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 it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



CHAPEL HILL, NC 27517-4431 Hai is this a group return for subordinates induced? If Yes and address of principal officer: OIE OSTERKAMP Bendmark F Name and address of principal officer: OIE OSTERKAMP SAME AS C ABOVE Ho Are all subordinates inducer? If Yes How the subordinates inducer? If Yes How and subordinates inducer? If Yes J Briefly describe the organization is mission or most significant activities: TO PROVIDE A HOME-AWAY-FROM-H FOR FAMILIES OF SERIOUSLY ILL OR INJURED CHILDREN. 2 Check this box If the organization is members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 1a) 5 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7a b Net unrelated business raxable income from Form 990-T, Part I, line 11 129, 542. 9 Program service revenue (Part VIII, column (A), lines 3.4, and 7c) 13 Grants and similar amounts paid (Part X, line 4) 10 Investment income (Part VIII, column (A), lines 4.3, and 7c) 129, 542. 11 Other revenue - add lines 8 through 11 (must equal Part VII, column (A), lines 5-10) 621, 564. 13 Grants and similiar amounts paid (Part X, column (A), lines 4	AF	or th	and a contrast year, or tax year beginning and and a contrast year beginning and a contrast year beginnig and a contrast year	enaing		
OF CHAPEL HILL, INC. 56-1413188 Doing Dusiness as Doing Dusiness as Room/Suite E Telephone number 919-913-2040 Final and the set of P.O. box if mail is not delivered to stret address) Room/Suite E Telephone number 919-913-2040 City or town, state or province, country, and ZIP or foreign postal code G creameregies 3, 677 CHAPEL HILL, NC Z7517-4431 H(a) Is this a group return for subordinates? Weight a group return for subordinates? Weight a group return for subordinates? Agende and address of principal officer: OIE OSTERKAMP H(a) Is this a group return for subordinates? H(a) Is this a group return for subordinates? J Website: WWW.RMHCH.ORG H(c) Sroup exemption number H(c) Sroup exemption number 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE A HOME-AWAY-FROM-H FOR FAMILIES OF SERIOUSLY ILL OR INJURED CHILDREN. 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of undependent voting members of the governing body (Part V, line 1a) 3 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of individuals e	B c	Check if			D Employer identific	ation number
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Applicate product F Name and address of principal officer: OIE OSTERKAMP for subordinates? for subordinates? for subordinates? for subordinates included? Yee I Tax-exempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? Yee I Briefly describe the organization? X Corporation Trust Association Other L Year of formation: 1984 M State of legal of Part I Summary I Briefly describe the organization's mission or most significant activities: TO PROVIDE A HOME-AWAY-FROM-H FOR FAMILIES OF SERIOUSLY ILL OR INJURED CHILDREN. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2022 (Part V, line 1a) 4 4 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 6 7 a Total number of ouldineers (estimate if necessary) 6 7 7 7 7 a Total number of individuals employed in calendar year 2022 (Part V, line 12) 129, 542. 260 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7c) 129, 542. 260		□Amer	n^{ded} CHADET HILL NC 27517-4431			· · ·
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14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 621,564.956 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 266,688. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,201,476.1,562 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 1,823,040.2,516 19 Revenue less expenses. Subtract line 18 from line 12 311,578312 20 Total assets (Part X, line 16) 15,913,723.15,225 21 Total liabilities (Part X, line 26) 101,978.67		12			2,134,618.	2,205,141.
11 Definite plate of normalized in the method is (narror, occurring (n, monor)) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-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 10 311, 578. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 266, 688. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 201, 476. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 823, 040. 2, 518 19 Revenue less expenses. Subtract line 18 from line 12 311, 578. -312 20 Total assets (Part X, line 16) 15, 913, 723. 15, 229 21 Total liabilities (Part X, line 26) 101, 978. 67		14	Benefits paid to or for members (Part IX, column (A), line 4)		•••	0.
17 Other expenses (rart X, column (A), lines Tra Trd, Tri Z46) 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 10 311, 578. 11 578. 12 311, 578. 13 Total assets (Part X, line 16) 14 Total liabilities (Part X, line 26)	ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		621,564.	956,215.
17 Other expenses (rart X, column (A), lines Tra Trd, Tri Z46) 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 10 311, 578. 11 578. 12 311, 578. 13 Total assets (Part X, line 16) 14 Total liabilities (Part X, line 26)	kpense	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17 Other expenses (rart X, column (A), lines Tra Trd, Tri Z46) 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 10 311, 578. 11 578. 12 311, 578. 13 Total assets (Part X, line 16) 14 Total liabilities (Part X, line 26)		b	Total fundraising expenses (Part IX, column (D), line 25) 266,68	38.		
19 Revenue less expenses. Subtract line 18 from line 12 311,578. -31 5 33 3 1 1,578. Beginning of Current Year End of 3 20 Total assets (Part X, line 16) 15,913,723. 15,229 21 Total liabilities (Part X, line 26) 101,978. 6	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,562,304.
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 15,913,723. 15,229 21 Total liabilities (Part X, line 26) 101,978. 67		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			2,518,519.
20 Total assets (Part X, line 16) 15,913,723. 15,229 21 Total liabilities (Part X, line 26) 101,978. 6			Revenue less expenses. Subtract line 18 from line 12			-313,378.
20 Total assets (Part X, line 16) 15,913,723. 15,229 21 Total liabilities (Part X, line 26) 101,978. 67 22 Net assets or fund balances. Subtract line 21 from line 20 15,811,745. 15,165	S OL					End of Year
Image: Second system 101,978. 6 22 Net assets or fund balances. Subtract line 21 from line 20 15,811,745. 15,162	sets	20	Total assets (Part X, line 16)			15,229,579.
2目 22 Net assets or fund balances. Subtract line 21 from line 20	tAs	21	Total liabilities (Part X, line 26)			67,778.
	-BR	22	Net assets or fund balances. Subtract line 21 from line 20		15,811,745.	15,161,801.

