

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

RONALD MCDONALD HOUSE CHARITIES  
419 S. HAWTHORNE RD  
WINSTON SALEM, NC 27103

- Your Form 990 / Form 990-EZ, Return of Organization Exempt from Income Tax for tax year ending December 31, 2024 is being filed electronically with the IRS by the services of Gray, Callison & Jones CPA, PC.
- Your return was accepted by the IRS on 08/14/25 and the Submission Identification Number assigned to your return is 69759720252260032362.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

### Acknowledgement Process

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you can send either an amended electronic tax return or you can send an amended Form 990 / Form 990-EZ, Return of Organization Exempt from Income Tax, to the IRS submission processing center that processes paper returns for your area.

Form **8879-TE**

### IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning ....., 2024, and ending ....., 20 .....

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

# 2024

Department of the Treasury  
Internal Revenue Service  
Name of filer

**RONALD MCDONALD HOUSE CHARITIES  
OF THE PIEDMONT TRIAD, INC.**

EIN or SSN  
**58-1454715**

Name and title of officer or person subject to tax  
**CHARLES W. KRAFT  
CHIEF EXEC OFFICER**

#### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>3,084,789</b>
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

#### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Gray, Callison & Jones CPA, PC to enter my PIN 54715 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Charles W. Kraft, CEO Date 08/14/25

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **69759797108**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature DAVID JOHNSTON Date 08/14/25

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2024 calendar year, or tax year beginning** , **and ending** ,

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **RONALD MCDONALD HOUSE CHARITIES OF THE PIEDMONT TRIAD, INC.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) **419 S. HAWTHORNE RD** Room/suite  
 City or town, state or province, country, and ZIP or foreign postal code  
**WINSTON SALEM NC 27103**

**D** Employer identification number **58-1454715**  
**E** Telephone number **336-723-0228**  
**G** Gross receipts \$ **6,191,383**

**F** Name and address of principal officer:  
**CHARLES W. KRAFT**  
**419 S. HAWTHORNE ROAD**  
**WINSTON-SALEM NC 27103**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

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

**J** Website: **WWW.RMHCPT.ORG** **H(c)** Group exemption number

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1981** **M** State of legal domicile: **NC**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year <b>2,112,127</b>	Current Year <b>2,098,233</b>
	9 Program service revenue (Part VIII, line 2g)		<b>5,334</b>	<b>394,691</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>216,123</b>	<b>535,097</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>99,787</b>	<b>56,768</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>2,433,371</b>	<b>3,084,789</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	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)		<b>1,049,388</b>	<b>1,220,525</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<b>105,398</b>	<b>96,588</b>
	b Total fundraising expenses (Part IX, column (D), line 25)		<b>372,014</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>1,276,203</b>	<b>1,429,354</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>2,430,989</b>	<b>2,746,467</b>
19 Revenue less expenses. Subtract line 18 from line 12		<b>2,382</b>	<b>338,322</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year <b>16,569,682</b>	End of Year <b>17,688,822</b>
	21 Total liabilities (Part X, line 26)		<b>88,436</b>	<b>226,546</b>
	22 Net assets or fund balances. Subtract line 21 from line 20		<b>16,481,246</b>	<b>17,462,276</b>

**Part II Signature Block**

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

**Sign Here** Signature of officer *Charles W. Kraft* Date **8-14-2025**  
**CHARLES W. KRAFT** **CHIEF EXEC OFFICER**  
 Type or print name and title

**Paid Preparer Use Only** Preparer's name **DAVID JOHNSTON** Preparer's signature **DAVID JOHNSTON** Date **08/14/25** Check  if self-employed PTIN **P00362238**  
 Firm's name **Gray, Callison & Jones CPA, PC** Firm's EIN **81-4888848**  
 Firm's address **3813 Forrestgate Dr** Phone no. **336-760-3210**  
**Winston Salem, NC 27103**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**RONALD MCDONALD HOUSE CHARITIES OF THE PIEDMONT TRIAD, INC'S MISSION IS TO PROVIDE ESSENTIAL SERVICES THAT REMOVE BARRIERS, STRENGTHEN FAMILIES, AND PROMOTE HEALING WHEN CHILDREN NEED HEALTHCARE.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **1,088,046** including grants of \$ ) (Revenue \$ **394,691** )  
**See schedule O**

4b (Code: ) (Expenses \$ **335,342** including grants of \$ ) (Revenue \$ )  
**See schedule O**

4c (Code: ) (Expenses \$ **349,478** including grants of \$ ) (Revenue \$ )  
**RMHCPT OPERATES THREE RONALD MCDONALD FAMILY ROOMS. ONE IS LOCATED ON THE SIXTH FLOOR OF ATRIUM HEALTH WAKE FOREST BAPTIST BRENNER CHILDREN'S HOSPITAL, ONE ON THE THIRD FLOOR OF NOVANT HEALTH FORSYTH MEDICAL CENTER, AND ONE ON THE SIXTH FLOOR OF MOSES H. CONE MEMORIAL HOSPITAL. THE FAMILY ROOMS OFFER THE DAY SERVICES OF THE RONALD MCDONALD HOUSE WITHIN THE WALLS OF THE HOSPITAL. COMFORTABLE SEATING AREAS, A KITCHEN STOCKED WITH COMPLIMENTARY DRINKS AND SNACKS, AND COMPUTERS WITH INTERNET ACCESS ARE AMONG THE AMENITIES PROVIDED. THE FAMILY ROOMS ARE OPEN TO ANY FAMILY WITH A PEDIATRIC PATIENT RECEIVING TREATMENT AT THE HOSPITAL. OUR 135 VOLUNTEERS GAVE 6,993 HOURS TO STAFF OUR FAMILY ROOMS MONDAY THROUGH SUNDAY. THE FAMILY ROOMS WELCOMED 9,772 UNIQUE VISITORS FOR 17,024 VISITS.**

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

(Expenses \$ **295,252** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **2,068,118**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> 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		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		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		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	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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>24</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, 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? If "Yes," complete Form 6069.	<b>17</b>			



