organizations | ustee | Institutional trustee | | 93 | ubeus | | (W-2/1099-MISC) | | organization and related |
| | below | dual tr | tional | | nploy | stcon | | | | organizations |
| | line) | Individ | Institu | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JONATHAN ANDERSON | 2.00 | Г | | | | | | | | |
| PRESIDENT | | X | | X | | | | 0. | 0. | 0. |
| (2) DON BALDWIN | 2.00 | | | | | | | | _ i | _ |
| VICE PRESIDENT | | X | | X | | | | 0. | 0. | 0. |
| (3) GREG HOLLAND | 2.00 | | | | | | | | | |
| TREASURER | | X | | X | | _ | | 0. | 0. | 0. |
| (4) JERRY A BRIDGHAM, MD | 2.00 | ļ | | | 1 | | | | | |
| SECRETARY | | X | \perp | Х | L | | L | 0. | 0. | 0. |
| (5) MICHAEL KENDALL | 0.50 | ļ | | | l | | | | | _ |
| DIRECTOR | 0.50 | X | | _ | _ | | | 0. | 0. | 0. |
| (6) AMBER ANTHONY | 0.50 | ١ | | | l | | | | _ | _ |
| DIRECTOR | 0.50 | Х | | L | ┡ | _ | _ | 0. | 0. | 0. |
| (7) MATT CONNELL | 0.50 | ٠, | | | l | | | 0. | 0. | 0. |
| DIRECTOR | 0.50 | X | - | ┝ | ⊢ | ₩ | ⊢ | 0. | 0. | 0. |
| (8) PETER KUCHAR | 0.50 | x | ш | | l | | 1 | 0. | 0. | 0. |
| DIRECTOR | 0.50 | ≏ | - | - | ⊢ | - | - | 0. | | 0. |
| (9) MARK LAMPING DIRECTOR | 0.50 | x | | | 1 | | | 0. | 0. | 0. |
| (10) SHANNON FARLING SCOTT | 0.50 | ╀≏ | ╁ | - | \vdash | \vdash | ┢ | | 0. | <u> </u> |
| DIRECTOR | 0.50 | x | | | 1 | | | 0. | 0. | 0. |
| (11) STEPHANIE COST | 0.50 | +== | \vdash | 1 | \vdash | \vdash | <u> </u> | | | |
| DIRECTOR | | \mathbf{x} | | | l | П | | 0. | 0. | 0. |
| (12) CHRISTOPHER GREENE | 0.50 | t | | | Т | П | | | | |
| DIRECTOR | | x | 1 | | | | | 0. | 0. | 0. |
| (13) STUART KLEIN | 0.50 | | П | | | П | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (14) DAVE MULLINS, SR | 0.50 | | П | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (15) JERON STOKES | 0.50 | | | | | | | | _ | _ |
| DIRECTOR | | X | | | 1_ | | | 0. | 0. | 0. |
| (16) CHUCK DIVITA | 0.50 | | | | | | | _ | | |
| DIRECTOR | | X | _ | L | _ | | | 0. | 0. | 0. |
| (17) JOHN DUCE | 0.50 | | | | | | | | - | |
| DIRECTOR | | X | | | 1_ | <u>_</u> | _ | 0. | 0. | 0. |

59-2625008 Page 8

| (A) | (B) | 1 | 550 | (0 | | 9.100 | | ompensated Employe (D) | (E) | (F | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------|---------------------------------------|-----------------------------------|------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------|-------------|
| Name and title | Average | Average Position | | | | Reportable | Reportable | Estimated | | | |
| Name and the | hours per | (do not check more than one box, unless person is both an | | | | | compensation | compensation | amou | | |
| | week | offi | cer an | d a di | irecto | r/trust | ee) | from | from related | oth | er |
| | (list any | ctor / | | | | $ \ $ | | the | organizations | compen | |
| | hours for related | Individual trustee or director | e e | | | ated | | organization | (W-2/1099-MISC) | from | |
| , | organizations | ustee | Institutional trustee | | 83 | ubeus | | (W-2/1099-MISC) | | organiz and re | |
| | below | dual tr | tiona | | nploy | st co | - | | | organiz | |
| | line) | Indivi | Institu | Officer | Key employee | Highest compensated employee | Former | | | ŭ | |
| (18) BILL HARDAKER | 0.50 | | П | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | | 0. |
| (19) JEFF WYATT | 0.50 | | | | | | | | | | _ |
| DIRECTOR | | X | | | | | | 0. | 0. | | 0. |
| (20) ROSS BERLIN | 0.50 | ١ | | | | | | | 0 | | ^ |
| DIRECTOR | 0.50 | X | | | | | | 0. | 0. | | 0. |
| (21) JOSH BRYAN | 0.50 | ٠., | | | | Ш | | | 0 | | 0 |
| DIRECTOR | 0.50 | X | | | _ | | _ | 0. | 0. | | 0. |
| (22) PAUL PITEL | 0.50 | | | | | | | 0. | 0. | | 0. |
| DIRECTOR | 0.50 | X | - | | _ | H | _ | 0. | 0. | | <u> </u> |
| (23) SHARON WAMBLE-KING | 0.50 | \x | | | | | | 0. | 0. | | 0. |
| DIRECTOR (24) DIANE BOYLE | 40.00 | ╀≏ | - | | - | \vdash | _ | 0. | 0. | | |
| (24) DIANE BUYLE EXECUTIVE DIRECTOR | 40.00 | 1 | | x | | | | 133,807. | 0. | 10. | 553. |
| EXECUTIVE DIRECTOR | | ╆ | \vdash | Α | \vdash | \vdash | _ | 155,007. | 0. | 10, | 333 |
| | | 1 | | | | | | | | | |
| | | ╁ | \vdash | | | \vdash | | | | | |
| | | 1 | | | | | | | | | |
| 1b Sub-total | | | 1 | _ | | _ | • | 133,807. | 0. | 10, | 553. |
| c Total from continuation sheets to F | Part VII. Section A | ***** | | | | | | 0. | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 133,807. | 0. | 10, | 553. |
| 2 Total number of individuals (including | but not limited to t | hose | liste | ed al | bov | e) wh | no r | eceived more than \$100 | 0,000 of reportable | | |
| compensation from the organization | > | | | | | | | | | | 1 |
| | | | | | | | | | | | a Ma |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on | | | | | | | | Ye | SINO | | |
| 3 Did the organization list any former of | officer, director, or tr | uste | e, ke | ey er | mplo | oyee, | or | highest compensated e | mployee on | | |
| line 1a? If "Yes," complete Schedule | J for such individua | I | 00000 | | | | | | | 3 | X |
| line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is | J for such individua the sum of reportal | l ole c | omp | ensa | ation | n and | d ot | her compensation from | the organization | 3 | Х |
| line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater tha | J for such individua the sum of reportat an \$150,000? If "Yes | ole c | omp ompl | ensa ete S | ation | n and | ot J | her compensation from for such individual | the organization | | |
| line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is and related organizations greater tha Did any person listed on line 1a recei | J for such individua the sum of reportal an \$150,000? If "Yes ive or accrue compe | ole c s, " co ensa | omp ompli | ensa ete S | ation School | n and edule y unr | d ot J i elat | her compensation from for such individual ted organization or indiv | the organization | 3 4 | х |
| line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is and related organizations greater tha Did any person listed on line 1a receirendered to the organization? If "Yes | J for such individua the sum of reportal an \$150,000? If "Yes ive or accrue compe | ole c s, " co ensa | omp ompli | ensa ete S | ation School | n and edule y unr | d ot J i elat | her compensation from for such individual ted organization or indiv | the organization | 3 | Х |
| line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is and related organizations greater tha Did any person listed on line 1a receirendered to the organization? If "Yes Section B. Independent Contractors | J for such individua the sum of reportat an \$150,000? If "Yes ive or accrue compe s," complete Schedu | ole c s, " co ensa ule J | omplomplotion t | ensa ete S from uch | ation School any per | n and edule y unr | d ot e J i | her compensation from for such individual ted organization or indiv | the organization idual for services | 3 4 5 | x x x |
| line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater tha 5 Did any person listed on line 1a receirendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high | J for such individuals the sum of reportate an \$150,000? If "Yes ive or accrue compess," complete Schedu | ole co s, " co ensa ule J | omplomplotion to | ensa ete S from uch | ation School any persont | n and edule y unr son | d ot e J i elat | her compensation from for such individual ted organization or indiv | the organization idual for services \$100,000 of compens | 3 4 5 | x x x |
| line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater tha 5 Did any person listed on line 1a receirendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensations | J for such individuals the sum of reportation \$150,000? If "Yes ive or accrue compes," complete Schedunest compensated in for the calendar | ole co s, " co ensa ule J | omplomplotion to | ensa ete S from uch | ation School any persont | n and edule y unr son | d ot e J i elat | her compensation from for such individual ted organization or indiv that received more than the organization's tax | the organization idual for services \$100,000 of compens | 3 4 5 sation from | x x x |
| line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater tha 5 Did any person listed on line 1a received rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation. | J for such individuals the sum of reportate an \$150,000? If "Yes ive or accrue compess," complete Schedu | ole co s, " co ensa ele J ndep | omplomplotion to for sende | ensa ete S from uch ent o | ation School any persont | n and edule y unr son | d ot e J i elat | her compensation from for such individual ted organization or individual that received more than the organization's tax (B) | the organization idual for services \$100,000 of compensyear. | 3 4 5 | x x x |
| line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater tha 5 Did any person listed on line 1a received rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation. | J for such individuals the sum of reportation \$150,000? If "Yes ive or accrue compess," complete Schedulest compensated in for the calendar (A) | ole co s, " co ensa ele J ndep | omplomplotion to | ensa ete S from uch ent o | ation School any persont | n and edule y unr son | d ot e J i elat | her compensation from for such individual ted organization or indiv that received more than the organization's tax | the organization idual for services \$100,000 of compensyear. | 3 4 5 sation from | x x x |
| line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater tha 5 Did any person listed on line 1a received rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation. | J for such individuals the sum of reportation \$150,000? If "Yes ive or accrue compess," complete Schedulest compensated in for the calendar (A) | ole co s, " co ensa ele J ndep | omplomplotion to for sende | ensa ete S from uch ent o | ation School any persont | n and edule y unr son | d ot e J i elat | her compensation from for such individual ted organization or individual that received more than the organization's tax (B) | the organization idual for services \$100,000 of compensyear. | 3 4 5 sation from | x x x |
| line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater tha 5 Did any person listed on line 1a received rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation. | J for such individuals the sum of reportation \$150,000? If "Yes ive or accrue compess," complete Schedulest compensated in for the calendar (A) | ole co s, " co ensa ele J ndep | omplomplotion to for sende | ensa ete S from uch ent o | ation School any persont | n and edule y unr son | d ot e J i elat | her compensation from for such individual ted organization or individual that received more than the organization's tax (B) | the organization idual for services \$100,000 of compensyear. | 3 4 5 sation from | x x x |
| line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater tha 5 Did any person listed on line 1a received rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation. | J for such individuals the sum of reportation \$150,000? If "Yes ive or accrue compess," complete Schedulest compensated in for the calendar (A) | ole co s, " co ensa ele J ndep | omplomplotion to for sende | ensa ete S from uch ent o | ation School any persont | n and edule y unr son | d ot e J i elat | her compensation from for such individual ted organization or individual that received more than the organization's tax (B) | the organization idual for services \$100,000 of compensyear. | 3 4 5 sation from | x x x |
| line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater tha 5 Did any person listed on line 1a received rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation. | J for such individuals the sum of reportation \$150,000? If "Yes ive or accrue compes," complete Schedulest compensated in for the calendar (A) | ole co s, " co ensa ele J ndep | omplomplotion to for sende | ensa ete S from uch ent o | ation School any persont | n and edule y unr son | d ot e J i elat | her compensation from for such individual ted organization or individual that received more than the organization's tax (B) | the organization idual for services \$100,000 of compensyear. | 3 4 5 sation from | x x x |
| line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater tha 5 Did any person listed on line 1a received rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation. | J for such individuals the sum of reportation \$150,000? If "Yes ive or accrue compes," complete Schedulest compensated in for the calendar (A) | ole co s, " co ensa ele J ndep | omplomplotion to for sende | ensa ete S from uch ent o | ation School any persont | n and edule y unr son | d ot e J i elat | her compensation from for such individual ted organization or individual that received more than the organization's tax (B) | the organization idual for services \$100,000 of compensyear. | 3 4 5 sation from | x x x |
| line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater tha 5 Did any person listed on line 1a received rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation. | J for such individuals the sum of reportation \$150,000? If "Yes ive or accrue compes," complete Schedulest compensated in for the calendar (A) | ole co s, " co ensa ele J ndep | omplomplotion to for sende | ensa ete S from uch ent o | ation School any persont | n and edule y unr son | d ot e J i elat | her compensation from for such individual ted organization or individual that received more than the organization's tax (B) | the organization idual for services \$100,000 of compensyear. | 3 4 5 sation from | x x x |
| line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater tha 5 Did any person listed on line 1a received rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation. | J for such individuals the sum of reportation \$150,000? If "Yes ive or accrue compes," complete Schedulest compensated in for the calendar (A) | ole co s, " co ensa ele J ndep | omplomplotion to for sende | ensa ete S from uch ent o | ation School any persont | n and edule y unr son | d ot e J i elat | her compensation from for such individual ted organization or individual that received more than the organization's tax (B) | the organization idual for services \$100,000 of compensyear. | 3 4 5 sation from | X X X |
| line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater tha 5 Did any person listed on line 1a receivendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation. | J for such individuals the sum of reportation \$150,000? If "Yes ive or accrue compes," complete Schedulest compensated in for the calendar (A) | ole co s, " co ensa ele J ndep | omplomplotion to for sende | ensa ete S from uch ent o | ation School any persont | n and edule y unr son | d ot e J i elat | her compensation from for such individual ted organization or individual that received more than the organization's tax (B) | the organization idual for services \$100,000 of compensyear. | 3 4 5 sation from | x x x |
| iine 1a? If "Yes," complete Schedule For any individual listed on line 1a, is and related organizations greater that Did any person listed on line 1a receivendered to the organization? If "Yes Section B. Independent Contractors Complete this table for your five high the organization. Report compensation. Name and bus | J for such individuals the sum of reportation \$150,000? If "Yes ive or accrue compess," complete Schedumest compensated in ion for the calendar (A) isiness address | I | omplomple for s ende end | ensate stromuch | persont with | n and eduke y unn racto or w | ors t | ther compensation from for such individual ted organization or individual that received more than the organization's tax (B) Description of s | the organization idual for services \$100,000 of compensyear. | 3 4 5 sation from | X X X |
| iine 1a? If "Yes," complete Schedule For any individual listed on line 1a, is and related organizations greater tha Did any person listed on line 1a receirendered to the organization? If "Yes Section B. Independent Contractors Complete this table for your five high the organization. Report compensation. | J for such individuals the sum of reportate an \$150,000? If "Yes ive or accrue compets," complete Schedulest compensated in for the calendar (A) is iness address | I | omplomple for s ende end | ensate stromuch | persont with | n and eduke y unn racto or w | ors t | ther compensation from for such individual ted organization or individual that received more than the organization's tax (B) Description of s | the organization idual for services \$100,000 of compensyear. | 3 4 5 sation from | x x x |

