Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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



Α	For th	e 2022 calendar year, or tax year beginning and	d ending				
в	Check if	C Name of organization		D Employer identific	ation number		
i	applicab	RONALD MCDONALD HOUSE CHARITIES OF					
	Addre	P CHARLESTON, SOUTH CAROLINA, INC.					
	Name	pe Doing business as	57-072484	45			
	Initial returr		Room/suite	E Telephone number			
	Final returr	81 GADSDEN STREET		(843)972-			
	termi ated			G Gross receipts \$	2,681,255.		
	Amer returr	CHARLESTON, SC 29401		H(a) Is this a group re			
	Appli tion pend	F Name and address of principal officer: KAIHIEEN FAFADIMII	RIOU	for subordinates	? Yes 🔀 No		
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u> </u>	Tax-ex	tempt status: $X = 501(c)(3) = 501(c)()$ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
_	Webs			H(c) Group exemption			
		f organization: X Corporation Trust Association Other	L Year	of formation: 1981 N	State of legal domicile: SC		
Pa	art I	Summary					
e	1	Briefly describe the organization's mission or most significant activities: THE					
anc		HOUSE CHARITIES OF CHARLESTON (RMHC CHAR)					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispo	sed of more				
Ň	3			28			
ن ھ	4	Number of independent voting members of the governing body (Part VI, line 1b) $% \left(1-\frac{1}{2}\right) =0$		28			
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		33			
ivit	6	Total number of volunteers (estimate if necessary)		6	1461		
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>		Current Year		
				2,351,610.	2,121,965.		
ne	8	Contributions and grants (Part VIII, line 1h)		124,672.	196,105.		
Revenue	9	Program service revenue (Part VIII, line 2g)		101,594.	70,890.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,772.	59,635.		
	12			2,582,648.	2,448,595.		
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14			0.	0.		
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		560,107.	964,432.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
nec	h	Total fundraising expenses (Part IX, column (D), line 25) 272, 0		••			
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,088,970.	1,300,286.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,649,077.	2,264,718.		
	19	Revenue less expenses. Subtract line 18 from line 12		933,571.	183,877.		
or				ginning of Current Year	End of Year		
sets (20	Total assets (Part X, line 16)		10,688,192.	10,641,264.		
Ass	21	Total liabilities (Part X, line 26)		116,242.	138,601.		
Net Ass	22	Net assets or fund balances. Subtract line 21 from line 20		10,571,950.	10,502,663.		
		Signature Block	•	· ·	• •		

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

Sign	Signature of officer	Date									
-	KATHLEEN PAPADIMITRIOU, CI	08/15/23									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN						
Paid	JANICE A RATICA	Janue & Latica	08/07/23	if self-employed	₽0035883	37					
Preparer	Firm's name ELLIOTT DAVIS, LL	C/PLLC	Firm's	s EIN 57-	0381582						
Use Only	Firm's address 500 EAST MOREHEAD	STREET, SUITE 700									
	CHARLOTTE, NC 282	02	Phon	e no. (704) 333-88	81					
May the IRS discuss this return with the preparer shown above? See instructions X Yes No											
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	rt 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:
	RMHC CHARLESTON ASSISTS FAMILIES LEAD A LIFE AS NORMAL AS POSSIBLE
	DURING TRAUMATIC PEDIATRIC HEALTH TREATMENTS REDUCING THE STRESS AND
	FINANCIAL BURDEN OF NECESSARY ADDITIONAL LIVING EXPENSES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4	
4a	
	IN 2022, THE HOUSE PROGRAM SERVED 2,016 GUESTS STAYING OVER 8,094
	NIGHTS WITH AN AVERAGE OF 10 NIGHT STAY PER FAMILY; 91% OF THE FAMILIES
	WERE FROM SC. THE TRUE VALUE OF THE RMHC CHARLESTON HOUSE PROGRAM IS
	HOW THE FAMILIES SUPPORT EACH OTHER DURING THEIR MOST TRYING TIMES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
т	IN 2022, OUR HOSPITALITY CART PROGRAM EXPANDED SERVING 29,717 PEOPLE.
	THIS PROGRAM SERVES FAMILIES REFRESHMENTS BEDSIDE AND IN WAITING ROOMS
	AT MUSC SJ'S CHILDREN HOSPITAL AND THE SUMMEY MEDICAL PAVILION.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
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RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON, SOUTH CAROLINA, INC.