**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 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.

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>CHARLES W. KRAFT</b>	40.00									
CHIEF EXEC OFFICER	0.00			X			121,923	0	25,356	
(2) <b>CURTIS BLAND</b>	2.00									
TREASURER	0.00	X		X			0	0	0	
(3) <b>BEN BLOODWORTH</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) <b>DJ BRITT</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) <b>LEILA DEWITT</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) <b>KELLY CRONIN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) <b>JOHN DALENA</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) <b>LAURA DEZARN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) <b>KAREN GAINEY</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) <b>BETSY GAONA</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) <b>JUSTIN GOMEZ</b>	1.00									
DIRECTOR	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>BROOKS HARDEN</b>										
(12) ..... DIRECTOR	1.00 0.00	X					0	0	0	
(13) <b>REBECCA MCNEELY</b>										
(13) ..... DIRECTOR	1.00 0.00	X					0	0	0	
(14) <b>VIVIAN LANGLEY</b>										
(14) ..... SECRETARY	2.00 0.00	X		X			0	0	0	
(15) <b>KATIE GAYNOR</b>										
(15) ..... DIRECTOR	1.00 0.00	X					0	0	0	
(16) <b>MANNY GOMEZ</b>										
(16) ..... DIRECTOR	1.00 0.00	X					0	0	0	
(17) <b>DEBBIE GRANT</b>										
(17) ..... DIRECTOR	1.00 0.00	X					0	0	0	
(18) <b>JASMINE PITT</b>										
(18) ..... PRESIDENT-ELECT	2.00 0.00	X		X			0	0	0	
(19) <b>KRISTEN QUINN</b>										
(19) ..... DIRECTOR	1.00 0.00	X					0	0	0	
<b>1b Subtotal</b> .....							<b>121,923</b>		<b>25,356</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>121,923</b>		<b>25,356</b>	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	466,134					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,632,099					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 168,750					
	<b>h Total.</b> Add lines 1a-1f			2,098,233				
	<b>Program Service Revenue</b>	<b>2a</b> MEDICAID REIMBURSEMENT	Business Code	721000	388,756	388,756		
<b>b</b> ROOM DONATIONS			621400	5,935	5,935			
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue								
<b>g Total.</b> Add lines 2a-2f				394,691				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			180,866			180,866	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6a</b> Gross rents		(i) Real					
		<b>6a</b>	(ii) Personal					
		<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities					
		<b>7a</b>	(ii) Other	3,212,669				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	2,855,647	2,791			
	<b>c</b> Gain or (loss)	<b>7c</b>	357,022	-2,791				
	<b>d</b> Net gain or (loss)			354,231	0		354,231	
	<b>8a</b> Gross income from fundraising events (not including \$ 466,134 of contributions reported on line 1c). See Part IV, line 18							
<b>8a</b>			304,924					
<b>b</b> Less: direct expenses		<b>8b</b>	248,156					
<b>c</b> Net income or (loss) from fundraising events			56,768			56,768		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19								
	<b>9a</b>							
	<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities								
<b>10a</b> Gross sales of inventory, less returns and allowances								
	<b>10a</b>							
	<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory								
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code						
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				3,084,789	394,691	0	591,865	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	150,356	52,625	60,142	37,589
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	863,563	682,933	57,496	123,134
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,794	28,465	1,599	4,730
9 Other employee benefits	96,573	77,866	5,301	13,406
10 Payroll taxes	75,239	55,307	8,181	11,751
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,250		17,250	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	96,588			96,588
f Investment management fees	104,640		104,640	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	10,328	4,198	5,685	445
12 Advertising and promotion				
13 Office expenses	63,223	29,273	1,018	32,932
14 Information technology	54,484	50,090	1,757	2,637
15 Royalties				
16 Occupancy	57,542	56,698	230	614
17 Travel	5,761	4,312	507	942
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,804	23,163	13,301	13,340
20 Interest	609		609	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	306,994	304,369	716	1,909
23 Insurance	45,363	39,836	5,002	525
24 Other expenses. Itemize expenses not covered 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 O.)				
a PROGRAM SUPPLIES	362,767	362,767		
b MAINTENANCE & REPAIRS	143,856	141,491	645	1,720
c SECURITY SERVICES	86,420	86,420		
d VOLUNTEER RECOGNITION	62,946	47,692	6,309	8,945
e All other expenses	57,367	20,613	15,947	20,807
25 Total functional expenses. Add lines 1 through 24e	2,746,467	2,068,118	306,335	372,014
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	100	1	100
	2	Savings and temporary cash investments	1,063,608	2	1,027,807
	3	Pledges and grants receivable, net	120,969	3	137,628
	4	Accounts receivable, net	197,612	4	536,767
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	237,796	9	231,966
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,684,295		
	b	Less: accumulated depreciation	10b 3,905,661	10c	4,778,634
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	10,111,785	12	10,975,920
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	16 16,569,682	16	17,688,822	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	81,400	17	196,412
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,036	25	30,134
	26	<b>Total liabilities.</b> Add lines 17 through 25	26 88,436	26	226,546
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	15,597,577	27	16,728,607
	28	Net assets with donor restrictions	883,669	28	733,669
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	32 16,481,246	32	17,462,276
33	<b>Total liabilities and net assets/fund balances</b>	33 16,569,682	33	17,688,822	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>3,084,789</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,746,467</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>338,322</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>16,481,246</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>642,708</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>17,462,276</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>X</b>
<b>3b</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		

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>JANE POTTER</b>										
(12) .....	<b>1.00</b>									
<b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
(21) <b>MICHAEL SCHIFTAN</b>										
(13) .....	<b>1.00</b>									
<b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
(22) <b>EMILY SMITH</b>										
(14) .....	<b>2.00</b>									
<b>PRESIDENT</b>	<b>0.00</b>	<b>X</b>		<b>X</b>			<b>0</b>	<b>0</b>	<b>0</b>	
(23) <b>ROBERT SMITH</b>										
(15) .....	<b>2.00</b>									
<b>IMMEDIATE PAST PRES</b>	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
(24) <b>RON SUTPHIN, JR.</b>										
(16) .....	<b>1.00</b>									
<b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
(25) <b>TAMIKA THRASHER</b>										
(17) .....	<b>1.00</b>									
<b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
(26) <b>PATRICK TURNER</b>										
(18) .....	<b>1.00</b>									
<b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
(27) <b>STEVE VALLOS</b>										
(19) .....	<b>1.00</b>									
<b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) <b>KIMBERLY ROBERTSON</b>										
(12) ..... <b>1.00</b>										
<b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Attach to Form 990 or Form 990-EZ.**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Name of the organization <b>RONALD MCDONALD HOUSE CHARITIES OF THE PIEDMONT TRIAD, INC.</b>	Employer identification number <b>58-1454715</b>
--	---