Form 990 (2016) JACKSON
Part VIII Statement of Revenue

JACKSONVILLE, INC

59-2625008 Page 9

| _ | | Check if Schedule O cont | ains a response o | or note to any line | (A) | (B) | (C) | (D) |
|---------------------------|------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------|------------------------------------------|----------------------------------|----------------------------------------------------|
| | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| 12 | 1 a | Federated campaigns | 1a | 43,050. | | | | 0.2 |
| Ž | | Membership dues | | | | | | |
| Ę | | Fundraising events | | 432,547. | | | | |
| T.A | | Related organizations | | | | | | |
| 뻍 | | Government grants (contribut | 243247111 | | | | | |
| Si | | All other contributions, gifts, gran | | | | 1 | | |
| ě | Т | similar amounts not included above | | 2,400,471. | | | | |
| ō | _ | | | 409,096 | | | | |
| and Other Similar Amounts | _ | Noncash contributions included in lines | | | 2,876,068. | 1 | | |
| - | | Total. Add lines 1a-1f | | Business Code | =,, | | | |
| . | 2 a | ROOM CONTRIBUTIONS | | 900099 | 34,706. | 34,706. | | |
| Revenue | b | | - | | , i | | | |
| | c | W <u>====================================</u> | | | | | | |
| <u>ē</u> | d | | | | | | | |
| بحرا | | | | | | | | |
| | e | All other program service reve | nnue : | | | | | |
| | | | CONTRACTOR CONTRACTOR (CONTRACTOR CONTRACTOR | • | 34,706. | | | † |
| \dashv | 3 | Total. Add lines 2a-2f Investment income (including | dividends intere | | ,, | | | - |
| - | 3 | other similar amounts) | | | 127,677. | | | 127,677 |
| - 1 | 4 | Income from investment of ta | v.evemnt hand n | roceeds | | | | |
| | 5 | | | 2 T | | | | |
| - 1 | 5 | Royalties | (i) Real | (ii) Personal | | | | |
| - 1 | 6.0 | Grans route | | (ii) i Cisonai | | | | |
| - 1 | | Gross rents | | | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | 4450 | | | | |
| | 7 a | Gross amount from sales of | (i) Securities 1,901,841. | (ii) Other | | | | |
| | | assets other than inventory | 1,501,041. | | | | | |
| | D | Less: cost or other basis | 1 966 705 | 34,418. | | | | |
| | | and sales expenses | | -34,418. | | | | |
| - 1 | | Gain or (loss) | | | 718. | | | 718 |
| - 1 | | Net gain or (loss) | | | 710. | | | ,10 |
| 9 | 8 a | Gross income from fundraisin | | | | | | |
| evenue | | including \$ 432 | | | | | | |
| ďΙ | | contributions reported on line | | 204 829 | | | | |
| Other | | Part IV, line 18 | | 204,828. 184,400. | | | | |
| ₹ | | Less: direct expenses | | | 20 429 | | | 20 429 |
| | | Net income or (loss) from fund | | ······ | 20,428. | | | 20,428 |
| | 9 a | Gross income from gaming ac | | | | | | 1 - |
| | | | a | | | [| | |
| | | Less: direct expenses | | | | | | 1 |
| | | Net income or (loss) from gan | | > | | | | |
| | 10 a | Gross sales of inventory, less | | 4 555 | | [| | 1 |
| | | and allowances | | 1,252. | | | | 1 |
| | | Less: cost of goods sold | | 831. | 404 | 401 | | 1 |
| ŀ | c | Net income or (loss) from sale | | | 421. | 421. | | |
| - | | Miscellaneous Revenu | ie | Business Code 900099 | ח בבי | 2,653. | | 1 |
| ı | 11 a | VENDING MACHINE | | 300033 | 2,653. | 2,033. | | |
| | b | | | | <u> </u> | | | |
| | С | - | | | | | - | |
| | d | All other revenue | | L | 0.000 | | | |
| | е | Total. Add lines 11a-11d | | | 2,653, | | _ | 140.00 |
| | 12 | Total revenue. See instructions. | 000000000000000000000000000000000000000 | | 3,062,671. | 37,780. | 0 | . 148,823 |

59-2625008 Page 10

Form 990 (2016) JACKSONVILLE, INC
Part IX | Statement of Functional Expenses

| | ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons | se or note to any line in | this Part IX | | LI |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|-------------------------------------------|----------------------------------------|
| | not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 133,807. | 93,665. | 20,071. | 20,071. |
| | trustees, and key employees Compensation not included above, to disqualified | 133,007. | 33,003. | 20,071. | 20,071 |
| 6 | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 886,011. | 525,121. | 115,345. | 245,545. |
| 8 | Pension plan accruals and contributions (include | , | , | | |
| • | section 401(k) and 403(b) employer contributions) | 14,349. | 9,092. | 2,532. | 2,725. |
| 9 | Other employee benefits | 93,044. | 63,788. | 16,140. | 13,116. |
| 10 | Payroll taxes | 77,916. | 46,284. | 11,159. | 20,473. |
| 11 | Fees for services (non-employees): | | | | |
| | Management | | | | |
| | Legal | | | | |
| | Accounting | 16,500. | 6,600. | 4,950. | 4,950. |
| d | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| _ | column (A) amount, list line 11g expenses on Sch 0.) | 140,112. | 96,491. | 3,527. | 40,094. |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 85,416. | 39,571. | 16,318. | 29,527. |
| 14 | Information technology | 18,391. | 7,357. | 5,517. | 5,517. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 140,364. | 137,456. | 1,332. | 1,576. |
| 17 | Travel | 13,804. | 6,643. | 3,438. | 3,723. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 44 500 | 0.00 | 0.006 | 267 |
| 19 | Conferences, conventions, and meetings | 11,592. | 962. | 9,936. | 694. |
| 20 | Interest | 31,845. | 665. | 31,038. | 142. |
| 21 | Payments to affiliates | 16,773. | 495,107. | 16,773. | E 0.50 |
| 22 | Depreciation, depletion, and amortization | 505,211. 70,984. | | 5,052. 710. | 5,052. 710. |
| 23 | Insurance | /0,984. | 69,564. | /10• | /10. |
| 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.) | | | | |
| а | DECODAM CUDDITEC | 213,112. | 208,172. | 4,940. | |
| b | MAINTENANCE | 54,993. | 54,993. | | |
| c | INDIRECT FUNDRAISING EX | 34,751. | | | 34,751. |
| d | MISCELLANEOUS | 6,981. | 4,004. | 2,052. | 925. |
| е | All other expenses | 849. | 204. | 295. | 350. |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,566,805. | 1,865,739. | 271,125. | 429,941. |
| 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 if following SOP 98-2 (ASC 958-720) | | | | |