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	Signature of officer Date								
Here	Here JASON DESHAYES, TREASURER								
	Type or print name and title								
	Print/Type preparer's name Preparer's signature Date Check PTIN								
Paid KRISTEN HOYLE, CPA 06/19/23 Belf-employed P00118964									
Preparer Firm's name THOMAS, JUDY & TUCKER, P.A. Firm's EIN 56-1965									
Use Only Firm's address 300 WEST MORGAN STREET SUITE 1450									
DURHAM, NC 27701 Phone no.919-571-7055									
May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

	RONALD MCDONALD HOUSE
Form	990 (2022) OF CHAPEL HILL, INC. 56-1413188 Page 2
Par	t 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:
	PROVIDE A HOME-AWAY-FROM-HOME FOR FAMILIES OF SERIOUSLY ILL CHILDREN
	WHO MUST TRAVEL FROM ACROSS NC AND BEYOND FOR SPECIALIZED MEDICAL
	TREATMENT AT AREA HOSPITALS. IN ADDITION TO SAFE AND SUPPORTIVE
	ACCOMMODATIONS IN CLOSE PROXIMITY TO UNC CHILDREN'S HOSPITAL, THE
2	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?
_	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 \$ 1,991,994. including grants of \$) (Revenue \$ 265,411.
	WHILE OUR DOORS REMAINED OPEN TO FAMILIES OF SERIOUSLY ILL CHILDREN IN
	2022, THE WAY WE PROVIDED SERVICES WAS SIGNIFICANTLY ALTERED DUE TO THE
	PANDEMIC. WE HOSTED 681 FAMILIES FOR 10,386 NIGHTS OF CARE IN 2022.
	OUR IN-HOSPITAL RESPITE PROGRAM AT UNC CHILDREN'S HOSTED 1,542 VISITS OF CAREGIVERS OF SERIOUSLY ILL CHILDREN. OUR GENEROUS DONORS AND
	LOVING VOLUNTEERS MADE POSSIBLE OUR MISSION OF HOPE AND HOSPITALITY
	THROUGH ON-SITE AND REMOTE SUPPORT.
	IRROUGH UN-SITE AND REMOTE SUPPORT.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
40	(code:) (Expenses \$ including grains of \$) (nevenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,991,994.

Part IV Checklist of Required Schedules								
Form 990 (2022) OF CHAPEL HILL, INC								
RONALD MCDONALD HOU								

56-1413188 Page 3

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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 Rev. Proc. 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,			
	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		<u> </u>
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 donor-restricted endowments			
	or in 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, VII, 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	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X 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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	44-1	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>		- 11	<u> </u>
120		12a	х	
h	Schedule D, Parts XI and XII	120		<u> </u>
b		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
-	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. See instructions	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X

Form **990** (2022)

RONALD	MCDONALD	HOUSE

Pa	art IV Checklist of Required Schedules (continued)				
			Yes	No	
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 cu				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete				
	Schedule J	23		X	
24a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as	of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a			X	
b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				
с	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defea	se			
	any tax-exempt bonds?	24c			
d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	a 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	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a	nd			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	te			
	Schedule L, Part I	25b		X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employ	/ee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% co	ntrolled		x	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III				
28	28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		\square	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		x	X	
29	29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M		<u> </u>	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<u> </u>	X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II		 	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<u> </u>	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, an				
	Part V, line 1		<u> </u>	X	
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X	
b	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled ent				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		+		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organ				
~-	If "Yes," complete Schedule R, Part V, line 2		+	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		<u> </u>	X	
38	38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
Pa	Note: All Form 990 filers are required to complete Schedule O art V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>	
. a	Charly if Schoolula O contains a reasonable or note to any line in this Bart V				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>			
4.0	Enter the number reported in box 2 of Form 1006. Enter 0, if not emplicable	18	Yes	No	
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0			
D	U Enter the number of Forms W-2G included of line 1a. Enter -0- If not applicable I 1D				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2022)

1c

Ь	COL	ALD MCI	DONALD	HOUSE
C	F	CHAPEL	HILL,	INC.

Form	990 (2022) OF CHAPEL HILL, INC. 56-1413	188	P	_{age} 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	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 on Schedule O	3b		
	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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 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 contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	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 was required			37
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		x
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
t				
g				
-	 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Spanagring organizations maintaining dense advised funds. Did a dense advised fund maintained by the 			
8				
٥	 9 Sponsoring organizations maintaining donor advised funds. 			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	50		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

RONALD MCDONALD HOUSE

Form	990 (2022) OF CHAPEL HILL, INC.	56-14131	88	Р	age 6
	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b			resnon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instru			copon	00
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management		<u></u>	<u></u>	
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	21			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any				
_	officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct su				
	of officers, directors, 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 file		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?	Γ	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one				
	more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders				
	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the foll				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
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 on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Coc	le.)			
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, aff	iliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili	ng the form?	11a	Х	
b	Describe on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descr	ibe			
	on Schedule O how this was done	L	12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?	L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	L			
	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 partic	ipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed <u>NC</u>

18	Section 6104 requires	an organization to make its Fe	orms 1023 (1024 or 1024-/	A, if applicable), 990, and 990-T (section 501)	(c)(3)s only) available
	for public inspection.	ndicate how you made these	available. Check all that ap	oply.	
	X Own website	X Another's website	X Upon request	Other (explain on Schedule O)	

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financia	l
	statements available to the public during the tax year.	

	JASON DESHAYES - 919-913-2040
20	State the name, address, and telephone number of the person who possesses the organization's books and record

101 OLD MASON FARM ROAD, CHAPEL HILL, NC 27517-4431

Part VII 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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Form 990 (2022)

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one 1 an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
<pre>(1) HEATHER SHANAHAN (1/1 - 6/10) EXECUTIVE DIRECTOR</pre>	40.00			х				66,284.	0.	5,962.
(2) OIE OSTERKAMP	40.00							00,2010		5,502.
INTERIM EXECUTIVE DIRECTOR				х				19,409.	0.	0.
(3) JASON DESHAYES	1.00									
TREASURER		х		х				0.	0.	0.
(4) KATE SHULTS	1.00									
SECRETARY		Х		х				0.	0.	0.
(5) JIM GOODWIN	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(6) MATT COWARD	1.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(7) ELIZABETH MAUCH	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(8) MARK SMITH	1.00									
BOARD MEMBER	1	Х						0.	0.	0.
(9) JENNIFER DALMAN	1.00								0	0
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(10) MELANIE DAWES	1.00								0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) JOAN GIBBONS	1.00							0	0	0
BOARD MEMBER (12) JASON HESTER	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(13) CHARLES IRVIN	1.00							0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(14) TOM MALTAIS	1.00									
BOARD MEMBER		x						0.	0.	0.
(15) RACHAEL BOONE	1.00									
BOARD MEMBER		х						0.	0.	0.
(16) CHARLES WILKINS	1.00									
BOARD MEMBER		х						0.	Ο.	0.
(17) RAY SANTOS	1.00									
BOARD MEMBER		Х						0.	0.	0 .