57-0724845 Page 3

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 167 If "Yes," complete Schedule D, Part X 11d X e Did the organization seport an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 12a X b Was the organization aschool described in section 170(b(I)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garges grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 14b X 16 Did the organization report more than \$15,000 othy the spaneses for professional fundriaising services on Part IX,				Yes	No
2 Is the organization engage in direct political campaign activities on behall of on opposition to candidates for public office? If 'res,' complete Schedule C, Parl I 2 X 3 Did the organization engage in direct political campaign activities on have a section 501(h) election in effect during the save? If 'res,' complete Schedule C, Parl I 3 X 4 Section 501(c)(d) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the save? If 'res,' complete Schedule C, Parl I 4 X 5 Is the organization as adefined in Rev. Proc. 891(2) (''''''''s,' complete Schedule C, Parl I 5 X 6 It due organization reaction 501(c)(4).501(c)(5), or 501(c)(6) organization that reaeves membership dues, assessment, or administ mounts in such Indio a accounts 10 "Yes,' complete Schedule D, Parl I 6 X 7 X Bid the organization reacew or hold a conservation asservation	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public official "I "Yes," complete Schedule C, Part II 4 Social 501(QS) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy verif II "Yes," complete Schedule C, Part II 6 Did the organization maintain and yoon or advised that of an ansimilar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or anocunts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to Did the organization maintain and yoon advised that or any similar dimessive open space. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization response of theory and the organization, hold assets in donor-restricted andowments or in quasi endowments? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount for fundy. In related organization, hold assets in donor-restricted andowments or in quasi endowments? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for investmenta - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investmenta - program initiated in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investmenta - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X 11 Did the organizati					
public office? # 'Yes,' complete Schedule Q. Part I 3 X 4 Section 501(k) election in Editor 4 X 5 Becto 501(k) (k) organization. Did the organization engage in tobbying activities, or have a section 501(k) election in effect 4 X 6 Is the organization a section 501(k) or 501(k) or 501(k) or 501(k) or ganization that recovers membership dues, assessments, or similar amounts as defined in Rev. Proc. 98 197 if 'Yes,' complete Schedule C, Part II 6 X 7 Did the organization receive or hold a conservation assemble, including assemble to Preserve open space. 7 X 8 Did the organization receive or hold a conservation assemble, including assemble. Or adv in the Schedule D, Part II 8 X 9 Did the organization reports a mount in Part X, Ime 21, for secrow or custodial account liability, serve as a custodian for amounts not lised in Part X, reports Cendule consensing, debt management, credit repair, or dubt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12; that is 5% or more of its total asset reported in Part X, line 12, the sector Part VI. 10 X 11 H we organization report an amount for investments - other securities in Part X, line 12; that is 5% or more of its total asset reported in Part X, line 12; that is 5% or more of its total asset reported	2		2	X	
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a social 501(h), 501(c)(b), or 50	3				
during the tax year? If Yes," complete Schedule C, Part II 4 X 5 Is the organization a section Stock (S)			3		<u> </u>
5 Is the organization a sector 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-187. If 'Yes, 'complete Schedule C, Part II 5 X 6 Did the organization maintain any doore advected 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for the preserve open space. 6 X 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization, right X, or provide credit consoling, doth management, credit magin, or doth regotiation services? If 'Yes,' complete Schedule D, Part V 8 X 9 Did the organization, directly or through a related organization, hold assets in doorn restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization export an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 147 'Yes,' complete Schedule D, Part X 11 X 11 X 11 X 11 X 11 X 11	4				37
amina amounts as defined in Rev. Proc. 98-197. If "Yes," complete Schedule C, Part II 5 X 6 Did the organization maintain any donor axivised funds or any similar funds or accounts for which donors have the right to provide axivice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide axivice on the distribution or investment of amounts in such funds or accounts for which donors have the right to the environment, historic later ass, or historic structures? If "xes," complete Schedule D, Part II 6 X 7 XI bit the organization maintain collections of works of art, historical trassures, or other similar assets? If "Yes," complete Schedule D, Part IV 7 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasia stower to any of the following questions is "Yes," then complete Schedule D, Part V 8 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - break section Part X, line 19? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part V 10 X 12 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 X 116 X <td>_</td> <td></td> <td>4</td> <td></td> <td></td>	_		4		
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12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i> . 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>and it the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 13a X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13a X 14a X Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garegate foreign investments valued at \$100,000 or for or foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report a total of more than \$5,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16 X 17 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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions 16 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1 c and 8a? <i>If</i> "Yes,"					
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X b Was the organization a school described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign 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 II and IV 16 X 17 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 G, Part I. See instructions 16 X 18 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 G, Part II and IV 16 X 17 Did the organization report on tan \$15,000 of		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	1
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 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 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? 14a 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 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 II and IV 16 X 17 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 II and IV 16 X 18 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 G, Part II and IV 16 X 17 Did the organization report ato 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 II 16 X	12a				
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
	21				v
232003 12-13-22 Form 990 (2022				000	