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,126,841	1,809,085	1,773,932	2,112,127	2,098,233	9,920,218
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,126,841	1,809,085	1,773,932	2,112,127	2,098,233	9,920,218
<b>5</b> 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)						758,119
<b>6</b> Public support. Subtract line 5 from line 4						9,162,099

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	2,126,841	1,809,085	1,773,932	2,112,127	2,098,233	9,920,218
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	106,902	115,002	64,423	118,295	180,866	585,488
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		2,730				2,730
<b>11 Total support.</b> Add lines 7 through 10						10,508,436

**12** Gross receipts from related activities, etc. (see instructions) 12 1,135,300

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	87.19 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	86.97 %
<b>16a 33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test — 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test — 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 on 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.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified 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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 .....			
<b>b</b> From 2020 .....			
<b>c</b> From 2021 .....			
<b>d</b> From 2022 .....			
<b>e</b> From 2023 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 .....			
<b>b</b> Excess from 2021 .....			
<b>c</b> Excess from 2022 .....			
<b>d</b> Excess from 2023 .....			
<b>e</b> Excess from 2024 .....			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Part II, Line 10 - Other Income Detail**

<b>LEASE DISCHARGE</b>	<b>\$</b>	<b>2,730</b>
------------------------	-----------	--------------

**Schedule B**  
**(Form 990)**  
(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization <b>RONALD MCDONALD HOUSE CHARITIES OF THE PIEDMONT TRIAD, INC.</b>	Employer identification number <b>58-1454715</b>
--	---

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

**RONALD MCDONALD HOUSE CHARITIES**

Employer identification number

**58-1454715**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RONALD MCDONALD HOUSE CHARITIES, INC 110 N CARPENTER ROAD CHICAGO IL 60607	\$ 326,839	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ALPHA DELTA PI FOUNDATION 1386 PONCE DE LEON AVENUE, NE ATLANTA GA 30306	\$ 94,971	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE WINSTON SALEM FOUNDATION - D. JOYCE KOHFELDT FUND 751 W. 4TH STREET, SUITE #200 WINSTON-SALEM NC 27101	\$ 79,156	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF THE PIEDMONT TRIAD, INC.

Employer identification number

58-1454715

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.



**Part VII Investments – Other Securities**

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 <b>STEVENS, INC</b>	<b>6,946,339</b>	<b>Market</b>
(A) <b>WINSTON-SALEM FOUNDATION</b>	<b>3,659,640</b>	<b>Market</b>
(B) <b>WINSTON-SALEM FOUNDATION - MWP</b>	<b>369,941</b>	<b>Market</b>
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))	<b>10,975,920</b>	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CAPITAL LEASE OBLIGATION</b>	<b>30,134</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>30,134</b>

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,897,944
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	642,708	
b	Donated services and use of facilities	2b	18,530	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	8,400	
e	Add lines 2a through 2d		2e	669,638
3	Subtract line 2e from line 1		3	3,228,306
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	104,640	
b	Other (Describe in Part XIII.)	4b	-248,157	
c	Add lines 4a and 4b		4c	-143,517
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,084,789

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,916,914
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	18,530	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	8,400	
e	Add lines 2a through 2d		2e	26,930
3	Subtract line 2e from line 1		3	2,889,984
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	104,640	
b	Other (Describe in Part XIII.)	4b	-248,157	
c	Add lines 4a and 4b		4c	-143,517
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,746,467

**Part XIII Supplemental Information**

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

**Part V, Line 4 - Intended Uses for Endowment Funds**

ENDOWMENT FUNDS ARE TO BE USED FOR CAPITAL IMPROVEMENTS AND OPERATING COST SHORTFALLS.

**Part X - FIN 48 Footnote**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME, IF ANY, FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION'S FORM'S 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR 2024, 2023 AND 2022 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

USE OF LEASED VEHICLES \$ 8,400

**Part XI, Line 4b - Revenue Amounts Included on Return - Other**

SPECIAL EVENTS-COST OF DIRECT BENEFITS TO DONORS \$ -248,157

**Part XIII Supplemental Information** *(continued)*

Part XII, Line 2d - Expense Amounts Included in Financials - Other  
USE OF LEASED VEHICLES \$ 8,400

Part XII, Line 4b - Expense Amounts Included on Return - Other  
SPECIAL EVENTS-COST OF DIRECT BENEFITS TO DONORS \$ -248,157

**SCHEDULE G  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES  
OF THE PIEDMONT TRIAD, INC.**

Employer identification number

**58-1454715**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of nongovernment grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TRUE SENSE MARKETING 1 502 KEYSTONE DR WARRENDALE PA 15086	DIRECTMAIL		X	170,086	96,588	73,498
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				<b>170,086</b>	<b>96,588</b>	<b>73,498</b>

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

North Carolina, Alaska, Alabama, Arkansas, California, Colorado, Connecticut, Dist of Columbia, Florida, Georgia, Hawaii, Illinois, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Mississippi, North Dakota, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington,

**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>WINEWOMEN&amp;SHOES</u> (event type)	<u>SPORT-A-SHIRT</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	261,006	204,611	305,441	771,058
	2	Less: Contributions	157,331	128,356	180,447	466,134
	3	Gross income (line 1 minus line 2)	103,675	76,255	124,994	304,924
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	12,923		836	13,759
	7	Food and beverages	37,243	87	35,343	72,673
	8	Entertainment				
	9	Other direct expenses	85,071	36,548	40,105	161,724
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					56,768

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_
- a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No
- b If "No," explain: \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No
- b If "Yes," explain: \_\_\_\_\_



**SCHEDULE G**  
**(Form 990 or**  
**990-EZ)**

**Supplemental Information**

**2024**

For calendar year 2024, or tax year beginning , and ending

Name of the organization **RONALD MCDONALD HOUSE CHARITIES**  
**OF THE PIEDMONT TRIAD, INC.**

Employer identification number

**58-1454715**

Schedule G, Page 3, Part IV - Additional Information

SCHEDULE G, PAGE 1, PART 1, LINE 2B, COLUMN (iii)- DID FUNDRAISER HAVE  
CUSTODY OR CONTROL OF CONTRIBUTIONS? NO.