59-2625008 Page 11

| Part X | Balance Sheet | | | |
|----------------------------------|-----------------------------------------------------------------------------------|--------------------------|-----|---------------------------|
| | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | (A) Beginning of year | | (B) End of year |
| - T - | | 100. | | 100 |
| 1 | Cash - non-interest-bearing | 2,274,481. | 1 | 1,157,463 |
| 2 | Savings and temporary cash investments | | 2 | |
| 3 | Pledges and grants receivable, net | 1,684,507. | 3 | 1,097,786 |
| 4 | Accounts receivable, net | 17,429. | 4 | 18,462 |
| 5 | Loans and other receivables from current and former officers, directors, | | | |
| | trustees, key employees, and highest compensated employees. Complete | | | |
| | Part II of Schedule L | | 5 | |
| 6 | Loans and other 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 | | | |
| 3 | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| 7 | Notes and loans receivable, net | | 7 | 105 |
| , В | Inventories for sale or use | | 8 | 427 |
| 9 | Prepaid expenses and deferred charges | 16,429. | 9 | 34,049 |
| 10a | Land, buildings, and equipment: cost or other | | | |
| | basis. Complete Part VI of Schedule D 10a 20,438,596. | | | |
| b | Less: accumulated depreciation 10b 3,253,595. | 14,239,998. | 10c | 17,185,001 |
| 11 | Investments - publicly traded securities | 5,870,402. | 11 | 5,710,532 |
| 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 24,103,346. | 16 | 25,203,820 |
| 17 | Accounts payable and accrued expenses | 1,383,021. | 17 | 206,366 |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | | 19 | 100,000 |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| 3 22 | Loans and other 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 | 1,619,000 |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| - 1 | parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | Schedule D | 12,660. | 25 | 10,064 |
| 26 | Total liabilities. Add lines 17 through 25 | 1,395,681. | 26 | 1,935,430 |
| | Organizations that follow SFAS 117 (ASC 958), check here | | | |
| ន | complete lines 27 through 29, and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | 19,539,292. | 27 | 20,477,982 |
| 28 | Temporarily restricted net assets | 954,242. | 28 | 576,002 |
| 27 28 29 30 31 32 | Permanently restricted net assets | 2,214,131. | 29 | 2,214,406 |
| : | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ | | | |
| 5 | 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 | 22,707,665. | 33 | 23,268,390 |
| 34 | Total liabilities and net assets/fund balances | 24,103,346. | 34 | 25,203,820 |

RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC

| Form | 990 (2016) JACKSONVILLE, INC | 59 | -2625008 | Pag | _{je} 12 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------|------|------------------|
| Pai | rt XI Reconciliation of Net Assets | | | | |
| _ | Check if Schedule O contains a response or note to any line in this Part XI | ****** | | | Ш |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | _1 | 3,062 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,566 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 66. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 22,707 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 64 | 1,8 | 59. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 23,268 | 3,3 | <u>90.</u> |
| Pai | rt XII Financial Statements and Reporting | | | | - |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | **** | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? | | - [| Yes | No X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | d on a | 2b | х | |
| | consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | e audi | t, 2c | х | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits | ired a | | | |
| _ | or accord supposes any an observed and according to the suppose according to the supp | | | 990 | (2016) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number RONALD MCDONALD HOUSE CHARITIES OF Name of the organization 59-2625008 JACKSONVILLE, INC 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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.) 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 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (IV) is the organization listed (vi) Amount of other (v) Amount of monetary (iii) Type of organization (i) Name of supported (ii) EIN in your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

59-2625008 Page 2

Schedule A (Form 990 or 990-EZ) 2016 JACKSONVILLE, INC 59-26250 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.)

| Sec | ction A. Public Support | | | | | | |
|------|----------------------------------------------|-----------------------------|---------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🖊 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2,056,139. | 1,642,749. | 8,443,264. | 2,803,982. | 2,876,068. | 17,822,202. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 2,056,139. | 1,642,749. | 8,443,264. | 2,803,982. | 2,876,068. | 17,822,202. |
| | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | . | | 17,822,202. |
| | ction B. Total Support | | | | | | 21,042,202. |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 4 | 2,056,139. | 1,642,749. | 8,443,264. | 2,803,982. | 2,876,068. | 17,822,202. |
| | Gross income from interest, | 2,000,2021 | 2,012,7121 | 0,110,111 | 2,000,002. | 2,010,0001 | 17,000,000. |
| 0 | · 1 | | | | | | |
| | dividends, payments received on | | | , | | | |
| | securities loans, rents, royalties | 219,409. | 295,114. | 368,010. | 249,018. | 127,677. | 1,259,228. |
| _ | and income from similar sources | 417,403. | 737,114. | 200,010. | 447,U10. | 121,011. | 1,239,228. |
| 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 | 4 200 | 2 050 | 4 | 2 215 | ا م ددء ا | 10 550 |
| | assets (Explain in Part VI.) | 4,300. | 3,959. | 4,551. | 3,315. | 2,653. | 18,778. |
| | Total support. Add lines 7 through 10 | | | | | | 19,100,208. |
| | Gross receipts from related activities, | • | | | | | ,334,320. |
| 13 | First five years. If the Form 990 is for | | first, second, thir | d, fourth, or fifth ta | ix year as a sectio | n 501(c)(3) | |
| 0 | organization, check this box and stop | | | *************************************** | *************************************** | *************************************** | ▶□ |
| _ | ction C. Computation of Publ | | | | | | 02 24 |
| 14 | Public support percentage for 2016 (I | ine 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 93.31 % |
| | Public support percentage from 2015 | | | | | | 92.18 % |
| 16a | 33 1/3% support test - 2016. If the o | - | | • | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2015. If the o | | | | | | |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | t - 2016. If the org | anization did not d | heck a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | | | - | • | • | |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a | publicly supported | d organization | | ▶□ |
| b | 10% -facts-and-circumstances test | t - 2015. If the org | anization did not d | heck a box on line | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets th | ne "facts-and-circu | mstances" test, cl | neck this box and | stop here. Explair | in Part VI how the | |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organizatio | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | | |
| | | | | | | | |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

