Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning __________ and ending __________

B Check if applicable
[ ] Address change
[ ] Name change
[ ] Initial return
[ ] Final return
[ ] Amended return
[ ] Application pending

C Name of organization

[ ] Doing business as

RONALD MCDONALD HOUSE OF SOUTHERN NEW JERSEY

550 MICKLE BLVD
CITY OR TOWN, STATE OR PROVINCE, COUNTRY, AND ZIP OR FOREIGN POSTAL CODE
NJ CAMDEN 08103

D Employer identification number

22-2430393

E Telephone number

856-966-4663

F Name and address of principal officer:

ANN D. THOMAS
550 MICKLE BLVD
NJ CAMDEN 08103

G Gross receipts

3,541,373

H(a) Are all subordinates included? [ ] Yes [ ] No

H(b) Are all group returns filed? [ ] Yes [ ] No

I Website: WWW.RONALDHOUSE-SNJ.ORG

J Form of organization

[ ] Corporation
[ ] Trust
[ ] Tax-exempt organization
[ ] Tax-exempt social purpose organization
[ ] Association

K Number of voting members of the governing body (Part VI, line 1a)

3

4

5

6

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 38

L Year of formation

1983

M State of legal domicile

NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

TO PROVIDE HOME-LIKE, TEMPORARY LODGING TO FAMILIES OF CRITICALLY ILL OR INJURED CHILDREN WHILE THEY ARE RECEIVING IN OR OUT-PATIENT TREATMENT AT AREA HOSPITALS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of independent voting members of the governing body (Part VI, line 1b)

4

5

6

7

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11e–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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.

Signature of officer

EXECUTIVE DIRECTOR

ANN D. THOMAS

Type or print name and title

Paid Preparer

JON FEBETTE CPA

Preparer's name

Preparer's signature

Date

Check self-employed

PTIN

200956964

May the IRS discuss this return with the preparer shown above? [ ] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)