CUSTODY ARRANGEMENT WITH TRUE SENSE MARKETING: CONTRIBUTIONS RESULTING FROM  
TRUE SENSE MARKETING DIRECT MAIL SOLICITATIONS, ARE MAILED DIRECTLY TO AN  
INDEPENDENT THIRD PARTY CONTRACTOR, DIRECT MAIL PROCESSORS (DMP). ON A  
WEEKLY BASIS, DMP RECORDS ALL DONATIONS AND DEPOSITS THEM INTO THE BANK  
ACCOUNT OF RMHCPT. TRUE SENSE MARKETING RECONCILES THE DEPOSIT REPORTS TO  
THE DONATION REPORTS AND EMAILS THE DONATION REPORTS TO RMHCPT. THE  
MONTHLY BANK STATEMENT IS MAILED DIRECTLY TO RMHCPT EACH MONTH WHERE IT IS  
RECONCILED.

BEGINNING IN FEBRUARY 2016, RMHCPT ENGAGED THE SERVICES OF TRUE SENSE  
MARKETING, A PROFESSIONAL FUNDRAISING CONSULTING FIRM, TO ASSIST RMHCPT IN  
ESTABLISHING A DIRECT MAIL DONATION PROGRAM. THE NATURE OF THIS TYPE OF  
PROGRAM IS SUCH THAT THE TIME FRAME FOR RECEIPT OF A MAJOR INDIVIDUAL  
DONATION MAY BE YEARS IN THE FUTURE. THEREFORE, AN ANNUAL SNAPSHOT OF THE  
GROSS RECEIPTS RAISED THROUGH THIS ACTIVITY MAY NOT ACCURATELY REFLECT THE  
SUCCESS OF THE PROGRAM. RMHCPT WILL DEVELOP A NUMBER OF DONOR PROSPECTS  
FOR FUTURE GIFTS FROM THE INITIATION OF THIS PROGRAMM. WE BELIEVE THIS  
ACTIVITY IS IMPORTANT TO FUTURE OPERATIONAL FUNDING REQUIREMENTS WHICH WILL  
ALLOW US TO REMAIN FINANCIALLY SOUND.

SCHEDULE G, PAGE 1, PART 1, LINE 3

WISCONSIN, WEST VIRGINIA

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open To Public  
Inspection**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**OF THE PIEDMONT TRIAD, INC.**

Employer identification number

**58-1454715**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		46,950	
6 Cars and other vehicles	X	11	11,700	
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	9	22,243	
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	301	87,857	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

**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, Line 32b - Third Party Used to Process Noncash Contributions**  
**THE ORGANIZATION CONTRACTED ON APRIL 23, 2021, WITH CHARITABLE ADULT RIDES & SERVICES, INC. (CARS), A PROFESSIONAL FUNDRAISER/SOLICITOR FOR THE PURPOSE OF PROCESSING AND SELLING ANY TYPE OF VEHICLE (CARS, TRUCKS, MOTORCYCLES, BOATS, TRACTORS, TRAILERS) DONATED TO THE ORGANIZATION. CARS PICKS UP THE VEHICLE FROM THE DONOR, TAKES TO AUCTION, SENDS APPROPRIATE PAPERWORK TO DONOR, DEDUCTS THEIR SERVICE FEES AND REMITS NET PROCEEDS TO ORGANIZATION WITH DETAILS OF VEHICLE DONATION AND CONTACT INFORMATION FOR DONOR.**

**SCHEDULE O**  
**(Form 990)**  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <b>RONALD MCDONALD HOUSE CHARITIES OF THE PIEDMONT TRIAD, INC.</b>	Employer identification number <b>58-1454715</b>
--	---

**Form 990 - Organization's Mission or Most Significant Activities**  
RONALD MCDONALD HOUSE CHARITIES OF THE PIEDMONT TRIAD, INC'S MISSION IS TO PROVIDE ESSENTIAL SERVICES THAT REMOVE BARRIERS, STRENGTHEN FAMILIES, AND PROMOTE HEALING WHEN CHILDREN NEED HEALTHCARE. OUR MOST SIGNIFICANT ACTIVITIES ARE PROVIDING A "HOME AWAY FROM HOME", WITH OUR HOUSE, FAMILY ROOMS AND HOSPITALITY CARTS FOR FAMILIES WITH CHILDREN RECEIVING MEDICAL CARE.