232003 12-13-22

Form 990 (2022)

Part IV Checklist of Required Schedules

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RONALD MCDONALD HOUSE CHARITIES OF

Form	990 (2022) CHARLESTON, SOUTH CAROLINA, INC. 57-072	24845	P	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		1	T
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	. 22		<u>⊢</u> ^
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		\square
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25 a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
06	Schedule L, Part I	. 25b		<u>⊢</u> ^
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<u> </u>
	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	. 28 a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	─
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.
24	contributions? If "Yes," complete Schedule M	. <u>30</u> 31		X X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	. 38	Δ	<u> </u>
	Chaoly if Cohodyla O contains a reconcise ar note to any line in this Dort V			
	Check in Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5	103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	. 1c	Х	

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232004 12-13-22

Form 990 (2022)

RONALD MCDONALD HOUSE CHARITIES OF

Form	990 (2022) CHARLESTON, SOUTH CAROLINA, INC. 57-0724	845	Р	age 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 33	2b	х								
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x							
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>									
b	If "Yes," enter the name of the foreign country										
50		5a		x							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		<u> </u>							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
ou	any contributions that were not tax deductible as charitable contributions?	6a		x							
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- 00		<u> </u>							
-	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├──							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
	Initiation fees and capital contributions included on Part VIII, line 12 10a										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders										
	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1										
U	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
с	Enter the amount of reserves on hand 13c										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		-							
	If "Yes," complete Form 6069.	Form	900	(2022)							
232005	12-13-22		000	(2022)							

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232005 12-13-22

RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON, SOUTH CAROLINA, INC.

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t	hrough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sect	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other			
	officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	•		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			•		
		<u>vonuo</u>	0000.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v befor	e filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y					
•	on Schedule O how this was done	,		12c	x	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the experimentation have a written decument retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by inc				
а	The organization's CEO, Executive Director, or top management official			15a	x	
				15a	X	
5	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	th a			
104				16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104		
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
				16b		
Sec	exempt status with respect to such arrangements?			100		
	List the states with which a copy of this Form 990 is required to be filed SC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 000.	T (section $501(c)(3)s$	only	availat	
10	for public inspection. Indicate how you made these available. Check all that apply.	10 220		Unity)	availat	
			hadula O'			
10			,	financ		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	n IIIICT O	i interest policy, and	mano	ial	
00	statements available to the public during the tax year.		-			
20	State the name, address, and telephone number of the person who possesses the organization's boo GREG FELT, DIRECTOR OF FINANCE - 843-723-7957	JKS and	records			
	81 GADSDEN STREET, CHARLESTON, SC 29401					
	· · · ·			Ford:	gan	(0000)
232006	12-13-22			rorm	330	(2022)

Form 990 (2022)

2022.04010 RONALD MCDONALD HOUSE CHA 52105_1

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RONALD M	ICDON	ALD 1	HOU	SE (CHARIT	IES	\mathbf{OF}
CHARLEST	ON.	SOUT	н С	ARO	LINA.	INC.	