Page 7

RONALD	MCI	DONALD	HOUSE
OF CUAL	דיד כ	UTT.T.	TNC

56-1413188 Page 8	56	5-1	41	31	88	Page
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Form 990 (2022) OF CHAPEI	L HILL,	IN	IC.						56-141	.31	.88 P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do				ר than d	ne	Reportable	Reportable		Estimate	ed
	hours per	box	, unles	ss pe	erson i	is botł	n an	compensation	compensation		amount	of
	week		cer an	id a d	lirecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations		compensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/		from th	
	organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organizat and relat	
	below	lual tr	tional		1 ploye	st con	_	,			organizati	
	line)	ndividual trustee or director	nstitutional trustee	Officer	(ey employee	Highest compensated employee	Former				organizati	0113
(18) ADRIAN SMITH	1.00		_		Ť		_			+		
BOARD MEMBER		х						0.	0			0.
(19) SCOTT WASHLE	1.00											
BOARD MEMBER		Х						0.	0	•		0.
(20) JEFF ENDRUSICK	1.00											
BOARD MEMBER		Х						0.	0	•		0.
(21) GAFFNEY GUNTER	1.00											
BOARD MEMBER		Х						0.	0	ᅪ		0.
(22) TODD ROESSLER	1.00											•
BOARD MEMBER	1 00	Х						0.	0	•		0.
(23) SUE MEIER BOARD MEMBER	1.00	x						0.	0			0.
		Δ						0.	0	+		<u> </u>
		1										
									0	+		<u></u>
1b Subtotal								85,693.	0		5,9	<u>62.</u> 0.
c Total from continuation sheets to Part VI								85,693.	0		5,9	
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 										•	J, 9	02.
compensation from the organization		056	IISLE	u ai	JUve	<i>-)</i> wii	016	eceived more than \$100,	ooo of reportable			0
compensation nem the organization											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	mp	loye	e, or	hig	hest compensated emp	loyee on	Γ		
line 1a? If "Yes," complete Schedule J for s	uch individual			•			0			- [3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										. L	4	X
5 Did any person listed on line 1a receive or a	Iccrue comper	isati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ich ,	pers	son .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-								sati	on from	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	/ith c	or wi	thin T		ear.		(0)	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Сс	(C) ompensatio	n
							_					
2 Total number of independent contractors (in	•	ot lin	nitec	d to		-	ted	above) who received mo	ore than			
\$100,000 of compensation from the organized	zation				(0						

RONALD MCDONALD HOUSE

 Form 990 (2022)
 OF
 CHAPEL
 HILL,
 INC.

 Part VIII
 Statement of Revenue

	ILV		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded
, Grants mounts	1	b	Federated campaigns1aMembership dues1bFundraising events1c	70,440.				
Contributions, Gifts, Grants and Other Similar Amounts		d e	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 1					
Contribution and Other		g	similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f	1,525,977. 626,943.	1,596,417.			
0.0				Business Code	_ / • • • / = = • •			
		_	MEDICAID REIMBURSEMENT	624221	260,371.	260,371.		
Program Service Revenue	2	a b c			200,371.	200,371.		
ogran Rev		d e						
ዋ		f	All other program service revenue					
		g	Total. Add lines 2a-2f		260,371.			
	3		Investment income (including dividends, intere- other similar amounts) Income from investment of tax-exempt bond p		133,705.			133,705.
	5		Royalties					
	Ŭ		(i) Real	(ii) Personal				
	6	а	Gross rents 6a6, 341.					
			Less: rental expenses 6b 0.					
			Rental income or (loss) 6c -6,341.					
			Net rental income or (loss)		-6,341.			-6,341.
	7		Gross amount from sales of (i) Securities	(ii) Other				
	-		assets other than inventory 7a 1,062,268.					
		b	Less: cost or other basis					
e		~	and sales expenses	5,528.				
Revenue		c	Gain or (loss)					
eve			Net gain or (loss)	· · · ·	-99,520.			-99,520.
Other R	8		Gross income from fundraising events (not including \$ 70,440. of					
			contributions reported on line 1c). See Part IV, line 18	617,721.				
		b	Less: direct expenses 8b	306,171.				
		с	Net income or (loss) from fundraising events		311,550.			311,550.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	1				
	10		Gross sales of inventory, less returns and allowances 10					
			Less: cost of goods sold 10	<u>א</u>				
		С	Net income or (loss) from sales of inventory	Pueiraa O. J				
sr			OTHER THOME	Business Code	0 100	0 100		
eor	11		OTHER INCOME	900099	9,100.	9,100.		1.41
llan 'ent		b	OTHER REVENUE FROM PASSTHROUGHS	900099	-141.			-141.
Miscellaneous Revenue		с						
Mis			All other revenue	L	0 0 5 0			
	<u></u>		Total. Add lines 11a-11d		8,959.	260 471		230 252
	12		Total revenue. See instructions		2,205,141.	269,471.	0.	339,253.

	990 (2022) OF CHAPEL HI t IX Statement of Functional Expense			56-14	13188 Page
	on $501(c)(3)$ and $501(c)(4)$ organizations must compl		r organizations must con	plete column (A).	
	Check if Schedule O contains a respons			,	
	ot include amounts reported on lines 6b, 3b, 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,				
	trustees, and key employees	91,656.	64,590.	5,713.	21,353
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	704,912.	496,747.	43,935.	164,230
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	22,366.	15,761.	1,394.	5,211
9	Other employee benefits	78,410.	55,255.	4,887.	18,268
0	Payroll taxes	58,871.	41,486.	3,669.	13,716
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	41,700.		41,700.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	25,036.		25,036.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
U	column (A), amount, list line 11g expenses on Sch 0.)	195,618.	120,069.	74,258.	1,291
2	Advertising and promotion	15,482.	7,741.		7,741
3	Office expenses	58,596.	38,607.	14,225.	5,764
4	Information technology	57,537.	50,999.	3,923.	2,615
5	Royalties				
6	Occupancy	65,495.	58,052.	4,466.	2,977
7	Travel	701.	421.	105.	175
8	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	10,696.	6,418.	1,604.	2,674
0	Interest	, , -	.,	,	,

330,485.