**Form 990, Part III, Line 4a - First Accomplishment**  
RONALD MCDONALD HOUSE CHARITIES OF THE PIEDMONT TRIAD, INC. (RMHCPT) OWNS AND OPERATES A 36-BEDROOM FACILITY THAT PROVIDES TEMPORARY LODGING FOR FAMILIES OF SERIOUSLY ILL CHILDREN WHO MUST LEAVE THEIR HOME COMMUNITY TO SEEK MEDICAL CARE FOR THEIR CHILDREN IN OUR COMMUNITY. FOR MOST OF THE FAMILIES WE SERVE, THEIR CHILDREN ARE PATIENTS AT ATRIUM HEALTH WAKE FOREST BAPTIST BRENNER CHILDREN'S HOSPITAL OR NOVANT HEALTH FORSYTH MEDICAL CENTER. HOWEVER, ANY MEDICAL FACILITY IN OUR COMMUNITY (SERVICE AREA) MAY REFER FAMILIES CARING FOR PEDIATRIC PATIENTS. MORE THAN A PLACE TO STAY, OUR RONALD MCDONALD HOUSE OFFERS OUR GUEST FAMILIES COMFORTABLE BEDROOMS, HOME-COOKED MEALS, LAUNDRY FACILITIES, FREE PARKING, AREAS FOR RECREATION AND THE SUPPORT OF PROFESSIONAL STAFF AND OTHER GUESTS IN SIMILAR CIRCUMSTANCES. IN 2024, OUR HOUSE PROVIDED 8,580 FAMILY NIGHTS SERVING 1,130 FAMILIES FROM 65 NORTH CAROLINA COUNTIES, AND 11 OTHER STATES, AND 1 OTHER COUNTRY. FAMILIES ARE ASKED FOR A DONATION OF \$10.00 FOR EACH NIGHT THEY STAY WITH US. NO ONE IS TURNED AWAY DUE TO AN INABILITY TO PAY AND APPROXIMATELY 93% OF OUR FAMILIES ARE UNABLE TO DONATE ANY AMOUNT. THE DIFFERENCE BETWEEN THE COST TO OPERATE EACH ROOM AND THE AMOUNT PAID BY OUR FAMILIES IS FUNDED BY COMMUNITY DONATIONS. CIVIC GROUPS, CHURCHES AND INDIVIDUALS CONTRIBUTE TO PROVIDE FUNDING FOR OUR HOUSE. IN-KIND GOODS AND SERVICES VALUED IN EXCESS OF \$195,600 ENHANCE THE SERVICES PROVIDED TO OUR FAMILIES AND REDUCE THE AMOUNT OF FINANCIAL DONATIONS SPENT ON PROGRAMS, ADMINISTRATIVE AND FUNDRAISING COSTS. SOME EXAMPLES OF OUR IN-KIND GIFTS INCLUDE: LAUNDRY, YARD WORK AND LANDSCAPING SERVICES, 400 MEALS PREPARED BY VOLUNTEERS OR PROVIDED BY LOCAL RESTURANTS AS DONATIONS OR PURCHASED WITH DONATED FUNDS, SNACK FOODS, DRINKS,HOUSEHOLD AND PAPER GOODS. WE ENJOYED HAVING 34 VOLUNTEERS PROVIDING 1,620 HOURS TO SUPPORT STAFF AND FAMILIES IN OUR HOUSE ON A REGULAR BASIS BY ASSISTING IN MEAL PREPARATION, GUEST FAMILY RELATIONS, OFFICE AND HOUSEKEEPING DUTIES. IN ADDITION, 1,685 ONE-TIME VOLUNTEERS SERVING 4,274 HOURS, WERE INVOLVED IN PROMOTING THE HOUSE AND IMPLEMENTING THE HOUSE'S ANNUAL SERVICE & FUNDRAISING EVENTS: HOUSE AND GROUNDS CLEANING, SPORT-A-SHIRT/SHARE-A-NIGHT, DBMC GOLF TOURNAMENT, WINE WOMEN & SHOES, CHARACTER BREAKFAST AND LUMINARY KIT SALES.

**Form 990, Part III, Line 4b - Second Accomplishment**  
THE RMHCPT FAMILY SUPPORT SERVICES PROGRAM PROVIDES ASSISTANCE, EDUCATION, AND REFERRAL SERVICE NECESSARY TO PROMOTE THE WELL-BEING OF THE WHOLE FAMILY. THE PROGRAM HELPS FAMILIES ADJUST TO THEIR CHILD'S ILLNESS BY OFFERING SERVICES THAT ENRICH PARENTING AND COPING SKILLS. SUPPORT SERVICES ARE OFFERED THROUGH DAILY VISITS WITH FAMILIES AT THE HOSPITAL BY THE FAMILY SUPPORT MANAGER AND VOLUNTEERS, INFORMAL SUPPORT GROUPS, RELAXATION AND STRESS MANAGEMENT SESSIONS, RECREATIONAL ACTIVITIES FOR

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <b>RONALD MCDONALD HOUSE CHARITIES OF THE PIEDMONT TRIAD, INC.</b>	Employer identification number <b>58-1454715</b>
--	---

SIBLINGS, FAMILY MEMBER BIRTHDAYS, HOLIDAY CELEBRATIONS, PET THERAPY AND BINGO. EDUCATIONAL RESOURCES INCLUDE ONE-ON-ONE TRAINING, AND PARENTING WORKSHOPS. A FAMILY RESOURCE LIBRARY WITH BOOKS, VIDEOS AND COMPUTER IS AVAILABLE TO DO RESEARCH. TRANSPORTATION TO MEDICAL APPOINTMENTS AND MEDICAL FACILITIES, AND ASSISTANCE WITH ACCESS TO COMMUNITY RESOURCES IS AVAILABLE. WE HAD 54 RECURRING FAMILY SUPPORT SERVICES VOLUNTEERS PROVIDING 310 VOLUNTEER HOURS.

**Form 990, Part III, Line 4d - All Other Accomplishments**

RMHCPT OFFERS A HOSPITALITY CART/PERSONAL CARE KIT PROGRAM TO SERVE: (1) PARENTS THAT ARE RELUCTANT TO LEAVE THEIR CHILD'S BEDSIDE AND/OR (2) MOTHERS-TO-BE THAT ARE RECEIVING ANTEPARTUM CARE AT HOSPITAL PRIOR TO BIRTH OF A CHILD WITH MEDICAL CHALLENGES AND (3) FAMILIES RECEIVING SERVICES AT A HOSPITAL/MEDICAL FACILITY TOO SMALL TO SUPPORT A RONALD MCDONALD FAMILY ROOM OR EVEN THE SERVICES OF A HOSPITALITY CART. OUR EIGHT HOSPITALITY CARTS OPERATING AT ATRIUM HEALTH WAKE FOREST BAPTIST BRENNER CHILDREN'S HOSPITAL (TWO), ATRIUM HEALTH WAKE FOREST BAPTIST DOWNTOWN HEALTH PLAZA (ONE), NOVANT HEALTH FORSYTH MEDICAL CENTER (ONE), NOVANT HEALTH THOMASVILLE MEDICAL CENTER (ONE), NOVANT HEALTH WAUGHTOWN PEDIATRICS CLINIC (ONE), CONE HEALTH M.H. CONE MEMORIAL HOSPITAL (ONE) AND CONE HEALTH TIM & CAROLYNN RICE CENTER (ONE) ARE COMPLEMENTED BY THE PERSONAL CARE KIT PROGRAMS OPERATING AT HIGH POINT MEDICAL CENTER AND RANDOLPH HEALTH. OUR 58 HOSPITALITY CART/PERSONAL CARE KIT VOLUNTEERS GIVING 3,721 HOURS OF SERVICE JOINED STAFF IN SERVING 45,369 INDIVIDUALS WITH ITEMS FROM OUR HOSPITALITY CARTS AND/OR DISTRIBUTION OF PERSONAL CARE KITS.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

