

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.

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

RONALD MCDONALD HOUSE CHARITIES OF
SOUTHEASTERN MICHIGAN, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

3911 BEAUBIEN BLVD.

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

DETROIT, MI 48201

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

D Employer identification number

38-2182406

E Telephone number

313-745-5911

G Gross receipts \$ 2,302,601.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.RMHC-DETROIT.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1979 M State of legal domicile: MI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE A HOME AWAY FROM HOME AND SUPPORT SERVICES TO FAMILIES WITH CHILDREN HOSPITALIZED AT		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	296
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,044,833.	Current Year 1,040,941.
	9	Program service revenue (Part VIII, line 2g)	51,902.	46,740.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,308.	89,693.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,276.	9,309.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,166,319.	1,186,683.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,907.	39,976.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	290,470.	296,384.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	195,039.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	708,188.	772,447.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,039,565.	1,108,807.	
19	Revenue less expenses. Subtract line 18 from line 12	126,754.	77,876.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 3,175,039.	End of Year 3,281,696.
	21	Total liabilities (Part X, line 26)	44,129.	39,677.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,130,910.	3,242,019.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	THOMAS HAGGERTY, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	MICHAEL P. PUCKETT, CPA	<i>Michael P. Puckett, CPA</i>	4/23/14	<input type="checkbox"/>	P00181578
	Firm's name	Firm's EIN	Phone no.		
	METZLER LOCICCHIO SERRA & CO., P.C.	38-2488264	248-822-9010		
	1800 W. BIG BEAVER - STE. 100 TROY, MI 48084				

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

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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 and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions.	RONALD MCDONALD HOUSE CHARITIES OF SOUTHEASTERN MICHIGAN, INC.	Employer identification number (EIN) or 38-2182406
	Number, street, and room or suite no. If a P.O. box, see instructions. 3911 BEAUBIEN BLVD.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DETROIT, MI 48201	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THOMAS HAGGERTY

- The books are in the care of ► **3911 BEAUBIEN BLVD. - DETROIT, MI 48201**

Telephone No. ► **313-745-5911**

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2013** or
 ► ☐ tax year beginning , and ending

2 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 nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c 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.	3c	\$	0.

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.

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:
THE ORGANIZATION PROVIDES A HOME AWAY FROM HOME AND SUPPORT SERVICES TO FAMILIES WITH CHILDREN HOSPITALIZED AT CHILDREN'S HOSPITAL OF MICHIGAN.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
 - 4a (Code:) (Expenses \$ **748,464.** including grants of \$) (Revenue \$ **46,740.**)
OPERATION OF RONALD MCDONALD HOUSE OF DETROIT IN CONJUNCTION WITH CHILDREN'S HOSPITAL OF MICHIGAN. THE HOUSE PROVIDES A HOME AWAY FROM HOME FOR PARENTS AND FAMILIES WITH CHILDREN IN THE HOSPITAL
 - 4b (Code:) (Expenses \$ **39,976.** including grants of \$ **39,976.**) (Revenue \$)
PROVIDE CONTRIBUTIONS AND GRANTS TO NON-PROFIT ORGANIZATIONS WHICH BENEFIT NEEDY CHILDREN IN THE AREAS OF HEALTHCARE, MEDICAL RESEARCH, EDUCATION, AND CIVIC AND SOCIAL SERVICES IN SOUTHEAST MICHIGAN.
 - 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
 - 4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)
 - 4e Total program service expenses **788,440.**