Form 990 (INA, INC.	
Part VII	Compensation	of Officers, D	Directors, T	rustees, Ke	ey Employees,	Highest Compensated
	Employees on	d Indonondor	t Contract	ore		

Employees, and independent Contractors

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

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

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless pers				n an	compensation	compensation	amount of	
	week		cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	st con	_	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KATHLEEN PAPADIMITRIOU	40.00				×	<u> </u>	ш			
CEO				x				98,615.	0.	10,200.
(2) GREG FELT	40.00									
DIRECTOR OF FINANCE AND HR				х				70,126.	Ο.	1,373.
(3) PIPER R. BYZET, J.D.	2.00									
MEMBER		Х						0.	0.	0.
(4) ROBERT CREWS	2.00									
MARKETING CHAIR		Х						0.	0.	0.
(5) ALLIE DARBY	2.00									
MEMBER		Х						0.	0.	0.
(6) BILL GOOD	2.00									
BUILDINGS & GROUND CHAIR		Х						0.	0.	0.
(7) ALLUETTE JONES-SMALLS	2.00									
MEMBER		Х						0.	0.	0.
(8) JACK SKOLDS	2.00									
CAPITAL CAMPAIGN TEAM		Х						0.	0.	0.
(9) BARBARA KRAEMER	2.00									
BAG LADY CHAIR		Х						0.	0.	0.
(10) BRETT LASHLEY	2.00									
MEMBER		Х						0.	0.	0.
(11) LISA QUADRINI, CFP	2.00									
CAPITAL CAMPAIGN TEAM		Х						0.	0.	0.
(12) AARON SIEGEL	2.00									
MEMBER		Х						0.	0.	0.
(13) ALI SUCHECKI PRINGLE, CPA	2.00									
AUDIT CHAIR		Х						0.	0.	0.
(14) GREG TAYLOR	2.00									
MEMBER		Х						0.	0.	0.
(15) COURTNAY THOMPSON, RN	2.00									
MEMBER		Х						0.	0.	0.
(16) CHRIS VALDES, J.D.	2.00									
MEMBER		Х						0.	0.	0.
(17) CONRAD WILLIAMS, M.D.	2.00									
MEMBER		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

232007 12-13-22

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RONALD MCDONALD HOUSE CHARITIES OF

CHARLESTON, SOUTH CAROLINA, INC.

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Form 990 (2022) CHARLEST	ON, SOUI	ΗĽ	CA	RO	ЪI	NA		INC.	57-0724	845 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
Name and title	hours per		not ch , unles					compensation	compensation	amount of
	week		cer and					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	e or	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		ee	nper		1099-NEC)	1000 (120)	and related
	below	lual t	tiona		Voldu	st col	-	· · · · · · · · · · · · · · · · · · ·		organizations
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(18) KEN BATE	2.00	-	-	0	Ť	1				
CHAIRMAN EMERITUS		х						0.	0.	0.
(19) HORACE E. CURRY, JR	2.00									
HONORARY MEMBER		х						0.	0.	0.
(20) CHARLES P. DARBY, JR. M.D.	2.00									
HONORARY MEMBER	2.00	х						0.	0.	0.
(21) BERT HEFKE	2.00							0.	0.	0.
CAPITAL CAMPAIGN CHAIR	2.00	x						0.	0.	0.
(22) EMORY MAIN	2.00	Δ	$\left \right $			-		0.	0.	0.
	2.00	v						0	0	
HONORARY MEMBER	2 00	Х	$\left \right $			-		0.	0.	0.
(23) BILL WASH	2.00								•	
HONORARY MEMBER		Х						0.	0.	0.
(24) TOM BUTZ	3.00									
CHAIRMAN		Х		Х				0.	0.	0.
(25) AMY HAUSER, BSN, MBA, MHA, RN,	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(26) CHRISTINA MOORE	3.00									
TREASURER		x		х				0.	0.	0.
1b Subtotal						-		168,741.	0.	11,573.
c Total from continuation sheets to Part V	I Section A						•	0.	0.	0.
								168,741.	0.	11,573.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but r 										11,575.
	iot inflited to th	lose	liste	u ab	Jove	<i>y</i> wn	o re	eceived more than \$100,		0
compensation from the organization										Yes No
										res no
3 Did the organization list any former officer			-	•					•	
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su	um of reportabl	le co	mpe	nsa	tion	and	oth	ner compensation from t	he organization	
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		4 X
5 Did any person listed on line 1a receive or a	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	lual for services	
rendered to the organization? If "Yes," con	nplete Schedule	e J fo	or su	ch r	bers	on .				5 X
Section B. Independent Contractors	•			·						
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	100,000 of compensa	tion from
the organization. Report compensation for		•							· ·	
(A)				3				(B)		(C)
										Compensation
										-
2 Total number of independent contractors (i	ncluding but n	ot lir	nited	to	thos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organi	zation				0)				
SEE PART VII, SECTION	A CONT	'IN	UA'	ΓI(ON	S	HE	ETS		Form 990 (2022)