THE CHIEF EXECUTIVE OFFICER AND A MEMBER OF THE FINANCE COMMITTEE THOROUGHLY REVIEW A DRAFT OF THE FORM 990. FOLLOWING THIS REVIEW AND CHANGES, IF ANY, A DRAFT OF THE FORM 990 IS EMAILED TO BOARD MEMBERS OF RMHCPT FOR COMMENTS AND REVIEW BEFORE FINALIZING AND FILING ELECTRONICALLY WITH THE IRS.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

ANNUALLY, EACH MEMBER OF THE RMHCPT BOARD OF DIRECTORS AND SENIOR STAFF LEADERSHIP SIGN OUR ANNUAL CONFLICT OF INTEREST FORM. THE FORMS ARE FILED WITH THE CHIEF EXECUTIVE OFFICER WHO REVIEWS EACH ONE TO DETERMINE IF THERE ARE ANY POTENTIAL CONFLICTS THAT MIGHT INFLUENCE DECISION MAKING. ANY MEMBER WITH A POTENTIAL CONFLICT OF INTEREST IS INELIGIBLE TO VOTE ON MATTERS INVOLVING THAT INTEREST AT BOTH THE COMMITTEE AND BOARD LEVEL.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

FOR THE CHIEF EXECUTIVE OFFICER POSITION, THE BOARD DESIGNATES THE BOARD GOVERNANCE COMMITTEE TO GATHER BOARD AND STAFF PERFORMANCE FEEDBACK AND COMPARABLE SALARY DATA. THE COMMITTEE RECOMMENDS COMPENSATION BASED UPON THIS DATA, COMPARABILITY FACTORS INCLUDING BUT NOT LIMITED TO THE SIZE OF THE ORGANIZATION, THE GEOGRAPHICAL LOCATION OF THE ORGANIZATION AND THE EMPLOYEE'S LENGTH OF SERVICE AND PRIOR APPLICABLE EXPERIENCE. THE BOARD DESIGNATES THE EXECUTIVE COMMITTEE TO REVIEW THE COMMENTS AND THE

**SCHEDULE O**  
**(Form 990)**  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization	<b>RONALD MCDONALD HOUSE CHARITIES OF THE PIEDMONT TRIAD, INC.</b>	Employer identification number	<b>58-1454715</b>
--------------------------	--	--------------------------------	-------------------

**RECOMMENDATIONS FROM THE BOARD GOVERNANCE COMMITTEE AND TO SET THE  
COMPENSATION PACKAGE FOR THE CHIEF EXECUTIVE OFFICER.**

Form 990, Part VI, Line 15b - Compensation Process for Officers  
THE CHIEF EXECUTIVE OFFICER REVIEWS THE COMPENSATION OF KEY EMPLOYEES AND  
SUBMITS RECOMMENDATIONS TO THE FINANCE COMMITTEE AS PART OF THE ANNUAL  
BUDGET PROCESS. THE ANNUAL BUDGET IS APPROVED BY THE BOARD. SALARY AND  
WAGE RANGES FOR ALL STAFF POSITIONS ARE REVIEWED BY A PAID INDEPENDENT  
THIRD PARTY AT LEAST EVERY FIVE YEARS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE  
ORGANIZATION'S WEBSITE AND UPON REQUEST AT THEIR ADMINISTRATIVE OFFICE  
LOCATED AT THEIR MAIN ADDRESS. THE CONFLICT OF INTEREST POLICY IS  
ALSO AVAILABLE UPON REQUEST AT THEIR ADMINISTRATIVE OFFICE LOCATED AT  
THEIR MAIN ADDRESS.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

USE OF LEASED VEHICLES	\$	8,400
SPECIAL EVENTS-COST OF DIRECT BENEFITS TO DONORS	\$	248,157
USE OF LEASED VEHICLES	\$	-8,400
SPECIAL EVENTS-COST OF DIRECT BENEFITS TO DONORS	\$	-248,157

Form **4562**

Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**

Attachment Sequence No. **179**

Name(s) shown on return **RONALD MCDONALD HOUSE CHARITIES  
OF THE PIEDMONT TRIAD, INC.**

Identifying number  
**58-1454715**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,220,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>3,050,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>306,994</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>306,994</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2024</b>
Description <b>WINEWOMEN&amp;SHOES</b>		

Name <b>RONALD MCDONALD HOUSE CHARITIES</b>	Taxpayer Identification Number <b>58-1454715</b>
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>103,675</b>	
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.	<b>157,331</b>	
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>261,006</b>	
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.	<b>135,237</b>	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>135,237</b>	
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>125,769</b>	

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	<b>12,923</b>
Food & beverages (Part II only)	<b>37,243</b>
Entertainment (Part II only)	
Other direct expenses	<b>85,071</b>
<b>Total Fundraising Expense</b>	<b>135,237</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code		Seq #
<input type="checkbox"/>	Part V, Debt Financing	
<input type="checkbox"/>	Part VI, Controlled Org Income	
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/>	Part VIII, Exploited Activities	
<input type="checkbox"/>	Part IX, Advertising Income	

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2024</b>
Name <b>RONALD MCDONALD HOUSE CHARITIES</b>		Taxpayer Identification Number <b>58-1454715</b>
Description <b>SPORT-A-SHIRT</b>		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>76,255</b>	
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.	<b>128,356</b>	
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>204,611</b>	
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.	<b>36,635</b>	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>36,635</b>	
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>167,976</b>	

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	<b>87</b>
Entertainment (Part II only)	
Other direct expenses	<b>36,548</b>
<b>Total Fundraising Expense</b>	<b>36,635</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code		Seq #
<input type="checkbox"/>	Part V, Debt Financing	
<input type="checkbox"/>	Part VI, Controlled Org Income	
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/>	Part VIII, Exploited Activities	
<input type="checkbox"/>	Part IX, Advertising Income	

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2024</b>
Description <b>GOLF TOURNAMENT</b>		

Name <b>RONALD MCDONALD HOUSE CHARITIES</b>	Taxpayer Identification Number <b>58-1454715</b>
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>45,151</b>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<b>140,180</b>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>185,331</b>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<b>52,363</b>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>52,363</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>132,968</b>