567,503.

83,853.

41,597.

13,019.

14,530.

2,518,519.

40,456.

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

IN KIND EXPENSES

d MEMBERSHIPS, DUES,

GUEST SERVICES

All other expenses

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

MAINTENANCE AND REPAIRS

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization

& SU

21

22

23

24

а

b

С

е

232010 12-13-22

25

26

Insurance

22,533.

2,758.

5,717.

3,255.

259,837.

659.

15,022.

1,839.

3,812.

266,688.

292,930.

567,503.

74,324.

41,597.

13,871.

1,991,994.

9,764.

35,859.

RONALD MCDONALD HOUSE

Form	n 990 (2	RONALD MCDONAL 2022) OF CHAPEL HILL				56-	1413188 Page 11
	rt X	Balance Sheet	-				¥
		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			22,279.	1	15,766.
	2	Savings and temporary cash investments			654,278.	2	963,846.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			335,720.	4	19,097.
	5	Loans and other receivables from any current or			_		
	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	-			6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	63,321.
As	9				26,794.	9	18,711.
		Land, buildings, and equipment: cost or other			/ · ·		
		basis. Complete Part VI of Schedule D	10a	12.331.861.			
	Ь	Less: accumulated depreciation		4,099,234.	8,532,599.	10c	8,232,627.
	11	Investments - publicly traded securities			3,936,190.	11	3,633,105.
	12	Investments - other securities. See Part IV, line 1	.,,	12			
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,405,863.	15	2,283,106.		
	16	Total assets. Add lines 1 through 15 (must equ			15,913,723.	16	15,229,579.
	17	Accounts payable and accrued expenses			81,978.	17	32,728.
	18	Grants payable			•	18	•
	19	Deferred revenue			20,000.	19	35,050.
	20	Tax-exempt bond liabilities			•	20	•
	21	Escrow or custodial account liability. Complete I				21	
6	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
Ľ	23	Secured mortgages and notes payable to unrela		Γ		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	- 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			101,978.	26	67,778.
		Organizations that follow FASB ASC 958, che	ck her	e X			
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			12,608,794.	27	12,021,205.
Bal	28	Net assets with donor restrictions			3,202,951.	28	3,140,596.
pu		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			15,811,745.	32	15,161,801.
_	33				15,913,723.	33	15,229,579.
							Form 990 (2022)