SEE PART VII, SECTION A CONTINUATION SHEETS 232008 12-13-22 9

RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON, SOUTH CAROLINA, INC.

57-0724845

Porm 990 CHARLES IC									57-072	4045
		nplo	yee			ligh	est (· · ·	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cł	neck	all t	that	app	ly)	compensation	compensation	amount of
	per					<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	from	from related	other
	week					66		the	organizations	compensation
	(list any	tor				ploy		organization	(W-2/1099-MISC)	from the
	hours for	direc				d em		(W-2/1099-MISC)		organization
	related	e OL	tee			sate				and related
	organizations	uste	trus		66	nedr				organizations
		Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	livid	titut	Officer	y em	thes	Former			
	line)	Inc	lus	0ff	Ke	Ξ	Fo			
(27) JUAN TOLLEY, J. D	3.00									
SECRETARY		х		х				0.	0.	0.
(28) PATTI HART, CPN, NE-BC, MSN, RN	3.00	23		23					••	
	3.00									
MEDICAL REPRESENTATIVE		Х		Х				0.	0.	0.
(29) JIM BOOTH	3.00									
MCDONALDS OWNER/OPERATOR R		х		х				0.	0.	0.
	2 00	23		23					••	
(30) ALVIN WILLIAMS	3.00									
PERSONNEL CHAIR		Х		Х				0.	0.	0.
		-								
		-								
		-								
		-								
		1								
	1						-			
		-								
	ļ						L			
							-			
		-								
Total to Part VII, Section A, line 1c										
								1	I	<u> </u>