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	<b>525</b>
Food & beverages (Part II only)	<b>33,310</b>
Entertainment (Part II only)	
Other direct expenses	<b>18,528</b>
<b>Total Fundraising Expense</b>	<b>52,363</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code	Seq #	
<input type="checkbox"/>		Part V, Debt Financing
<input type="checkbox"/>		Part VI, Controlled Org Income
<input type="checkbox"/>		Part VII, Investments for C(7)(9)(17)
<input type="checkbox"/>		Part VIII, Exploited Activities
<input type="checkbox"/>		Part IX, Advertising Income

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2024</b>
Name <b>RONALD MCDONALD HOUSE CHARITIES</b>		Taxpayer Identification Number <b>58-1454715</b>
Description <b>LUMINARY SALES</b>		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>74,295</b>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<b>18,911</b>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>93,206</b>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<b>21,396</b>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>21,396</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>71,810</b>

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	<b>311</b>
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	<b>21,085</b>
<b>Total Fundraising Expense</b>	<b>21,396</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code	Seq #	
<input type="checkbox"/>	Part V, Debt Financing	
<input type="checkbox"/>	Part VI, Controlled Org Income	
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/>	Part VIII, Exploited Activities	
<input type="checkbox"/>	Part IX, Advertising Income	

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2024</b>
	Description <b>CHARACTER BREAKFAST</b>	
Name <b>RONALD MCDONALD HOUSE CHARITIES</b>		Taxpayer Identification Number <b>58-1454715</b>

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>5,548</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<u>21,356</u>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>26,904</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>2,525</u>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<u>2,525</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>24,379</u>

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	<u>2,033</u>
Entertainment (Part II only)	
Other direct expenses	<u>492</u>
<b>Total Fundraising Expense</b>	<u>2,525</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code		Seq #
<input type="checkbox"/>	Part V, Debt Financing	
<input type="checkbox"/>	Part VI, Controlled Org Income	
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/>	Part VIII, Exploited Activities	
<input type="checkbox"/>	Part IX, Advertising Income	

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2024</b>
	For calendar year 2024, or tax year beginning _____, and ending _____	

Name <b>RONALD MCDONALD HOUSE CHARITIES OF THE PIEDMONT TRIAD, INC.</b>	Employer Identification Number <b>58-1454715</b>
--	---

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>GOLF TOURNAMENT</u> <small>(event type)</small>	<u>LUMINARY SALES</u> <small>(event type)</small>	<u>CHARACTER BREAK</u> <small>(event type)</small>	<small>(add col. (a) through col. (c))</small>
Revenue	<b>1</b> Gross receipts	<b>185,331</b>	<b>93,206</b>	<b>26,904</b>	<b>305,441</b>
	<b>2</b> Less: Charitable contributions	<b>140,180</b>	<b>18,911</b>	<b>21,356</b>	<b>180,447</b>
	<b>3</b> Gross income <small>(line 1 minus line 2)</small>	<b>45,151</b>	<b>74,295</b>	<b>5,548</b>	<b>124,994</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs	<b>525</b>	<b>311</b>		<b>836</b>
	<b>7</b> Food/beverages	<b>33,310</b>		<b>2,033</b>	<b>35,343</b>
	<b>8</b> Entertainment				
	<b>9</b> Other expenses	<b>18,528</b>	<b>21,085</b>	<b>492</b>	<b>40,105</b>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2023 &amp; 2024</b>
For calendar year 2024, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**RONALD MCDONALD HOUSE CHARITIES  
OF THE PIEDMONT TRIAD, INC.**
**58-1454715**

		2023	2024	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants .....	1. <b>2,112,127</b>	<b>2,098,233</b>	<b>-13,894</b>
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3.		
	4. Program service revenue .....	4. <b>5,334</b>	<b>394,691</b>	<b>389,357</b>
	5. Investment income .....	5. <b>118,295</b>	<b>180,866</b>	<b>62,571</b>
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7. <b>97,828</b>	<b>354,231</b>	<b>256,403</b>
	8. Net income or (loss) from fundraising events .....	8. <b>99,787</b>	<b>56,768</b>	<b>-43,019</b>
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10.		
	11. Other revenue .....	11.		
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12. 2,433,371</b>	<b>3,084,789</b>	<b>651,418</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid .....	13.		
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15. <b>143,200</b>	<b>150,356</b>	<b>7,156</b>
	16. Salaries, other compensation, and employee benefits .....	16. <b>906,188</b>	<b>1,070,169</b>	<b>163,981</b>
	17. Professional fundraising fees .....	17. <b>105,398</b>	<b>96,588</b>	<b>-8,810</b>
	18. Other professional fees .....	18. <b>134,626</b>	<b>132,218</b>	<b>-2,408</b>
	19. Occupancy, rent, utilities, and maintenance .....	19. <b>52,519</b>	<b>57,542</b>	<b>5,023</b>
	20. Depreciation and Depletion .....	20. <b>291,886</b>	<b>306,994</b>	<b>15,108</b>
	21. Other expenses .....	21. <b>797,172</b>	<b>932,600</b>	<b>135,428</b>
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22. 2,430,989</b>	<b>2,746,467</b>	<b>315,478</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23. 2,382</b>	<b>338,322</b>	<b>335,940</b>
<b>O t h e r I n f o r m a t i o n</b>	<b>24. Total exempt revenue</b> .....	<b>24. 2,433,371</b>	<b>3,084,789</b>	<b>651,418</b>
	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26. <b>321,244</b>	<b>986,556</b>	<b>665,312</b>
	27. Total assets .....	27. <b>16,500,185</b>	<b>17,688,822</b>	<b>1,188,637</b>
	28. Total liabilities .....	28. <b>81,486</b>	<b>226,546</b>	<b>145,060</b>
	29. Retained earnings .....	29. <b>16,418,699</b>	<b>17,462,276</b>	<b>1,043,577</b>
	30. Number of voting members of governing body .....	30. <b>30</b>	<b>27</b>	
	31. Number of independent voting members of governing body .....	31. <b>30</b>	<b>27</b>	
	32. Number of employees .....	32. <b>29</b>	<b>24</b>	
	33. Number of volunteers .....	33. <b>1308</b>	<b>2010</b>	

Form <b>990</b>	<b>Tax Return History</b>	<b>2024</b>
-----------------	---------------------------	-------------

Name	<b>RONALD MCDONALD HOUSE CHARITIES OF THE PIEDMONT TRIAD, INC.</b>	Employer Identification Number <b>58-1454715</b>
------	--	---