Form 390 (2022) OF CHAPEL HILL, INC. 56-1413188 Page 12 Part XI Reconciliation of Net Assets X X Check if Schedule O contains a response or note to any line in this Part XI X X 1 Total revenue (must equal Part V(II) column (A), line 12) 1 2, 205, 141. 2 Total revenue (must equal Part X, column (A), line 25) 2 2, 518, 519. 3 Revenue less expenses. Subtract line 2 from line 1 3 -313, 378. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 15, 811, 745. 5 Net unrealized gains (losses) on investments 6 -354, 592. 6 Donated services and use of facilities 7 -3 7 Investment expenses 7 -3 8 Prior period adjustments 9 411, 3244. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 15, 185, 099. Part XII Financial Statements and Reporting X X Yees No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a		RONALD MCDONALD HOUSE				
Check if Schedule O contains a response or note to any line in this Part XI I 1 Total revenue (must equal Part VIII, column (A), line 12) 1 2, 2, 05, 141. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 518, 519. 3 Revenue less expenses. Subtract line 2 from line 1 3 -313, 378. 4 Hassets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 15, 811, 745. 5 Net unrealized gains (losses) on investments 6 -354, 592. 6 Donated services and use of facilities 7 7 Investment expenses 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 41, 324. 10 Net assets or fund balances (explain on Schedule O) 9 41, 324. 10 Net assets or fund balances (explain on Schedule O) 9 41, 324. 10 Net assets or fund balances (explain on Schedule O) 9 41, 324. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a	Form	990 (2022) OF CHAPEL HILL, INC.	56-	1413188	Pa	.ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2, 205, 141. 2 Total expenses (must equal Part X, column (A), line 25) 2 2, 518, 519. 3 Revenue less expenses. Subtract line 2 from line 1 3 -313, 378. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 15, 811, 745. 5 Net unrealized gains (losses) on investments 6	Par	t XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (Å), line 25) 2 2, 518, 519. 3 Revenue less expenses. Subtract line 2 from line 1 3313, 378. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (Å)) 4 15, 811, 745. 5 Net unrealized gains (losses) on investments 5354, 592. 6 Donated services and use of facilities 6 7 Investment expenses 6 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 41, 324. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 15, 185, 099. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 2 A crual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis b Were the organization's financial statements and tleep other accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis b Were the organization's financial statements and selection of an independent accountant? <td></td> <td>Check if Schedule O contains a response or note to any line in this Part XI</td> <td></td> <td></td> <td></td> <td>X</td>		Check if Schedule O contains a response or note to any line in this Part XI				X
2 Total expenses (must equal Part IX, column (Å), line 25) 2 2, 518, 519. 3 Revenue less expenses. Subtract line 2 from line 1 3313, 378. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (Å)) 4 15, 811, 745. 5 Net unrealized gains (losses) on investments 5354, 592. 6 Donated services and use of facilities 6 7 Investment expenses 6 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 41, 324. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 15, 185, 099. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 2 A crual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis b Were the organization's financial statements and tleep other accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis b Were the organization's financial statements and selection of an independent accountant? <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
3 Revenue less expenses. Subtract line 2 from line 1 3 -313,378. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 15,811,745. 5 Net unrealized gains (losses) on investments 5 -354,592. 6 7 7 6 7 8 Prior period adjustments 9 41,324. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 41,324. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 15,185,099. Part XIII Financial Statements and Reporting X Yes Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X A ccrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis. 2b X If "Yes," check a box below to indicate whether th	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 15, 811, 745. 5 Net unrealized gains (losses) on investments 5 -354, 592. 6 0 6 7 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 41, 324. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 15, 185, 099. Part XII Financial Statements and Reporting 10 15, 185, 099. Check if Schedule O contains a response or note to any line in this Part XII X Yes 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 on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or sonoildated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 -354,592. 6 7 6 7 7 6 8 7 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 41,324. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 15,185,099. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain on Schedule O. 2a Were the organization s financial statements compiled or reviewed by an independent accountant? Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 frees," check a box below to indicate whether the financial statements for the year were compiled on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated ba	3	Revenue less expenses. Subtract line 2 from line 1	3			
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 on Schedule O) 9 41,324. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 15,185,099. Part XIII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting financial statements compiled or reviewed by an independent accountant? 2a X 2a X 1 Frees, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 2b X 2b X 1 Frees, 'check	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 41,324. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 15,185,099. Part XII Financial Statements and Reporting X 10 15,185,099. Part XII Financial Statements and Reporting X X Yes 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 on Schedule O. Yes No 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 on Schedule O. 2a X 16 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	5	Net unrealized gains (losses) on investments	5	-35	4,5	92.
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 41,324. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 15,185,099. Part XII Financial Statements and Reporting 10 15,185,099. Check if Schedule O contains a response or note to any line in this Part XII X X 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 on Schedule O. 2a X 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 0 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated bas	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 15,185,099. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 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 on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b 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 basis, consolidated basis, or both: X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required aud	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 15, 185, 099. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 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 on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. <td>8</td> <td>Prior period adjustments</td> <td>8</td> <td></td> <td></td> <td></td>	8	Prior period adjustments	8			
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separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X IX Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Consolidated basis Consolidated basis Consolidated basis Image: Consolidated basis	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
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Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		, , , , , , , , , , , , , , , , , , , ,				<u> </u>
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t		
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A				Public Cha	rity Status an	d Pub	olic Su	troga		OMB No. 1545-0047
(Fc	rm 99	90)	Complete if the organization is a section 501(c)(3) organization or a section							2022
Depa	rtment o	f the Treasury			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public
		nue Service			Form990 for instruction			ormation.		Inspection
Nan	ne of t	the organization		LD MCDONAL						identification number
		Decem		HAPEL HILL						6-1413188
	rt I				(All organizations must c			ee instruction	S.	
	organ		•		For lines 1 through 12, cl		,			
1 2					n of churches described		n 170(a)(1	I)(A)(I).		
2	\square				Attach Schedule E (Form anization described in se		(h)(1)(A)(ii	:)		
4	\square	•	•		njunction with a hospital			•)(iii). Enter	the hospital's name.
•		city, and state	-				coolio		,,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5		•		or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, stat	e, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organizatio	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		-		omplete Part II.)						
8					1)(A)(vi). (Complete Parl					
9		•	-	-	in section 170(b)(1)(A)(i		-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10		university:	on that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
10					t to certain exceptions; a					
					(less section 511 tax) fro					-
				mplete Part III.)	. , ,		·			
11		An organizatio	on organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).		
12		An organizatio	on organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section	509(a)(3). (Check the box on
		-	•	• •	f supporting organization				-	
а					upervised, or controlled	• • • •	-			
			0	., .	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
b				complete Part IV, Se	or controlled in connect	ion with its	sunnorte	nd organizatio	n(s) by bay	vina
~					anization vested in the sa					
			-	t complete Part IV,					90o os.pr	
c		Type III fun	ctionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
		its supporte	d organizatio	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
Ċ		Type III noi	n-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
			,	0 0	ation generally must sati	5		•	an attentiv	/eness
		7			nplete Part IV, Sections					
е			0		written determination from			Type I, Type	II, Type III	
f	Ento	er the number of			nally integrated supportir					
י נ				n about the supporte	d organization(s).					
		i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount or	fmonetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
										<u> </u>
Tota	al									l

RONALD MCDONALD HOUSE	C.
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OF CHAPEL HILL, INC.

Schedule A (Form 990) 2022

Part II

56-1413188	Page 2
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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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1345185.	1026691.	1454797.	1563049.	1573119.	6962841.		
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	1345185.	1026691.	1454797.	1563049.	1573119.	6962841.		
	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)						449,953.		
6	Public support. Subtract line 5 from line 4.						6512888.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	1345185.	1026691.	1454797.	1563049.	1573119.	6962841.		
	Gross income from interest,								
Ŭ	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	85,913.	97,965.	92,433.	96 869.	127,364.	500,544.		
9	Net income from unrelated business	00,9100	5775050	5271550	50,005.	12//3010	30073110		
9									
	activities, whether or not the								
10	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	11,913.	16,323.	193.	4,012.	8,959.	41,400.		
	assets (Explain in Part VI.)	11,515.	10,525.	175.	4,0120	0,555.	7504785.		
	Total support. Add lines 7 through 10					12	/304/03.		
	Gross receipts from related activities,								
13	First 5 years. If the Form 990 is for the	-		•					
Sec	organization, check this box and stor tion C. Computation of Publi								
	Public support percentage for 2022 (li			column (f))		14	86.78 %		
	Public support percentage from 2022 (iii		-			15	87.60 %		
	33 1/3% support test - 2022. If the c					· · ·	,-		
104	stop here. The organization qualifies								
h	33 1/3% support test - 2021. If the c								
U									
17-	and stop here. The organization qual					und line 14 is 10% (
ı/a	10% -facts-and-circumstances test	-							
	and if the organization meets the facts			-		Ū.			
1-	meets the facts-and-circumstances te	•	•		•	To and line 15 is 1			
b	10% -facts-and-circumstances test	-					10% OF		
	more, and if the organization meets the								
40	organization meets the facts-and-circu								
18	3 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2022

ection A. Public Support		T	T	1		
lendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
· · · · · ·						
Total. Add lines 1 through 5						
a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
B Public support. (Subtract line 7c from line 6.)						
ection B. Total Support						
endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Amounts from line 6	(4) 2010		(0) 2020	(0) 2021		
a 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 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.)						
First 5 years. If the Form 990 is for the	organization's f	irst, second. third.	fourth, or fifth tax	year as a section	501(c)(3) organizatio	n,
ection C. Computation of Public						
Public support percentage for 2022 (lin			column (f))		15	
Public support percentage for 2022 (inf		•			16	
					17	
ection D. Computation of Invest	2 (line 10c. colu					
ection D. Computation of Invest Investment income percentage for 202					19	
Investment income percentage for 202 Investment income percentage for 202	021 Schedule A,	Part III, line 17				7 is not
ection D. Computation of Invest Investment income percentage for 202	021 Schedule A, organization did r	Part III, line 17 not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 17	

 Schedule A (Form 990) 2022
 OF
 CHAPEL
 HILL
 INC

 Part III
 Support Schedule for Organizations Described in Section 509(a)(2)
 1

RONALD MCDONALD HOUSE OF CHAPEL HILL, INC.