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Form 990

RONALD MCDONALD HOUSE CHARITIES OF

Form						SOUTH	CAR	OLINA,	INC.	•	57-0724	845 Page 9
Pa	rt V	/111	Statement of Rev	venue	•							
			Check if Schedule O c	contains	s a response	e or note t	o any lin	e in this Par	t VIII	(D)	(0)	
								(A) Total rev	enue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns		1a							
rant	-											
, Mo		с	Fundraising events			517,	775.					
ar A			Related organizations									
s, 0		е	Government grants (contri	ibutions	s) 1e							
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, similar amounts not included	-		,604,	190.					
d O		g	Noncash contributions included in I	lines 1a-1	f 1g \$	252,						
<u>ы С</u>		h	Total. Add lines 1a-1f					2,121,	965.			
			50016 5556			Busines		100	105	106 105		
ice	2		ROOM FEES			721	310	196,	105.	196,105.		
ervi		b										
n S /eni		C										
grai Be		d										
Program Service Revenue		e 4	All other preares convice									
-			All other program service i Total. Add lines 2a-2f					196,	105.			
	3							1907	1031			
	 Investment income (including dividends, intere- other similar amounts) 					49,	732.			49,732.		
	4		Income from investment o									Ē
	5		Royalties		•	•						
					(i) Real		rsonal					
	6	а	Gross rents	6a								
		b	Less: rental expenses	6b								
		с	Rental income or (loss)	6c								
		d	Net rental income or (loss)									
	7	а	Gross amount from sales of		i) Securities							
			assets other than inventory	7a 2	24,599	. 68,	467.					
		b	Less: cost or other basis		•	- 4						
anu			and sales expenses	7b	0	. 71,	908.					
evenue			Gain or (loss)		24,599		441.	01	1 - 0	2 4 4 1		24 500
č			Net gain or (loss)			<u> </u>		Z1,	158.	-3,441.		24,599.
Other	8	а	Gross income from fundraisir including \$517									
			contributions reported on			1.4.0						
			Part IV, line 18			$\frac{140}{100}$						
			Less: direct expenses			b 160,	752.	1.0	070			10 070
			Net income or (loss) from t		-			-19,	8/9.			-19,879.
	9	а	Gross income from gamin									
		F	Part IV, line 19									
			Less: direct expenses Net income or (loss) from			U I						
	10		Gross sales of inventory, le			<u></u>						
	10	a	and allowances			19						
		h	Less: cost of goods sold									
			Net income or (loss) from :									
		2				Busines						
sno	11	а	OTHER REVENUE			541	800	79,	514.			79,514.
ane		b										
sells eve		с										
Miscellaneous Revenue		d	All other revenue									
<			Total. Add lines 11a-11d						514.			
	12		Total revenue. See instruction	ons				2,448,	595.	192,664.	0.	
23200	9 12	-13-	22									Form 990 (2022)

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RONALD MCDONALD HOUSE CHARITIES OF Form 990 (2022) CHARLESTON, SOUTH CAROLINA, INC. Part IX Statement of Functional Expenses

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6 Compensation not included above to disqualified persons (as defined under section 4988((1)(1)) and persons described in section 4988((1)) and persons described in section 4988((1)) and persons described in persons and meetings persons described in persons and interval persons described in persons and interval persons and section 4988((1)) and persons described in a durability described and persons described in the advection and amontization period in column (8) point costs from a combined educational amerging and fundralising solicitation. 6 Conferences, convertions, and meetings persons and section 408((1)) and costs from a combined education and amergin and fundraling solicitation.	Secti	ion 501(c)(3) and 501(c)(4) organizations must compl			plete column (A).	
Col. Bit Stand Tobio of Part Val. Total expenses Program service Maragement and general expenses Fundations (approximation and the setting of part Val. (approximation and the setting operation and the setting oper	Da		(A)	(B)	(C)	(D)
1 Grants and other assistance to domestic generations and domestic generations. See Part W, line 21 Composed and other assistance to domestic individuals. See Part W, line 21 2 Grants and other assistance to domestic individuals. See Part W, line 21 Composed and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part W, line 21 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part W, line 21 Composed and the assistance to foreign organizations, foreign governments, and foreign individuals. See Part W, line 21 4 Benefits past to or for members E E 5 Composed and days end days end organizations (include status and contributions (include status and and angement be legal E		, , , , , , , , , , , , , , , , , , , ,	Total expenses	Program service	Management and	
and domsate governments. Sam Part IV, line 21	,	, ,			general expenses	
2 Grants and other assistance to domestic individuals. See Part V, line 22 Image: Compensation of Com						
3 Grants and other assistance to foreign individuals. See Part V, lines 15 and 16 individuals. See Part V, lines 15 and 26 individual control individual data to disputified in accurate and combinitions. (Induke section 4958(r)(1)) and persons described in accurate and combinitions. (Induke section 4958(r)(1)) and persons described in accurate and combinitions. (Induke section 4958(r)(1)) and persons described in accurate and combinitions. (Induke section 4958(r)(1)) and add(2) employee combinitions. 670, 154. 545, 878. 55, 341. 68, 933. 9 Other employee combinitions. 64, 391. 45, 240. 7, 450. 11, 70. 9 Other employee combinitions. 64, 391. 45, 240. 7, 450. 11, 70. 11 Fees for services (non-employees): 61, 147. 49, 989. 4, 942. 6, 21. 11 Fees for services (non-employees): 64, 391. 45, 240. 7, 450. 11, 70. 14 Individual gravices. See Part V, line 17 8, 779. 9 9 0. 20. 40, 314. 10, 0.0. 14 Interrest 98, 490. 13, 050. 13, 71. 19. 27, 12. 15 Royattise 152, 375. 145, 455. 4, 252. 2, 66	2					
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26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· · · · · · · · · · · · · · · · · · ·			211,136.	272,039
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			, ,	, -,,-	, = = = •	_,
educational campaign and fundraising solicitation.						
Oncorr not o IT TOIlOWING SUP 98-2 (ASC 958-720)		Check here fif following SOP 98-2 (ASC 958-720)				