| Calendary year (or fiscal year to eginning in) P (iii) Gifts, grants, contributions, and membership fees received. (On not include any furnishing fees received for the organization include or furnishing fees from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization without charge for Total Add intelligent 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 for Total Add intelligent for the grantship fees received. (On the organization without charge for Total Add intelligent for the grantship fees received for the grantship fees received for the grantship fees received fees and the grantship fees fees fees grantship fees fees grantship fees fees grantship fees | Section A. Public Support | elow, please com | piete Part II.) | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|-------------------------|-----------------------|----------------------|-----------|
| 1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from activities that control include any "unusual grants.") 2 Gross receipts from activities that on a control include any "unusual grants.") 3 Gross receipts from activities that are not an unusualized to the organizations to ex-empt purpose 3 Gross receipts from activities that are not an unusualized to the organizations benefit and either paid to re-expended on its orbania. The second of the organization benefit and either paid to re-expended on its orbania. The second on the shall be second on the second on the shall be second on the shall be second on the second on the shall be second on the second on the shall be shall be seco | | (2) 2010 | (b) 2012 | (6) 2014 | (4) 2015 | (a) 2016 | (f) Total |
| membership fees received. (Do not include any "Invasual grants.") 2 Gross neselpts from admissions, membrandises sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross neselpts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's tax-exempt purpose 3 Gross neselpts from admission that are not an unrelated trade or business under section 513 5 The value of services or facilities furnished in a service or facilities furnished by a governmental unit to the organization without charge 6 Total Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons but any activities to mission and a received from disqualified persons but any activities to mission and a received from disqualified persons are any activities to a received from disqualified persons are any activities to a received from disqualified persons are any activities and included in line 10b, whether or not the business is activities and included in line 10b, whether or not the business is activities and included in line 10b, whether or not the business is activities and included in line 10b, whether or not the business is activities and included in line 10b, whether or not the business is activities and included in line 10b, whether or not the business is activities and included in line 10b, whether or not the business is activities and included in line 10b, whether or not the business is activities and included in line 10b, whether or not the business is activities and included in line 10b, whether or not the business is activities and included in line 10b, whether or not the business is activities and included in line 10b, wheth | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (a) 2012 | (b) 2013 | (C) 2014 | (0) 2015 | (e) 2016 | (i) iotai |
| include any 'unusual grants.') Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions, and the control of the organization's tax-exempt purpose 3 Gross receipts from advivities that are not an unrelated trade or business under section 513 4 Tax revenues level for the organization's benefit and of their paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without churge 6 Total, Add lines 1 through 5 7 Amounts included on lines 12, and 3 received from disqualified persons by Amounts founded on lines 12, and 3 received from disqualified persons by Amounts founded on lines 12, and 3 received from disqualified persons by Amounts founded on lines 2 and 3 received from disqualified persons by Amounts founded on lines 14 to 10 the service of the disqualified persons by Amounts founded on lines 2 and 3 received from disqualified persons by Amounts founded on lines 2 and 3 received from disqualified persons by Amounts founded on lines 12 through 50 9 Amounts from the 3 and 70 9 Public support, flagerated trains lines 1 10 Gross income from interest, dividends, payments necessive on securities borns, rents, royalties on securities for included in line 10 to 10 through from businesses acquired after June 30, 175 6 Add lines 13 and 170 10 Add lines 13 and 170 11 Net Income from unrelated businesses acquired after June 30, 175 6 Add lines 13 and 170 12 Other Income Do not Included pair or loss from the sale of capital assets (Explain in Part VI). 13 Total support, beclines 4, 10, 11, and 10. 14 First five years, if the Form 30 sols for the organization of check the box on line 14, and line 15 is more than 31 1704, and line 17 is not more than 33 1704, each line 15 to water of the organization of check the box on line 14 or line 19, and line 18 is not from the 33 1704, and line 17 is not more | | | | | | | |
| 2 Gross receipts from admissions, merchandles and 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's benefit and either paid to or expended on its behalf 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amous student on lines 2 and section 3 are existed from disqualified persons b Amous student in lines 2 and section 3 received from disqualified persons b Amous student in lines 2 and section 3 received from disqualified persons b Amous student in lines 2 and 3 received from disqualified persons b Amous student in lines 2 and 3 received from disqualified persons b Amous student in lines 2 and 3 received from disqualified persons b Amous student in lines 2 and 3 received from disqualified persons b Amous student in lines 2 and 3 received from disqualified persons b Amous student in lines 2 and 3 received from disqualified persons b Amous student in lines 2 and 3 received from disqualified persons b Amous student in lines 2 and 3 received from disqualified persons b Amous student in lines 3 received and 3 received from similar sources b Unrelated business in lines 3 received and 3 received from similar sources b Unrelated business studies on thoughd in line 10b, whether or not the touriness is 1 (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 2 (d) 2015 (e) 2016 (line 10b, whether or not the sources 1 lines 3 lines 1 lines 3 received a received a received a received a received and 3 received from similar sources 5 to 1 lines 3 received a received a received a received and 3 received from similar sources 5 to 1 lines | | | | | | | |
| merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's trave-empt purpose organization is trave-empt purpose organization state of the organization without organization or expended on its behalf organization without obstage of the organization without obstage organization organization without obstage organization organization without obstage organization | | | | | | | |
| formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose of 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 furnished by a governmental unit to the organization without charge for Total Action of the services or facilities furnished by a governmental unit to the organization without charge for Total Action of the services or facilities furnished by a governmental unit to the organization without charge for the services or the services of the services or the ser | | | | | | | |
| originization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ- ization'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 7 A mounts included on lines 1, 2, and 3 received from disqualified persons b Anomin included on lines 1, 2, and 3 received from disqualified persons b Anomin included on lines 1, 2, and 3 received from disqualified persons b Anomin includes raises 2 and 3 received from disqualified persons b d Anomin includes of lines 2, and a received from disqualified person be anomatic lines 1 to be the year. O Add lines 7 and 7 b 8 Public support (spanjaria frigatilis) 9 Amounts from line 6 10 and 10 b 10 and 10 b 10 and 10 b 10 b lines (spanjaria frigatilis) 10 and 10 b 11 well income from inflares sources b Unrelated business basele income (less section 11 taxes) from businesses acquired after June 30, 1975 c Add lines 7 to and 10 b 10 b lines from unrelated business acquired after June 30, 1975 c Add lines 10 and 10 b 11 Net income from unrelated business acquired after June 30, 1975 c Add lines 10 and 10 b 12 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI), 13 Total support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 17 9 18 Investment income percentage for 2016 (line 6x, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2016 (line 6x, column (f) divided by line 13, column (f)) 19 33 1/3% support tests - 2015. If the organization did not check to box on line 14, and l | | | | | | | |
| 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 7 A Amounts included on lines 1, 2, and 3 received from disqualified presons but expended on the behalf of the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 2 and 3 received from disqualified presons but expended on the second of the seco | | | | | | | |
| 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 7 A mounts included on lines 1, 2, and 3 received from disqualified persons but more than disqualified persons but the disqualified persons but more than disqualified persons but the disqualified persons but more than disqualified persons but the disqualified persons but more than disqualified persons but the disqualified persons but more than disqualified persons but the disqualified persons but more than disqualified persons but the disqualified persons but more than disqualified persons but more than disqualified persons but more than disqualified persons | | | | | | | |
| iness 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 7 a Amounts included on lines 1, 2, and 3 received from disputalified persons b Amounts included on lines 1, 2, and 3 received from disputalified persons bat exceed the greater of \$5,000 or 1% of the amounts in in 15 for the year. C Add lines 7 and 70 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loars, rents, reyables and income from similar sources. D Unrelated usiness facable income (less section 51 taxes) from businesses (less section 51 taxes) from businesses activities not included pain rent 100, whether or not the business is regularly carried on. 10 Cher income, Do not include gain or loss from the sale of capital assess (Explan in Part VI). 11 Net income from unrelated business activities not included gain or loss from the sale of capital assess (Explan in Part VI). 12 Other income, Do not include gain or loss from the sale of capital assess (Explan in Part VI). 13 Public support percentage for 2016 (line 100, column (fl) inches this box and stop here. Section D. Computation of Public Support Percentage Section D. Computation of Public Support Percentage 14 Public support percentage form 2015 Schedule A, Part III, line 17 15 Investment income percentage for 2016 (line 100, column (fl) ovided by line 13, column (fl) is more than 33 1/3%, 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 in line 18 is not throw than 33 1/3%, and line 16 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 in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualif | | | | | | | |
| 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 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons 8 Amounts included on lines 1, 2, and 3 received from chief that disqualified persons be amount and on line 2 and a received from chief that disqualified persons be amount on line 13 for the year. Add lines 7 and 7 To 18 to the year. Add lines 7 and 7 To 18 | | | | | | | |
| ization'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. 7. A mounts included on lines 1, 2, and 3. received from disqualified persons. D Amounts included on lines 2 and 3 received from other than disquilible persons that exceed the greater of \$5,000 or 16 of the services or facilities. P Autilia support. Registratin the line is 8. Section B. Total Support 3. Amounts from line 6. 10. a Cross income from interest, dividends, payments received on dividends, payments received and income from similar sources. b Unrelated business stable income (less section 511 izaes) from businesses acquired after June 30, 1975 c Add lines 10 and 10 b. 11. Not income from controlated business activities not included gain or loss from the sale of capital or loss from the sale | | | | | | - | |
| 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 but mount on the first disqualified persons but mount of the first disqualified persons but mount on the first disqualified persons but mount of the first disqualified but mount of the first disqualified persons but mount o | 9 | | | | | | |
| 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 disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons but exceed the greater of \$5,000 or 1% of the amount on line line disqualified persons but exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of the disqualified persons but exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of the disqualified persons but exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of the disqualified persons but exceed the greater of \$5,000 or 1% of the amount of line 13 for the year of the disqualified persons but exceed the greater of \$5,000 or 1% of the amount of line 13 for the year of the disqualified persons but exceed the greater of \$5,000 or 1% of the amount of line 13 for the year of the line 13 for the year of the line 14 for line 15 f | | | | | | | |
| 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 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received secret the grazier of \$5.000 or 1% of the amount on line 1 for the year c Add lines 7a and 7b 8 Public support. (Separate 7 tensing 5) Section B. Total Support Galendar year (or fleat lyear beginning in) 9 Amounts from line 6 10 Grass income from interest, dividends, payments several on dividends, payments sources b Unrelated business taxable income (less section 5 11 taxs) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from similar sources b Unrelated business taxable income (less section 5 10 taxs) 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 VI). 13 Total support, excellenes, 1,1,4 and 121 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 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Public support percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 19 Ago 19 | or expended on its behalf | | | | | | |
| the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons bet accessed the greater of \$5,000 and 7 received the amount on line 13 for the year. o Add lines 7 and 77b 8 Public support. (Spearing Tetanilars) Section B. Total Support cleandar year (or fiscal year beginning in) 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 stable 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 businesses is regularly carried on 12 for 13 for 14 for 15 fo | 5 The value of services or facilities | | | | | | |
| 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 disqualified persons b Amounts included on lines 2 and 3 received from the three included line in large three included in line 1 for the year c Add lines 7a and 7b 8 Public support. (Spignal in 7 tips line) 5 Section B. Total Support Calendar year (or fleat lyear beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources b Unrelated business standle 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 VI.) 13 Total support, (sectimes as, 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 form 2015 Schedule A, Part III, line 17 16 Public support percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19 33 1/3% support tests - 2016. If the organization did not check the box on line 14 or line 19a, and line 15 is more than 33 1/3%, and line 16 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization incent and | , , | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 raceived from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons that exceed the grader of 8,000 or 1% of the amount on line 13 for the year. Add lines 7 and 70 | the organization without charge | | | | | ko | |
| 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$2,000 or 1% of the summer of the 1% of the year of \$4,000 or 1% of the summer of the 1% of the year of \$4,000 or 1% of the summer of the 1% of the year of \$4,000 or 1% of the summer of the 1% of the year of \$4,000 or 1% of the 1% of t | 6 Total. Add lines 1 through 5 | | | | | | |
| b Amounts included on lines 2 and 3 received from clime that not adequalified persons that acceed 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. Spitectians 7a from line \$1 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (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 sactivities 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 assests (Explain in Part VI.) 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 17 Investment income percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 18 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 19 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 19 Public support percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 19 Public support tests - 2016. 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 - 2015. If the organization did not check a box on line 14, and line 16 is more than 31 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. | 7a Amounts included on lines 1, 2, and | | | | | | |
| tron other than discussified persons that exceed the gester of \$5,000 or 1% of the amount on line 13 for the year or 16 for 1% of the amount on line 13 for the year or 16 for 1% or 1% of the amount on line 13 for the year or 1% of the year or 1% of the year of 1% | 3 received from disqualified persons | | | | | | , |
| execute the greater of \$5,000 or 1% of the amount on the 13 for the year or Add lines 7 a and 7 b 8 Public support. Solection B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (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 the rincome. Do not include gain or loss from the sale of capital assests (Explain in Part VI.) 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 17 Investment income percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2015 Schedule A, Part III, line 15 9 Section D. Computation of Investment Income Percentage 19 Public support tests - 2016. 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 10 b 33 1/3% support tests - 2015. If the organization did not check a box on line 14, and line 16 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 in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is | | | | | | | |
| amount on line 13 for the year A did lines 7a and 7b Public support. Sylvacties 7 from line 6 Section B. Total Support Calendar year (of fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (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 close from the sale of capital assests (Explain in Part VI). 13 Total support, excludines 9, 10c, 11, and 12b) 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 from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2016. If the organization did not check a 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 - 2015. If the organization did not check a box on 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 | | | | | | | |
| C Add lines 7a and 7b 8 Public support. Spection B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (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 VI.) 13 Total support, Aeatines 9, 100, 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 from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 19 33 1/3% support tests - 2016. 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 1 b 33 1/3% support tests - 2016. If the organization did not check a box on line 14, 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 1 b 33 1/3% support tests - 2016. If the organization of not check a box on line 14, 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 | | | | | | | |
| Section B. Total Support Calendar year (or fiscal year beginning in) | | | | | | | |
| Calendar year (or fiscal year beginning in) 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 VI.) 13 Total support. (Add lines 9, 10s, 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 from 2015 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 a 33 1/3% support tests - 2015. 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 - 2015. 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 16 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | TO SEE THE CONTRACT OF THE CON | | | | | | |
| 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 VI). 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 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 Date of the column of the propertication of land in the 16 is more than 33 1/3%, and line 16 is more than 33 1/3%, and line 16 is more than 31 1/3%, or check this box and stop here. The organization qualifies as a publicly supported organization | Section B. Total Support | | | | | 40- | |
| 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 saxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (acd lines 9, 10e, 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 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2016. 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 Description | Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 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 VI). 13 Total support, dad 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 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2015. 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 Description | 9 Amounts from line 6 | | | | | | |
| 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 VI.) 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 2016 (line 8, column (f) divided by line 13, column (f)) 6 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2015. 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 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 - 2015. 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 | | | | | | | |
| 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 Nat 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 VI.) 13 Total support, (Acd 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 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. (line 10c, column (f) divided by line 13, column (f)) 19 33 1/3% support tests - 2016. (line to 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 - 2015. 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. | | | | | | | |
| 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 VI.) 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 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2015. 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. | and income from similar sources | | | | | | |
| 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 graph or loss from the sale of capital assets (Explain in Part VI.) 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 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 from 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2015. 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 1 Investment income percentage from 2015. 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 | 2237 | | | | | | |
| 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 great from the sale of capital assets (Explain in Part VI.) 12 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 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 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19 a3 1/3% support tests - 2016. 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 - 2015. 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 1 | | | | | ľ | | |
| 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 great from the sale of capital assets (Explain in Part VI.) 12 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 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 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19 a3 1/3% support tests - 2016. 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 - 2015. 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 1 | acquired after June 30, 1975 | | | | | | |
| 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 VI.) 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 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 1 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | ľ | | |
| 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 VI.) 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 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2015. 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 | 11 Net income from unrelated business | | | | | | |
| regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 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 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2015. 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 | | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 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 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2015. 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 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Section D. Computation of Investment Income Percentage | | | | | | | |
| assets (Explain in Part VI.) 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 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2015. 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 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 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 | | | | | | | |
| 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 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2015. 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 17 Intervention of Investment Income Percentage 18 Public support Percentage 19 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 10 9/6 11 1/7 12 9/6 13 1/7 14 9/6 15 9/6 16 9/7 17 9/7 18 9/7 18 9/7 18 9/7 19 18 9/7 19 18 9/7 10 9/7 11 18 9/7 12 9/7 13 9/7 14 9/7 15 9/7 16 9/7 17 9/7 18 9/7 18 9/7 18 9/7 19 10 9/7 10 9/7 10 9/7 11 10 9/7 12 9/7 13 9/7 14 9/7 15 9/7 16 9/7 17 9/7 18 9/7 18 9/7 19 10 9/7 10 9/7 10 9/7 11 15 9/7 12 9/7 13 9/7 14 9/7 15 9/7 16 9/7 17 9/7 18 9/7 18 9/7 19 10 9/7 10 9/7 10 9/7 11 15 9/7 12 9/7 13 9/7 14 9/7 15 9/7 16 9/7 17 9/7 18 9/7 18 9/7 18 9/7 19 10 9/7 19 11 9/7 19 12 9/7 10 9/7 10 9/7 10 9/7 10 9/7 10 9/7 10 9/7 10 9/7 10 9/7 10 9/7 10 9/7 10 9/7 10 9/7 10 9/7 10 9/7 10 9/7 10 9/7 10 9/7 10 9/7 1 | or loss from the sale of capital | | | | | | |
| 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 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2015. 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 17 Interval as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization. | | | | | | | |
| check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2015. 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 19 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 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 10 Investment income percentage from 2015 Schedule A, Part III, line 17 11 Investment income percentage from 2015 Schedule A, Part III, line 17 12 Investment income percentage from 2015 Schedule A, Part III, line 17 13 Investment income percentage from 2015 Schedule A, Part III, line 17 14 Investment income percentage from 2015 Schedule A, Part III, line 17 15 Investment income percentage from 2015 Schedule A, Part III, line 17 16 Investment income percentage from 2015 Schedule A, Part III, line 17 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | | the organization | 's first, second, thi | ird. fourth, or fifth t | tax vear as a section | on 501(c)(3) organi: | zation. |
| Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2016. 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 - 2015. 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 15 9% 16 9% 17 17 9% 18 9% 18 17 9% 19 a 33 1/3% support tests - 2016. If the organization did not check a box on line 14, and line 15 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 16 9% | | = | | | | | |
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19 33 1/3% support tests - 2016. 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 - 2015. 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 15 9% 16 9% 17 9% 18 9% 18 9% 19 33 1/3% support tests - 2016. If the organization did not check a box on line 14, and line 15 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 15 9% 16 9% 17 9% 18 9% 18 9% 19 31 1/3% support tests - 2016. 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 16 9% | Section C. Computation of Publ | ic Support Pe | ercentage | | | | |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2015. 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 | | | | column (fl) | -0.000 | 15 | % |
| Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2015. 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 | | | | | | | |
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 17 | | | | | | 1 -1 | |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. 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 - 2015. 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 | | | | | | 17 | % |
| 19a 33 1/3% support tests - 2016. 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 - 2015. 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 | | | | | | | |
| 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 - 2015. 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 | | | | | | | |
| line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | - | - | | | | |
| | | | | | | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | | |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

| | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) | | | |
|------------|------------------------------------------------------------------------------------------------------------------------|-------------|----------|--------------------------------------------------|
| Sec | tion A. All Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | | |
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2). | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| | (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | |
| | organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | | | |
| | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If | | \vdash | |
| | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| h | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | |
| _ | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 4b | 1 | |
| | Did the organization support any foreign supported organization that does not have an IRS determination | 1.5 | \vdash | _ |
| · | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| | purposes. | 4c | | |
| 5 - | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | 1 | |
| Эa | answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; | | | |
| | | | | |
| | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | Fa | | |
| | was accomplished (such as by amendment to the organizing document). | 5a | - | - |
| D | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| | designated in the organization's organizing document? | 5b | _ | |
| | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | - | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class | | | |
| | benefited by one or more of its supported organizations, or (iii) other supporting organizations that also | | 1 | |
| | support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in | | | |
| | Part VI. | 6 | - | - |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | | 1 | |
| | (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with | l _ | 1 | |
| | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | - | - |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? | ١. | 1 | |
| | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | - | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | 1 | |
| | disqualified persons as defined in section 4946 (other than foundation managers and organizations described | | 1 | |
| | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | | | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | 1 | |
| C | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | | 1 | |
| | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | 1 | ļ |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section | | | |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | 1 | |
| | supporting organizations)? If "Yes," answer 10b below. | 10a | 1_ | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | | |

determine whether the organization had excess business holdings.)

59-2625008 Page 5 Schedule A (Form 990 or 990-EZ) 2016 JACKSONVILLE, INC Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year. (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). c Yes No 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016 JACKSONVILLE, INC

59-2625008 Page 6

| | Type III Non-Functionally Integrated 509(a)(3) Supporting | | | |
|------|---------------------------------------------------------------------------------|---------------|---------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | | Part VI.) See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | mplete Se | ctions A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | lly integrate | ed Type III supporting or | ganization (see |
| | instructions) | _ | | - |

Schedule A (Form 990 or 990-EZ) 2016

RONALD MCDONALD HOUSE CHARITIES OF Schedule A (Form 990 or 990-EZ) 2016 JACKSONVILLE, INC 59-2625008 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (ii) Underdistributions (iii) (i) Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

| Schedule A | Form 990 or 990-E2 | Z) 2016 JACKS | SONVILLE, | INC | | 59-2625008 | Page 8 |
|------------|--------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Part VI | Supplemental Part IV, Section A, line 1: Part IV, Sect | Information. Innes 1, 2, 3b, 3c, tion D. lines 2 and | Provide the expla 4b, 4c, 5a, 6, 9a 3: Part IV. Section | anations requir , 9b, 9c, 11a, 1 on E. lines 1c, 2 | 1b, and 11c; Part IV, Sec 2a. 2b. 3a. and 3b: Part \ | t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Secti /, line 1; Part V, Section B, line 1e; F for any additional information. | |
| - | (See instructions.) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| , | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC

Employer identification number

59-2625008

| Organization type (check one): | | | | | |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | 527 political organization | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | 501(c)(3) taxable private foundation | | | | |
| , , | s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | |
| General Rule | | | | | |
| | n filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | |
| Special Rules | | | | | |
| sections 509(a)(1) any one contributo | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II. | | | | |
| year, total contribu | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III. | | | | |
| year, contributions is checked, enter h purpose. Don't co | n described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year | | | | |
| but it must answer "No" on | nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC

Employer identification number

59-2625008

| Part I | Contributors | (See instructions) | l lee dur | dicate conies | of Part I | if additional | space is i | needed. |
|--------|---------------------|--------------------|-----------|---------------|-----------|---------------|------------|---------|
| raiti | CONTRIBUTORS | (See manuchons | . Ose dup | nicate copies | Ollaiti | ii additionai | apace is | nocaca. |

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--------------------------------------------------------------------------|
| 1 | | \$216,894. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$125,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$\$ 128,022. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |

Name of organization RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC

Employer identification number

59-2625008

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

| . (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FULL SIZE MATTRESSES, FOUNDATIONS, PROTECTORS, AND BED FRAMES | _ | |
| | 128,022. | 06/27/16 |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | s | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | |
| | Description of noncash property given FULL SIZE MATTRESSES, FOUNDATIONS, PROTECTORS, AND BED FRAMES (b) Description of noncash property given (b) Description of noncash property given | Description of noncash property given FMV (or estimate) (See instructions) FULL SIZE MATTRESSES, FOUNDATIONS, PROTECTORS, AND BED FRAMES (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (d) Description of noncash property given (d) Description of noncash property given (e) Description of noncash property given (f) Description of noncash property given (g) Description of noncash property given |

Employer identification number

RONALD MCDONALD HOUSE CHARITIES OF

| TA | CT | $\alpha \alpha$ | ATT 7 | TT | LE. | . IN | TC |
|----|----|-----------------|-------|------|-----|------|----|
| UB | ムル | อบ | A NT | 1111 | LLC | . II | 1 |