232023 12-09-22

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Yes

No

Part IV | Supporting Organizations

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

INC.

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination 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.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c 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 was accomplished (such as by amendment to the organizing document).
- b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 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 supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

OF CHAPEL HILL, INC.

2

Yes No

Ра	πιν	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion l	B. Type I Supporting Organizations			
				Yes	No
1	more direct effect	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) tively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne 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

Schedule A (Form 990) 2022

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)

	bonted organ		
Section D.	All Type	III Supporting	g 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 on line 2, above, 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization</i> 's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
-----	---	--

- 2 Activities Test. Answer lines 2a and 2b 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.
- b Did the activities described on line 2a, above, 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.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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.*

Yes No

OF CHAPEL HILL, INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

RONA	LD MCI	DONALD	HOUSE
		UTT.T.	TNC

	Schedule A (Form 990) 2022 OF CHAPEL HILL, INC. 56-1413188 Page 7						
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)			
Secti	on D - Distributions				Current Year		
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
_7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	e organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
C	From 2019						
d	From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2018						
b	Excess from 2019						
C	Excess from 2020						
d	Excess from 2021						
е	Excess from 2022						

Schedule A (Form 990) 2022

	(Farm 000) 2022				ONALD HILL,	HOUSE	56-1413188 Page 8
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, I	natio 2, 3b, ines 2	n. Pro 3c, 4b, and 3; I	vide th 4c, 5a Part IV	e explanation, 6, 9a, 9b, Section E,	ons required by Part II, line 10; Part II, line 17a or 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V 5, and 6. Also complete this part for any additio	r 17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,

(Forn	SCHEDULE D (Form 990) Supplemental Financial Statements Department of the Treasury 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.					_
	Revenue Service	Open to Public Inspection				
Nam	e of the organization	nployer identification numbe	r			
_	OF CHAPEL HILL, INC. 56					
Par		-	d Funds or Other Similar Funds or	r Accou	nts. Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin		(b) E.	undo and other appaulate	_
			(a) Donor advised funds	(b) Fu	inds and other accounts	
1		nd of year				_
2		f contributions to (during year)				—
3 4		f grants from (during year)				—
5			ا ــــــــــــــــــــــــــــــــــــ	funds		—
U	-		exclusive legal control?		Yes N	0
6			dvisors in writing that grant funds can be us			-
	•		r donor advisor, or for any other purpose co	•		
	impermissible priva	ate benefit?			Yes 🗌 N	b
Par	t II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7	7.	
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).			
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a	historicall	y important land area	
		f natural habitat	Preservation of a	certified h	istoric structure	
		of open space				
2	•	o o .	ied conservation contribution in the form of	a conserv		_
	day of the tax year				Held at the End of the Tax Yea	<u>.r</u>
a						_
b	v					—
ر ام			ucture included in (a)	<u>2c</u>		—
d		vation easements included in (c) acquired a stad in the National Register	• • •	2d		
3			eased, extinguished, or terminated by the or			—
5	year		eased, extinguished, or terminated by the or	ganization	r duning the tax	
4		where property subject to conservation easily and the property subject to c	sement is located			
5		tion have a written policy regarding the per				
	violations, and enfo	orcement of the conservation easements it	holds?		Yes 🗌 N	D
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv			
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	n easemei	nts during the year	
8			e satisfy the requirements of section 170(h)(
-						C
9			on easements in its revenue and expense sta			
			note to the organization's financial statement	is that des	scribes the	
Par		ounting for conservation easements.	Art, Historical Treasures, or Othe	er Simila	ar Assets.	
		the organization answered "Yes" on Form				
- 1a			8, not to report in its revenue statement and	balance s	sheet works	_
	•		blic exhibition, education, or research in furth			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bal	ance shee	et works of	
	-		exhibition, education, or research in further			
	provide the following amounts relating to these items:					
					\$	
					\$	
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial g	ain, provic	le	
	the following amou	ints required to be reported under FASB A	SC 958 relating to these items:			
а					\$	
					\$	
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 202				22	

232051 09-01-22

		MCDONALD H						
		EL HILL, I			56	5-141318	<u>38 F</u>	- _{age} 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical Tre	asures, or Oth	er Similar A	ssets _{(con}	tinued)	,
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the f	ollowing that make	significant use	of its		
	collection items (check all that apply):							
а	Public exhibition		d 📃 Loan or exc	hange program				
b	Scholarly research			0 1 0				
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further th	e organization's ex	empt purpose i	in Part XIII		
5	During the year, did the organization solicit o	•		•				
Ŭ	to be sold to raise funds rather than to be ma					Yes		No
Par	t IV Escrow and Custodial Arran						 r	
	reported an amount on Form 990, Pa				, in onin 000, in		,	
1a	Is the organization an agent, trustee, custodi		diary for contributions	s or other assets no	t included			
	on Form 990, Part X?					Yes		No
h	If "Yes," explain the arrangement in Part XIII							
D			nowing table.			Amou	int	
~	Beginning balance				1c			
	Additions during the year							
e	Distributions during the year							
20	Ending balance Did the organization include an amount on F					Yes		No
	-				• • • • • • • • • • • • • • • • • • • •			
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete	the organization a	xpianation has been	rm 990 Part IV line	<u>10</u>		··	
		(a) Current year	(b) Prior year	(c) Two years back		s hack (a) Fo	ur years	s hark
10	Designing of year balance	1,492,410.		1,250,983				,655.
	Beginning of year balance	13,392.		10,000		,328.	1,041	,055.
b	Contributions					, 520.		
	Net investment earnings, gains, and losses	99,187.	107,784.	123,643	•			
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	1,604,989.			. 1,250	,983.	1,041	,655.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	48.9800	%					
b	Permanent endowment 35.7300	%						
С	Term endowment 15.2900	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held ar	nd administered for	the			
	organization by:						Yes	
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm	ient.						
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 11a. S	ee Form 990, Part X	K, line 10.			
	Description of property	(a) Cost or o basis (invest	• •		Accumulated lepreciation	(d) Bo	ok valı	Je
1a	Land							
	Buildings		11,99	3,663. 3	,794,749	. 8,19	98,9	14.
	Leasehold improvements							
	Equipment		33	8,198.	304,485	•	33,7	/13.
	Other							
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	0c.)	<u></u>	8,23	32,6	527.
-			······································					

Schedule D (Form 990) 2022

RON	IALD	MCI	DONALD	HOUSE
OF	CHAE	$^{\rm PEL}$	HILL,	INC.