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....			1,750,232	2,112,127	2,098,233	
Membership dues .....			23,700			
Program service revenue .....			8,416	5,334	394,691	
Capital gain or loss .....			203,802	97,828	354,231	
Investment income .....			64,423	118,295	180,866	
Fundraising revenue (income/loss) .....			87,299	99,787	56,768	
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....			<b>2,137,872</b>	<b>2,433,371</b>	<b>3,084,789</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....			137,578	143,200	150,356	
Other compensation .....			817,184	906,188	1,070,169	
Professional fees .....			250,018	240,024	228,806	
Occupancy costs .....			38,240	52,519	57,542	
Depreciation and depletion .....			277,930	291,886	306,994	
Other expenses .....			633,777	797,172	932,600	
<b>Total expenses</b> .....			<b>2,154,727</b>	<b>2,430,989</b>	<b>2,746,467</b>	
<b>Excess or (Deficit)</b> .....			<b>-16,855</b>	<b>2,382</b>	<b>338,322</b>	
<b>Total exempt revenue</b> .....			<b>2,137,872</b>	<b>2,433,371</b>	<b>3,084,789</b>	
Total unrelated revenue .....						
Total excludable revenue .....			363,940	321,244	986,556	
Total Assets .....			15,529,329	16,500,185	17,688,822	
Total Liabilities .....			85,773	81,486	226,546	
Net Fund Balances .....			15,443,556	16,418,699	17,462,276	

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
STEPHENS INC	\$ 9,483		14			
PINNACLE BANK	14,740		14			
WINSTON-SALEM FOUNDATION	2,126		14			
AMERIPRISE FINANCIAL	22		14			
Total	\$ <u>26,371</u>					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
STEPHENS INC	\$ 143,574		14			
AMERIPRISE FINANCIAL	4,381		14			
W-S FOUND - STOCK THE PANTRY	6,540		14			
Total	\$ <u>154,495</u>					

58-1454715

**Federal Statements**

FYE: 12/31/2024

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
STRATEGIC PLANNING SERVICES	\$ 5,375	\$	\$ 5,375	\$
BACKGROUND CHECK SERVICES	1,999	1,999		
FSA ACCOUNT SERVICES	2,852	2,097	310	445
THIRD PARTY HOUSING COSTS	102	102		
Total	<u>\$ 10,328</u>	<u>\$ 4,198</u>	<u>\$ 5,685</u>	<u>\$ 445</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
CREDIT CARD FEES	\$ 19,770	\$	\$	\$ 19,770
TELEPHONE	14,640	13,004	599	1,037
TAXES, LICENSES AND FEES	11,616		11,616	
AUTOMOBILE	4,900	4,900		
BANK FEES	3,732		3,732	
LINENS & LAUNDRY	2,709	2,709		
Total	<u>\$ 57,367</u>	<u>\$ 20,613</u>	<u>\$ 15,947</u>	<u>\$ 20,807</u>

58-1454715

**Federal Statements**

FYE: 12/31/2024

**Schedule A, Part II, Line 1(e)**

Description	Amount
OTHER CASH CONTRIBUTIONS	\$ 962,383
CLOTHING AND HOUSEHOLD GOODS	46,950
CARS AND OTHER VEHICLES	11,700
SECURITIES-NON CASH	22,243
FOOD INVENTORY-NON CASH	87,857
RONALD MCDONALD HOUSE CHARITIES, INC Cash Contribution	326,839
ALPHA DELTA PI FOUNDATION Cash Contribution	94,971
THE WINSTON SALEM FOUNDATION - Cash Contribution	79,156
WINEWOMEN&SHOES Cash Contribution	157,331
SPORT-A-SHIRT Cash Contribution	128,356
GOLF TOURNAMENT Cash Contribution	140,180
LUMINARY SALES Cash Contribution	18,911
CHARACTER BREAKFAST Cash Contribution	21,356
Total	<u>\$ 2,098,233</u>

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ESTATE OF JOYCE KOHFELDT	\$ 470,000	\$ 259,831
TRUIST (FORMERLY BB&T)	138,087	
ESTATE OF MARGARET JANE WHITE	1,651	
ESTATE OF MARY K STANLEY	547,419	337,250
ALPHA DELTA PI FOUNDATION INC	371,207	161,038
Total	<u>\$ 1,528,364</u>	<u>\$ 758,119</u>

**Federal Statements****Schedule A, Part II, Line 8(e)**

<u>Description</u>	<u>Amount</u>
STEPHENS INC	\$ 9,483
PINNACLE BANK	14,740
WINSTON-SALEM FOUNDATION	2,126
AMERIPRISE FINANCIAL	22
STEPHENS INC	143,574
AMERIPRISE FINANCIAL	4,381
W-S FOUND - STOCK THE PANTRY	6,540
Total	<u>\$ 180,866</u>

**Schedule A, Part II, Line 12 - Current year**

<u>Description</u>	<u>Amount</u>
MEDICAID REIMBURSEMENT	\$ 388,756
ROOM DONATIONS	5,935
Total	<u>\$ 394,691</u>

**Federal Statements****WINEWOMEN&SHOES****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
PROGRAM SUPPLIES	\$ 20,461
PRINTING PUBLISHING	13,928
CREDIT CARD FEES	5,431
LICENSE FEES	26,066
CONSIGNMENT TRIP FEES	19,185
Total	<u>\$ 85,071</u>

**Federal Statements****SPORT-A-SHIRT****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
PROGRAM SUPPLIES	\$ 35,229
PRINTING AND PUBLISHING	1,291
CREDIT CARD FEES	28
Total	<u>\$ 36,548</u>

**Federal Statements****GOLF TOURNAMENT****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
PROGRAM SUPPLIES	\$ 15,939
PRINTING AND PUBLISHING	1,901
INSURANCE	688
Total	<u>\$ 18,528</u>

**Federal Statements****LUMINARY SALES****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
PROGRAM SUPPLIES	\$ 20,253
PRINTING AND PUBLISHING	832
Total	\$ <u>21,085</u>

**Federal Statements****CHARACTER BREAKFAST****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
PROGRAM SUPPLIES	\$ 339
PRINTING AND PUBLISHING	153
Total	\$ <u>492</u>