59-2625008

| art III | the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou | columns (a) through (e) and the followings, charitable, etc., contributions of \$1,000 or te | ng line entry. For organizations ss for the year. (Enter this info. once.) |
|------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
|) No. rom Part I | Use duplicate copies of Part III if addition (b) Purpose of gift | al space is needed. (c) Use of gift | (d) Description of how gift is held |
| - | | (e) Transfer of gift | |
|). | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| No. om art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | | (e) Transfer of gift | |
| | Transferee's name, address, a | | Relationship of transferor to transferee |
|) No. rom art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gift | Relationship of transferor to transferee |
| | Transferee's name, address, a | Ind ZIP + 4 | Relationship of transferor to transferee |
|) No. rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| , | Transferee's name, address, a | (e) Transfer of gift | Relationship of transferor to transferee |
| ; | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

RONALD MCDONALD HOUSE CHARITIES OF Emplo

OMB No. 1545-0047 6 **Open to Public** Inspection

Name of the organization

JACKSONVILLE, INC

Employer identification number 59-2625008

| Pai | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Fund | s or Accounts.Complete if the |
|-----|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lir | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | | |
| | are the organization's property, subject to the organization's | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose | |
| _ | | | |
| Pai | | | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizat | the control of the co | |
| | Preservation of land for public use (e.g., recreation or | | torically important land area |
| | Protection of natural habitat | Preservation of a cer | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | ified conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | - 0.100000 | | |
| C | Number of conservation easements on a certified historic str | | |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic struc | ture |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the | ne organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | asement is located | |
| 5 | Does the organization have a written policy regarding the pe | eriodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | , handling of violations, and enforcing cor | nservation easements during the year |
| | <u> </u> | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, han | dling of violations, and enforcing conserv | ation easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2(d) abo | | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | include, if applicable, the text of the footnote to the organization | ation's financial statements that describes | s the organization's accounting for |
| - | conservation easements. | f A.t. Historical Tongerous | Other Circles Assets |
| Pal | t III Organizations Maintaining Collections of | | otner Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (A | | |
| | historical treasures, or other similar assets held for public ex | | ance of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | | |
| b | If the organization elected, as permitted under SFAS 116 (A | | |
| | treasures, or other similar assets held for public exhibition, e | education, or research in furtherance of p | ublic service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenue included on 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 tre | | ial gain, provide |
| | the following amounts required to be reported under SFAS | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | |
| b | Assets included in Form 990, Part X | | > \$ |

RONALD MCDONALD HOUSE CHARITIES OF 59-2625008 Page 2 JACKSONVILLE, INC Schedule D (Form 990) 2016 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 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): Loan or exchange programs Public exhibition b Scholarly research Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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? **b** If "Yes." explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year _____ 1e e Distributions during the year 1f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (c) Two years back (e) Four years back (b) Prior year (a) Current year 1,875,145 1,751,314. 1,768,098 2,011,184 2,139,200, 1a Beginning of year balance 2,545 7,197. 275, 675 2,400 **b** Contributions 56,763. 275,430 191,631. 64,799. -87,360, c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities 74,997. 68,766. 156,401, 187,179 13,920 and programs f Administrative expenses 1,875,145. 1,764,406. 1,768,098. 2.011.184. 2,139,200, g End of year balance 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 on 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 Yes No X 3a(i) (i) unrelated organizations (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated (d) Book value Description of property (a) Cost or other (b) Cost or other basis (investment) basis (other) depreciation

450,000.

1,126,142

1,638,542.

118,021.

17,105,891.

Schedule D (Form 990) 2016

2,567,232.

686,363.

1,576,142.

952,179.

118,021.

14,538,659.

17,185,001.

1a Land

c Leasehold improvements

d Equipment

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

Schedule D (Form 990) 2016 JACKSONVILLE, INC

| 59-2625008 Page | | | _ | _ | _ | | _ | | | | | | |
|-----------------|---|------|---|---|---|---|---|---|---|----|---|---|--|
| | ٦ | Dage | R | በ | በ | 5 | 2 | 6 | つ | ۱_ | Q | 5 | |

| Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year (including name of security) (d) Book value (e) Method of valuation: Cost or end-of-year value (including name of security) (including name of security) | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part Vill Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | r market value |
| (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | |
| (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | |
| (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | |
| (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | |
| (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | |
| (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | |
| (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | |
| (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | |
| (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | |
| (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | |
| Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | |
| (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | |
| (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year (1) (2) (3) (4) | |
| (2) (3) (4) | r market value |
| (2) (3) (4) | |
| (3) (4) | |
| (4) | |
| | |
| (V) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | |
| Part IX Other Assets. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. | |
| (a) Description (b) | o) Book value |
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |
| Part X Other Liabilities. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability (b) Book value | |
| (1) Federal income taxes | |
| (2) CAPITAL LEASE OBLIGATION 10,064. | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

JACKSONVILLE, INC 59-2625008 Page 4 Schedule D (Form 990) 2016 Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,145,515. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 64,859. a Net unrealized gains (losses) on investments 2a 17,985. **b** Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIII.) 82,844. 2e e Add lines 2a through 2d 3,062,671. 3 Subtract line 2e from line 1 3 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 **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,584,790. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 17,985. 2a 2b **b** Prior year adjustments 2c 2d d Other (Describe in Part XIII.) 17,985. 2e e Add lines 2a through 2d 2,566,805. 3 Subtract line 2e from line 1 3 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 **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: INVESTMENT INCOME EARNED ON ENDOWMENT FUNDS IS AVAILABLE FOR USE IN SATISFYING THE ORGANIZATION'S HOUSE PROGRAM EXPENDITURES. ENDOWMENT PRINCIPAL IS PERMANENTLY RESTRICTED IN ACCORDANCE WITH DONOR'S GIFT INSTRUMENT. PART X, LINE 2: THE ORGANIZATION EVALUATES ITS TAX POSITIONS TAKEN FOR ANY UNCERTAINTIES

IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE. THE ORGANIZATION RECOGNIZES THE

TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN

NOT THAT THE TAX POSITION WILL BE UPHELD UPON EXAMINATION BY TAXING

AUTHORITIES. MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY

59-2625008 Page 5 JACKSONVILLE, INC Schedule D (Form 990) 2016 Part XIII | Supplemental Information (continued) TAX POSITIONS TAKEN AND DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS AS OF DECEMBER 31, 2016. THE ORGANIZATION FILES AN ANNUAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990). TAX RETURNS FOR THE TAX YEARS 2013 THROUGH 2016 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER BEING FILED.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF TACKSONVILLE TNC

Employer identification number

OMB No. 1545-0047

59-2625008

| UACKBON | VIDDE, INC | | | | 33 2023 | 000 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------|---------------------------------|----------------------------------------|---------------------|--|
| Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 | The state of the s | | | | | | |
| b Internet and email solicitations f Solicitation of government grants | | | | | | | |
| c Phone solicitations | g L Special | fundra | ising | events | | | |
| d In-person solicitations | | | | | | | |
| 2 a Did the organization have a written of | r oral agreement with any individua | l (inclu | ding o | fficers, directors, trus | stees, or | - | |
| key employees listed in Form 990, Pa | | | | | | ☐ No | |
| b If "Yes," list the 10 highest paid indiv | viduals or entities (fundraisers) pursi | uant to | agree | ments under which | the fundraiser is to b | e | |
| compensated at least \$5,000 by the | | | - | | | | |
| | | _ | | | | | |
| | | (iii) | Did | | (v) Amount paid to (or retained by) | (vi) Amount paid | |
| (i) Name and address of individual | (ii) Activity | have o | Did alser ustody | (iv) Gross receipts | to (or retained by) fundraiser | to (or retained by) | |
| or entity (fundraiser) | , , , | or cor | trol of utions? | from activity | listed in col. (i) | organization | |
| | | - | _ | | | | |
| | 5 | Yes | No | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | ŀ | | | |
| | | + | _ | - | | | |
| | | | 1 | | | | |
| | | - | _ | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | F | | | | | | |
| | | + | _ | | | | |
| | | | | | | | |
| | | +- | _ | | | | |
| | | | | 1 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | | | | |
| 3 List all states in which the organization | | | | s or has been notifie | d it is exempt from r | egistration | |
| or licensing. | in is registered of meanage to be in. | 00 | | 0 01 1122 2 2 2 7 1 7 1 2 2 2 2 | | - 9 | |
| - Ilocrising. | | | | | | | |
| · | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | _ | | | | | |
| · | | | _ | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Schedule G (Form 990 or 990 EZ) 2016 JACKSONVILLE, INC

59-2625008 Page 2

| Pa | | of fundraising events. Complete if the | | | | | |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------|-----------------------------------------|--------------------|-------------------------------------------|--|
| | | , , , , , , , , , , , , , , , , , , , | (a) Event #1 | (b) Event #2 GOLF | (c) Other events | (d) Total events (add col. (a) through | |
| | | | MCGALA | TOURNAMENT | 11 | col. (c)) | |
| Ф | | | (event type) | (event type) | (total number) | (-) | |
| Revenue | 1 | Gross receipts | 399,156. | 168,866. | 69,353. | 637,375. | |
| | 2 | Less: Contributions | 291,210. | 80,584. | 60,753. | 432,547. | |
| _ | 3 | Gross income (line 1 minus line 2) | 107,946. | 88,282. | 8,600. | 204,828. | |
| | 4 | Cash prizes | | | | | |
| õ | 5 | Noncash prizes | 264. | 11,962. | 1,260. | 13,486. | |
| kpense | 6 | Rent/facility costs | 8,449. | 9,720. | 3,060. | 21,229. | |
| Direct Expenses | 7 | Food and beverages | 66,663. | 11,296. | 5,185. | 83,144. | |
| Ω | 8 | Entertainment | 32,484. | | 1,200. | 33,684. | |
| | 9 | Other direct expenses | 00 504 | | 2,903. | 32,857. | |
| | 10 | | | *************************************** | , > | 184,400. | |
| | 11 | Net income summary. Subtract line 10 from I | ine 3, column (d) | ******************************** | > | 20,428. | |
| Pa | rt l | Gaming. Complete if the organization | answered "Yes" on Forr | n 990, Part IV, line 19, or | reported more than | | |
| _ | | \$15,000 on Form 990-EZ, line 6a. | | (b) Pull tabs/instant | | (d) Total gaming (add | |
| e | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c) | |
| Revenue | | | | | | 526/1 | |
| ď | 1 | Gross revenue | | | | | |
| g | 2 | Cash prizes | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | | |
| Direct E | 4 | Rent/facility costs | 1 | | | | |
| | _ | Other direct expenses | | | | | |
| | 5 | Other direct expenses | Yes % | Yes % | Yes % | | |
| | 6 | Volunteer labor | No | No | □ No | | |
| | 7 | Direct expense summary. Add lines 2 throug | h 5 in column (d) | | > | | |
| _ | 8 | Net gaming income summary. Subtract line | 7 from line 1, column (d) | |) | | |
| | En | ter the etate(a) in which the organization cond | uote gaming activities: | | | | |
| á | 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: | | | | | | |
| | - | | | | | | |
| | | ere any of the organization's gaming licenses | | terminated during the tax | year? | Yes No | |
| t | ı it " | "Yes," explain: | | | | | |
| | | | | | | | |