I	Part VII	Investments -	Other S	Securities.
;	Schedule D	(Form 990) 2022	OF	CHAPEL

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 market value
(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 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 market value
(1)		
(2)		
(3)		
(4)		
(5)		
(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.

) CONTRIBUTIONS RECEIVABLE - USE OF FACILITIES	2,283,106
	•
(Column (b) must equal Form 990, Part X, col. (B) line 15.) T X Other Liabilities.	2,283,106
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X	
(a) Description of liability	(b) Book value
) Federal income taxes	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

	RONALD MCDONALD HOUSE					
Sche	dule D (Form 990) 2022 OF CHAPEL HILL, INC.				1413188	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,225,	481.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-354,592.			
b	Donated services and use of facilities	2b	381,942.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		41,324.			
е	Add lines 2a through 2d			2e	68,	<u>674.</u>
3	Subtract line 2e from line 1			3	2,156,	807.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,036.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		036.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,181,	843.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	tements With	Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total expenses and losses per audited financial statements			1	2,875,	425.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	381,942.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	381,	942.
3	Subtract line 2e from line 1			3	2,493,	<u>483.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,036.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	-	036.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,)		5	2,518,	519.
Pa	t 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:

THE	ORGANIZATION'S	ENDOWMENT	FUNDS	PROVIDE	LONG-TERM	SUPPORT	FOR
-----	----------------	-----------	-------	---------	-----------	---------	-----

OPERATIONS AND VARIOUS PROJECTS.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES AS A NOT-FOR-PROFIT

ORGANIZATION UNDER INTERNAL REVENUE SERVICE ("IRS") CODE SECTION

501(C)(3). IN ADDITION, THE ORGANIZATION HAS BEEN APPROVED UNDER INTERNAL

REVENUE CODE FOR RECOGNITION AS A PUBLIC CHARITY AND NOT AS A PRIVATE

FOUNDATION. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF FASB ASC

740-10-25, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. UNDER THIS

STANDARD, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH

	RONALD MCDONALD HOUSE	
Schedule D (Form 990) 2022	OF CHAPEL HILL, INC.	56-1413188 Page 5
Part XIII Supplemental Infor	mation (continued)	
TAX POSITIONS TAKEN	FOR TAX RETURN PURPOSES WHEN IT I	S MORE LIKELY THAN
NOT THE POSITION WII	LL BE SUSTAINED UPON EXAMINATION.	THE ORGANIZATION DOES
NOT BELIEVE THERE AF	RE ANY MATERIAL UNCERTAIN TAX POSI	TIONS, AND,
ACCORDINGLY, IT WILI	L NOT RECOGNIZE ANY LIABILITY FOR	UNRECOGNIZED TAX
BENEFITS. NO INTERES	ST OR PENALTIES WERE ACCRUED AS OF	DECEMBER 31, 2022
AND 2021.		

THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;

HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PASSTHROUGH INCOME ADJUSTMENT

41,324.

SCHEDULE G	Suppleme	OMB No. 1545-0047							
(Form 990)						Part IV, line 17, 18, o m 990-EZ, line 6a.	r 19, or if the	2022	
Department of the Treasury		At	Open to Public						
Internal Revenue Service	Go t	Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization	RONALD	MCDONALD HOUSE						r identification number	
	OF CHAP	PEL HILL, INC.						13188	
	complete this part		organization ansv	vered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 99	90-EZ filers are not	
c Phone solici d In-person so 2 a Did the organization	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	or oral agreement art VII) or entity ir viduals or entities	e Solicit f Solicit g Speci with any individua n connection with	ation of ation of al fundra al (incluo professi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	ne fundraiser is		
(i) Name and address of individual or entity (fundraiser)		(ii) <i>/</i>	(ii) Activity		ustody trol of from activity		(v) Amount p to (or retained fundraiser listed in col.	by) to (or retained by)	
				Yes	No				
Total									
3 List all states in whi or licensing.	ch the organizatio	n is registered or	licensed to solicit	contrib	utions	or has been notified	it is exempt fro	om registration	

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

RONALD MCDONALD HOUSE OF CHAPEL HILL, INC.

56-1413188 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro		, , , , , , , , , , , , , , , , , , , ,	0 1	s greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
				LIGHT A 🛛 🛛		(add col. (a) through		
			GALA	LUMINARY	5	col. (c)		
			(event type)	(event type)	(total number)			
Ine								
Sevenue	1	Gross receipts	190,845.	142,431.	354,885.	688,161.		
ď								
	2	Less: Contributions	26,076.	15,000.	29,364.	70,440.		
					- /			
	3	Gross income (line 1 minus line 2)	164,769.	127,431.	325,521.	617,721.		
		///	, í	,	,	,		
	4	Cash prizes						
	-	· · · · · · · · · · · · · · · · · · ·						
	5	Noncash prizes			32,708.	32,708.		
S	-							
anse	6	Rent/facility costs	3,950.		17,200.	21,150.		
ďx	ľ					/_		
ш ж	7	Food and beverages	7,660.		16,203.	23,863.		
Direct Expenses	'		.,		,			
	8	Entertainment	2,250.		17,713.	19,963.		
	9	Other direct expenses	71,041.	40,384.	97,062.	208,487.		
	10							
	11					306,171. 311,550.		
Pa	art I		X X	000 Part IV line 10 or r	enorted more than	511,550.		
		\$15.000 on Form 990-EZ, line 6a.		1330, Fait IV, III e 19, 011	eponeu more man			