| Sch | edule G (Form 990 or 990-EZ) 2016 JACKSONVILLE, INC | 59-2 | 625008 | Page 3 |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|---------------------|
| 11 | Does the organization conduct 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 conducted in: | | 8 5 | |
| | The organization's facility | | 13a | % |
| b | An outside facility | ******** | 13b | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and record | ds: | | |
| | Name | | | |
| | Address | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo | unt | | |
| | of gaming revenue retained by the third party > \$ | | | |
| С | If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | Name P | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided ▶ | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | Mandatory distributions: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | □ v. | |
| _ | 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 organization's own exempt activities during the tax year > \$ | in the | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions | ⊃art III, li | nes 9, 9b, 1 | 0b, 15b, |
| | 150, 16, and 17b, as applicable. Also provide any additional information. See instructions | | | |
| | | | | |
| _ | | | | |
| _ | | | | |
| _ | | | | |
| _ | | | | |
| _ | | | | |
| | | | | |
| | | | | |
| 6320 | 83 09-12-16 Schedule | G (Forn | n 990 or 99 | 0-E Z) 2016 |

RONALD MCDONALD HOUSE CHARITIES OF 59-2625008 Page 4 Schedule G (Form 990 or 990-EZ) JACKSONVIL Part IV Supplemental Information (continued) JACKSONVILLE, INC

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

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

2016

Schedule L (Form 990 or 990-EZ) 2016

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

OMB No. 1545-0047

Employer identification number RONALD MCDONALD HOUSE CHARITIES OF Name of the organization JACKSONVILLE, INC 59-2625008 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved by board or (d) Loan to or (i) Written (b) Relationship (a) Name of (c) Purpose (e) Original (f) Balance due (g) In from the agreement? with organization principal amount default? interested person of loan committee? organization? From То Yes Yes No Yes No No ▶ \$ Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (c) Amount of (d) Type of (a) Name of interested person (b) Relationship between interested person and assistance assistance assistance the organization

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

| Schedule L (Form 990 or 990-EZ) 2016 JACKSO | NVILLE, INC | | 59-2625 | 800 | Page 2 | | | | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|------------------|-------------------------------|--|--|--|--|
| Part IV Business Transactions Involv | ing Interested Persons. | | | | | | | | |
| Complete if the organization answered | "Yes" on Form 990, Part IV, line 28a, 2 | 8b, or 28c. | | T-VAL- | | | | | |
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | òrganiz rever | aring of zation's nues? | | | | |
| TOUR D DUGE TIT | DUGINAGO DEL MILONGIA | 0 | BANKING & C | Yes | No X | | | | |
| JOHN B DUCE III | BUSINESS RELATIONSH | | | | | | | | |
| BILL HARDAKER | BUSINESS RELATIONSH | | PROPERTY/LI | | X | | | | |
| PETER KUCHAR | BUSINESS RELATIONSH | 0. | HEALTH/EMPL | | Х | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Part V Supplemental Information Provide additional information for response. | onses to guestions on Schedule L (see | instructions). | | | | | | | |
| - | | | TED DEDGONG. | | | | | | |
| SCH L, PART IV, BUSINESS T | RANSACTIONS INVOLVI | NG INTEREST | ED PERSONS: | | | | | | |
| (A) NAME OF PERSON: JOHN E | DUCE III | | | | | | | | |
| (B) RELATIONSHIP BETWEEN I | NTERESTED PERSON AN | D ORGANIZAT | CION: | | | | | | |
| BUSINESS RELATIONSHIP | | | | | | | | | |
| , | | | | | | | | | |
| (C) AMOUNT OF TRANSACTION | \$ -0- | | | | | | | | |
| (D) DESCRIPTION OF TRANSAC | TION: BANKING & CON | STRUCTION I | JOAN | | | | | | |
| (E) SHARING OF ORGANIZATION REVENUES? = NO | | | | | | | | | |
| | | | | | | | | | |
| (A) NAME OF PERSON: BILL H | IARDAKER | | | | | | | | |
| (B) RELATIONSHIP BETWEEN I | NTERESTED PERSON AN | D ORGANIZAT | TION: | | | | | | |
| BUSINESS RELATIONSHIP | | | | | | | | | |
| (C) AMOUNT OF TRANSACTION | ¢ _0_ | | | | | | | | |
| | | TITMV TNCIII | ANCE ACENIE | | | | | | |
| (D) DESCRIPTION OF TRANSAC | | SILITY INSUI | CANCE AGENT | | | | | | |
| (E) SHARING OF ORGANIZATION REVENUES? = NO | | | | | | | | | |
| | | | | | | | | | |
| (A) NAME OF PERSON: PETER | KUCHAR | | | | | | | | |
| (B) RELATIONSHIP BETWEEN : | INTERESTED PERSON AM | D ORGANIZA | rion: | | | | | | |
| BUSINESS RELATIONSHIP | | | | | | | | | |
| (C) AMOUNT OF TRANSACTION | \$ -0- | | | | | | | | |
| (C) AMOUNT OF TRANSACTION 5 -U- | | | | | | | | | |

RONALD MCDONALD HOUSE CHARITIES OF 59-2625008 Page 2 JACKSONVILLE, INC Schedule L (Form 990 or 990-EZ) Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). (E) SHARING OF ORGANIZATION REVENUES? = NO PART IV, LINE 1 JOHN DUCE IS A MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS AND IS ALSO A SENIOR VICE PRESIDENT OF WELLS FARGO BANK WHICH PROVIDES BANKING AND LOAN SERVICES TO THE ORGANIZATION. PART IV, LINE 2 BILL HARDAKER IS A MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS AND IS ALSO AN EQUITY PARTNER WITH GHG INSURANCE, THE AGENT OF RECORD FOR THE ORGANIZATION'S PROPERTY AND GENERAL LIABILITY INSURANCE AND WORKERS' COMPENSATION INSURANCE. NO AMOUNTS WERE PAID BY THE ORGANIZATION DIRECTLY TO GHG INSURANCE. PART IV, LINE 3 PETER KUCHAR IS A MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS AND IS ALSO EMPLOYED BY PINNACLE INSURANCE, THE AGENT OF RECORD FOR THE ORGANIZATION'S HEALTH AND OTHER INSURANCE BENEFITS. NO AMOUNTS WERE PAID BY THE ORGANIZATION DIRECTLY TO PINNACLE INSURANCE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

JACKSONVILLE, INC

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. RONALD MCDONALD HOUSE CHARITIES OF

Employer identification number

59-2625008

| Par | t I Types of Property | | | | | | | |
|-----|---------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------|-----|-----|----------|
| .51 | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 10 | (d) Method of det noncash contribut | | | 3 |
| 1 | Art - Works of art | | IOME CONTINUES | Tomicoo, and my many | | | | |
| 2 | Art - Historical treasures | | | | | | | _ |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | _ |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| •• | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (FIXED ASSETS) | Х | 0 | | FAIR MARKET | | | |
| 26 | Other (HOUSE & PROGR) | Х | C | | FAIR MARKET | | | |
| 27 | Other (FUNDRAISING E) | X | C | | FAIR MARKET | | | |
| 28 | Other (MISCELLANEOUS) | X | C | | FAIR MARKET | VA. | LUE | |
| 29 | Number of Forms 8283 received by the organ | | | | | | | |
| | for which the organization completed Form 82 | .83, Part IV, | Donee Acknowled | gement 29 | | _ | | |
| | | | | | | _ | Yes | No |
| 30a | During the year, did the organization receive b | | | | | | | |
| | must hold for at least three years from the dat | | | | | | | x |
| | exempt purposes for the entire holding period | l? | | | | 30a | | |
| þ | b If "Yes," describe the arrangement in Part II. | | | | | v | | |
| 31 | | | | | 31 | Х | | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | | X |
| | contributions? | | | | | 32a | | <u> </u> |
| | If "Yes," describe in Part II. | . , , | | to Anna Balanca (A.) | | | | |
| 33 | If the organization didn't report an amount in | column (c) f | or a type of proper | ty for which column (a) is c | пескеа, | | | |
| | describe in Part II. | | | | | | | |

| Schedule M | (Form 990) (2016) JACKSONVILLE | , INC | 59-2625008 | Page 2 |
|------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------|
| Part II | Supplemental Information. Provide is reporting in Part I, column (b), the number this part for any additional information. | the information required by Part I, lines 30b, 32b, and of contributions, the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of items received, or a contribution of the number of | 33, and whether the organize ombination of both. Also com | ation plete |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | 120 | |
| | | | | |
| | | | | |
| | | | | |
| - | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

632211 08-25-16

Name of the organization

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.