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ŝ	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
		Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
	ls t	he organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		
		ere any of the organization's gaming licenses re			/ear?	Yes No
D		Yes," explain:				

232082 10-27-22

		ROI	NALD MC	DONALD)	HOUSE							
Sch	edule G (Form 990) 2022	OF	CHAPEL	HILL,		INC.				56-1	413	8188	Page 3
11	Does the organization conduct ga	aming a	activities with	nonmember	rs?							Yes	No No
12	Is the organization a grantor, ben	eficiary	or trustee of	a trust, or a	m	ember of a p	artnership c	or other er	tity formed				
	to administer charitable gaming?											Yes	No
13	Indicate the percentage of gaming	g activi	ty conducted	in:									
a	The organization's facility										13a		%
	An outside facility										13b		%
14	Enter the name and address of th	ne perso	on who prepa	ires the orga	aniz	zation's gami	ing/special e	events boo	oks and reco	ords:			
	Name												
	Address												
15a	Does the organization have a con	ntract w	rith a third par	rty from who	om	the organiza	tion receive	es gaming	revenue?			Yes	🗌 No
Ŀ	If "Yes," enter the amount of gam	ina rov		d by the ere	<u>~</u> ~	ization ¢	5		and the	mount			
	of gaming revenue retained by the			u by the orga						amount			
~	If "Yes," enter name and address												
			uniu party.										
	Name												
	Address												
16	Gaming manager information:												
	Name												
	Gaming manager compensation	\$_											
	Description of services provided												
		<u> </u>			_								
	Director/officer		Employee			Independent	t contractor						
47	Mandaton, distributions,												
	Mandatory distributions: Is the organization required under	r ototo l	low to make a	baritabla dir	otr	ibutions from	the coming	a procod	o to				
d	retain the state gaming license?											Yes	No
r	Enter the amount of distributions		nd under state									100	
	organization's own exempt activit	•			1131		ner exempt	organizat	ions or sper				
Pa	rt IV Supplemental Infor				ior	s required by	v Part I. line	2b. colun	nns (iii) and	(v): and Par	t III. lir	nes 9.	9b. 10b.
	15b, 15c, 16, and 17b, as										,	,	, , ,
	i i i i		•										

Part IV	Supplemental information (continued)		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

I

(Form 990)							2022		
	tment of the Treasury al Revenue Service	Complete if the or Go to www.ii	-	answered "Yes" o Attach to Form 9 990 for instructior		. Copen to Public Inspection			
Nam	e of the organizatio	n RONALD MCDON	IALD HO	USE	Employ	Employer identification number			
		OF CHAPEL HI	LL, IN	с.			56-1413188		
Pa	rt I Types o	f Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash	(d) od of determining contribution amounts		
1	Art - Works of art								
2		asures							
3		erests							
4		ations							
5		sehold goods							
6	Cars and other ve	hicles							
7									
8		ty							
9	Securities - Public	ly traded							
10	Securities - Close	ly held stock							
11	Securities - Partne	ership, LLC, or							
	trust interests								
12	Securities - Misce	llaneous							
13	Qualified conserv	ation contribution -							
	Historic structure								
14		ation contribution - Other $_{\dots}$							
15		dential							
16		mercial							
17		۳				-			
18						-			
19									
20		al supplies							
21									
22		s							
23		ens							
24			v	E 0 0					
25	1.000	ISEHOLD SUPPL	X X	500 341	377,844. 90,200.	עדידי די איז ד			
26	·	ENTORY	X	500	63,321.				
27	·	T CARDS FOR	X	195	59,440.				
28					· · · · · · · · · · · · · · · · · · ·	L'HA			
29		8283 received by the organ							
	for which the orga	anization completed Form 82	200, Fait V, L	Jonee Acknowledg	23		Yes N	No	
30a	During the year o	lid the organization receive b	w contributio	n any property rep	orted in Part L lines 1 throu	nh 28 that it		10	
504	U	east 3 years from the date of							
		for the entire holding period			cirisii trequirea to be used		30a 2	х	
h		the arrangement in Part II.						_	
31		ation have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31 X		
		ation hire or use third parties							
	contributions?	·		0			32a 2	х	
b									
33		didn't report an amount in o	column (c) fo	r a type of property	r for which column (a) is che	cked,			
	describe in Part II					,			

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Schedule M (Form 990) 2022

RONALD MCDONALD HOUSE OF CHAPEL HILL, INC.

56-1413188 Page 2

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

PART I, OTHER TYPES OF PROPERTY:

FURNITURE

Schedule M (Form 990) 2022

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 3

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 36138.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization



INC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RONALD MCDONALD HOUSE OF CHAPELL HILL PROVIDES A COMPREHENSIVE MIX OF

CREATIVE AND PARTICIPATORY SERVICES DESIGNED TO ACTIVIELY ENGAGE ALL

FAMILY MEMBERS, CREATE A COMMUNITY OF SUPPORT, AND EASE EVERDAY BURDENS

SO FAMILIES CAN FOCUS ON WHAT MATTERS MOST - THE HEALTH AND WELL-BEING

OF THEIR CHILDREN.

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

OF CHAPEL HILL,

IN CONNECTION WITH THE ORGANIZATION'S ANNUAL AUDIT OF ITS FINANCIAL

STATEMENTS AND AUDIT PROCESS, THE FINANCE COMMITTEE RECEIVED AND REVIEWS IN

DETAIL THE ANNUAL FORM 990. FORM 990 IS THEN DISTRIBUTED FOR REVIEW AND

APPROVAL BY THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO BOARD OF DIRECTORS

ANNUALLY AND ACKNOWLEDGED IN WRITING.

FORM 990, PART VI, SECTION C, LINE 19:

ORGANIZATION USES CANDID (FORMERLY GUIDESTAR) AND CHARITY NAVIGATOR FOR

NON-PROFITS TO MAKE INFORMATION AVAILABLE AS WELL AS ACCESS TO INFORMATION

THROUGH THE ORGANIZATION'S WEBSITE. THE FORM 990 IS ALSO AVAILABLE UPON

REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PASSTHROUGH INCOME ADJUSTMENT

Name of the organization RONALD MCDONALD HOUSE OF CHAPEL HILL, INC.

FORM 990, PART XII, LINE 2C:

NEITHER PROCESS HAS CHANGED FROM PRIOR YEAR