Open to Public Inspection

OMB No. 1545-0047

RONALD MCDONALD HOUSE CHARITIES OF Emplo

JACKSONVILLE, INC

Employer identification number 59-2625008

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|-----------------------------------------------------------------------------------------------------------------------------|
| CHILDREN AND THEIR FAMILIES. |
| |
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: |
| RMH PROVIDES ACCOMMODATIONS, NOURISHING MEALS, TRANSPORTATION, |
| PROXIMITY TO HEALTHCARE, AND THE COMPASSIONATE SUPPORT OF STAFF AND |
| VOLUNTEERS. RMH ALSO OFFERS A VARIETY OF FAMILY ENRICHMENT ACTIVITIES |
| SUCH AS EDUCATIONAL SUPPORT FOR CHILDREN AND THEIR SIBLINGS, PLAY |
| AREAS, ARTS AND CRAFTS, A FITNESS CENTER, ROOFTOP GARDEN, AND PET |
| THERAPY WITH REED, OUR FACILITY DOG. REED ALSO ACTS AS AN AMBASSADOR OF |
| RMHC OF JACKSONVILLE BY ATTENDING COMMUNITY EVENTS AND PROVIDING |
| SUPPORT FOR CHILDREN IN THE JACKSONVILLE COMMUNITY. |
| |
| AS JACKSONVILLE GROWS AS A PREMIER DESTINATION FOR PEDIATRIC |
| HEALTHCARE, SO DOES THE DEMAND FOR SERVICES PROVIDED BY RMHC OF |
| JACKSONVILLE. ADDITIONALLY, THE FIVE MAJOR HEALTHCARE PARTNERS SERVED |
| BY RMHC OF JACKSONVILLE ARE REALIZING CONSIDERABLE GROWTH. ALL OF THESE |
| FACTORS PROMPTED THE EXPANSION PROJECT IN ORDER TO SERVE THE GROWING |
| NUMBER OF FAMILIES WHO NEED ACCOMODATIONS NEAR A HOSPITAL OR HEALTHCARE |
| PROVIDER WHILE THEIR CHILD RECEIVES MEDICAL TREATMENT. |
| |
| THE EXPANSION, WHICH ADDED 26 NEW BEDROOM SUITES, WAS COMPLETED IN |
| SEPTEMBER 2016. THE RENOVATION OF THE EXISTING WING IS CURRENTLY |
| UNDERWAY AND SCHEDULED TO BE COMPLETED IN APRIL 2017. THERE WILL BE A |
| TOTAL OF 53 BEDROOMS UPON COMPLETION OF THE EXPANSION AND RENOVATION. |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) |

IN 2016, RMHC OF JACKSONVILLE CONTINUED TO DELIVER THE MISSION TO AS

MANY FAMILIES AS POSSIBLE WHILE UNDER CONSTRUCTION. RMHC OF

JACKSONVILLE HOSTED 495 FAMILIES FROM 17 US STATES AND 21 FOREIGN

COUNTRIES. RMHC OF JACKSONVILLE LOOKS FORWARD TO SERVING OVER 1,200

FAMILIES EACH YEAR IN THE EXPANDED HOUSE. MOST IMPORTANTLY, EACH OF

THESE FAMILIES WILL STAY AND BENEFIT FROM THE FULL SCOPE OF THE MISSION

AND IN-HOUSE SERVICES.

THE COST TO HOST A FAMILY IS APPROXIMATELY \$103 PER NIGHT AND INCLUDES

ALL LODGING ACCOMMODATIONS, MEALS, TRANSPORTATION AND SPECIAL PROGRAMS.

THE COST OF LODGING, TRANSPORTATION, AND MEALS WHILE SEEKING MEDICAL

TREATMENT CAN RESULT IN A SIGNIFICANT FINANCIAL BURDEN. FIFTY-EIGHT

PERCENT OF FAMILIES SELF-IDENTIFY AS LOW-INCOME AND TWENTY-THREE

PERCENT OF FAMILIES REQUIRED TRANSPORTATION BY OUR VAN AND DRIVER. THE

SERVICES PROVIDED BY RMH ARE INTEGRAL TO PROVIDING ACCESS TO THE

MEDICAL CARE NEEDED BY OUT-OF-TOWN FAMILIES.

RESEARCH HAS SHOWN THAT FAMILIES STAYING AT RMH BENEFIT FROM A HIGHER

QUALITY OF SLEEP AND STRENGTHENED COPING ABILITIES FOR CAREGIVERS AND

CHILDREN. ALSO, THEIR PERCEPTION OF HOSPITAL CARE IS SIGNIFICANTLY

GREATER. THE GIFT OF TOGETHERNESS PROVIDED BY THE HOUSE ALLOWS PARENTS

AND CAREGIVERS TO FOCUS ON THEIR TOP PRIORITY: THE HEALTH AND HEALING

OF THEIR CHILD.

THE RONALD MCDONALD FAMILY ROOM (RMFR) AT WOLFSON CHILDREN'S HOSPITAL

IS THE SECOND CORE PROGRAM OF RMHC OF JACKSONVILLE. LOCATED ON THE

PEDIATRIC INTENSIVE CARE FLOOR OF WOLFSON CHILDREN'S HOSPITAL, THE RMFR

OFFERS A LIGHT AND BRIGHT PLACE FOR PARENTS, FAMILY, AND FRIENDS TO

FIND A QUIET PLACE OF RESPITE FROM THE CHALLENGES THEY ARE FACING WITH
THEIR SICK CHILD. THE FAMILY ROOM IS EQUIPPED WITH A FLAT SCREEN
TELEVISION, KITCHENETTE, COMFORTABLE SEATING AREAS, SNACKS, HOT COFFEE,
AND THE LISTENING EAR OF A RMHC OF JACKSONVILLE VOLUNTEER. EACH YEAR
OVER 25,000 VISITORS FROM THE GREATER NORTHEAST FLORIDA COMMUNITY ARE
SERVED IN THE RMFR.

A ROBUST FUNDRAISING PROGRAM HELPS TO SUPPORT THE ANNUAL OPERATING

BUDGET. RMHC JACKSONVILLE HAS THREE SIGNATURE FUNDRAISERS EACH YEAR

WHICH RAISE APPROXIMATELY ONE-THIRD OF THE ANNUAL OPERATING BUDGET.

ADDITIONAL REVENUES ARE GENERATED THROUGH DONATIONS AND GRANTS FROM

INDIVIDUALS, FOUNDATIONS, CORPORATIONS, CIVIC ORGANIZATIONS, THE

JACKSONVILLE AREA MCDONALD'S OWNER/OPERATORS, THE UNITED WAY AND OTHER

FEDERATED GIVING CAMPAIGNS. SUPPORT ALSO INCLUDES IN-KIND DONATIONS.

THE RED SHOE CREW, A YOUNG PROFESSIONALS GROUP, SUPPORTS THE

ORGANIZATION THROUGH VOLUNTEER ACTIVITIES WITH THE FAMILIES AND THROUGH

FUNDRAISING EFFORTS, INCLUDING ONE OF THE THREE SIGNATURE ANNUAL

EVENTS.

VOLUNTEERS ARE INTEGRAL TO THE MISSION AND OPERATION OF RMH AND THE

RMFR. APPROXIMATELY 2,100 VOLUNTEERS PROVIDED OVER 16,500 HOURS OF

SERVICE TO RMHC OF JACKSONVILLE IN 2016. VOLUNTEERS SUPPORT THE

FAMILIES BY COOKING MEALS, PLANNING ACTIVITIES AND CRAFTS, INTERACTING

WITH PARENTS AND CHILDREN, AND HELPING IN ANY WAY NECESSARY TO MAKE RMH

A "HOME AWAY FROM HOME". IN ADDITION, THEY ASSIST WITH ADMINISTRATIVE

TASKS, HOUSEKEEPING, MAINTENANCE AND FUNDRAISING EVENT SUPPORT.

THE BOARD OF DIRECTORS PROVIDES GOVERNANCE THAT EXERCISES FISCAL

ACCOUNTABILITY AND OPERATIONAL EXCELLENCE WITH TRANSPARENCY, INTEGRITY

AND HONESTY. THE FINANCE COMMITTEE, IN CONJUNCTION WITH AN ADVISORY

INVESTMENT SUB-COMMITTEE, OVERSEES THE INVESTMENT OF ASSETS IN

ACCORDANCE WITH THE BOARD-APPROVED OBJECTIVES, POLICIES AND GUIDELINES.

OTHER COMMITTEES, INCLUDING HOUSE AND PROGRAMS, DEVELOPMENT AND AN

AD-HOC NOMINATING COMMITTEE, PROVIDE GUIDANCE AND SUPPORT TO THE

OPERATIONS OF RMHC OF JACKSONVILLE.

AN ADVISORY BOARD, WHICH MEETS QUARTERLY, SUPPORTS THE FINANCIAL AND POLICY GOALS OF RMHC OF JACKSONVILLE.

RMHC OF JACKSONVILLE IS AUDITED ANNUALLY BY AN INDEPENDENT CPA FIRM. AN ANNUAL REPORT IS ALSO PUBLISHED ONCE PER YEAR.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR AND BY

THE FINANCE COMMITTEE PRIOR TO FILING. THE 990 IS ALSO SENT TO THE BOARD OF

DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS SIGN A CONFLICT OF INTEREST FORM WHEN THEY JOIN THE BOARD OF DIRECTORS. BOARD MEMBERS ARE ASKED TO COMPLETE A FORM ANNUALLY TO CONFIRM THERE HAVE BEEN NO CHANGES. ADDITIONALLY, WHEN KEY DECISIONS ARE MADE, THE BOARD MEMBERS ARE ASKED TO AFFIRM THAT THEY HAVE NO CONFLICTS WHICH WOULD PRECLUDE THEIR PARTICIPATION IN THE VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

| Schedule O (Form 990 or 990-EZ) (2016) | Page 2 |
|-------------------------------------------------------------------------------|-------------------------------------------|
| Name of the organization RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC | Employer identification number 59-2625008 |
| THE CURRENT PRESIDENT AND VICE PRESIDENT OF THE BOARD OF | DIRECTORS SERVE AS |
| THE COMPENSATION COMMITTEE FOR DETERMINING THE EXECUTIVE | DIRECTOR'S |
| COMPENSATION. THEY USE AVAILABLE DATA TO DETERMINE THAT | THE COMPENSATION IS |
| IN LINE WITH INDUSTRY STANDARDS. ACTIONS OF THE COMPENSA | ATION COMMITTEE ARE |
| DOCUMENTED. | |
| THE EXECUTIVE DIRECTOR, IN CONJUNCTION WITH DEPARTMENT M | ANAGERS, USES THE |
| SAME PROCESS FOR DETERMINING STAFF COMPENSATION. | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF I | NTEREST POLICY ARE |
| AVAILABLE ON REQUEST AT THE ORGANIZATION'S OFFICE. AUDI | TED FINANCIAL |
| STATEMENTS, AS WELL AS THE RMHC PRIVACY POLICY, ARE AVAI | LABLE ON THE |
| ORGANIZATION'S WEBSITE OR UPON REQUEST FROM THE ORGANIZA | TION. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| * | |

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or RONALD MCDONALD HOUSE CHARITIES OF print 59-2625008 JACKSONVILLE, INC File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 824 CHILDREN'S WAY return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 32207 JACKSONVILLE, FL Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Return **Application** Is For Code Code Is For Form 990-T (corporation) 07 Form 990 or Form 990-EZ 01 80 02 Form 1041-A Form 990-BL Form 4720 (other than individual) 09 Form 4720 (individual) 03 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 06 Form 990-T (trust other than above) SUSAN GENDZIER The books are in the care of ▶ 824 CHILDREN'S WAY - JACKSONVILLE, FL 32207 Telephone No. ► 904-807-4663 Fax No. > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🧫 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2017, to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2016 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a 0. nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.