12

232010 12-13-22

Form **990** (2022)

Form 990 (2		CHAR
Part X	Balance Sheet	

RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON, SOUTH CAROLINA, INC.

57-0724845 Page 11

Pai	נא	balance Sneet					
		Check if Schedule O contains a response or note to	o any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,549,561.	1	2,335,519
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			881,546.	3	744,802
	4	Accounts receivable, net			210,142.	4	91,268
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant	itial contri	butor, or 35%			
		controlled entity or family member of any of these p	persons			5	
	6	Loans and other receivables from other disqualified	d persons				
		under section 4958(f)(1)), and persons described in	n section 4	1958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			60,998.	9	70,256
		Land, buildings, and equipment: cost or other					
		basis, Complete Part VI of Schedule D	10a	5,504,348.			
	b	basis. Complete Part VI of Schedule D 1 Less: accumulated depreciation 1	10b	3,450,455.	2,182,469.	10c	2,053,893
	11	Investments - publicly traded securities			, , ,	11	
	12	Investments - other securities. See Part IV, line 11			3,522,641.	12	3,078,981
	13	Investments - program-related. See Part IV, line 11			-,,	13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,280,835.	15	2,266,545
	16	Total assets. Add lines 1 through 15 (must equal li			10,688,192.	16	10,641,264
	17	Accounts payable and accrued expenses			116,242.	17	138,601
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par				21	
	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substant					
bili		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelated	-	Г		23	
	24	Unsecured notes and loans payable to unrelated th				24	
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17					
		of Schedule D	1). 001			25	
	26			F	116,242.	26	138,601
		Organizations that follow FASB ASC 958, check		X			
es		and complete lines 27, 28, 32, and 33.					
anc	27				4,353,549.	27	4,435,249
Bala	28	Net assets with donor restrictions		F	6,218,401.	28	4,435,249 6,067,414
Id E	20	Organizations that do not follow FASB ASC 958,			• / = = • / = • = •		
Fur		and complete lines 29 through 33.	, oneon n				
P	29	Capital stock or trust principal, or current funds				29	
ets	29 30	Paid-in or capital surplus, or land, building, or equip				30	
ISS	30 31	Retained earnings, endowment, accumulated incor				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			10,571,950.	32	10,502,663
Ż	32 33				10,688,192.	33	10,641,264
	00				-0,000,100	00	Form 990 (202

232011 12-13-22

RONALD MCDO	NALD H	OUSE	CHARI	TIES	\mathbf{OF}
CUADLECTON	COLLET	CADO	ATT. TA	TNC	

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 2,448,59 1 Total revenue (must equal Part VIII, column (A), line 12) 1 2,448,59 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,264,71 3 Revenue less expenses. Subtract line 2 from line 1 3 183,87 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 10,571,95 5 -412,17	
1Total revenue (must equal Part VIII, column (A), line 12)12,448,592Total expenses (must equal Part IX, column (A), line 25)22,264,713Revenue less expenses. Subtract line 2 from line 13183,874Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))410,571,95	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	
6 Donated services and use of facilities6 159,01	.1.
7 Investment expenses 7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain on Schedule O) 9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
column (B))	3.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	X
Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a	<u>X</u>
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	

Form **990** (2022)

232012 12-13-22

	HEDULE A n 990)		OMB No. 1545-0047						
(,	Co	• •	nization is a section 501 47(a)(1) nonexempt cha			or a section		ZUZZ
	nent of the Treasury			ttach to Form 990 or Fo					Open to Public
	Revenue Service			Form990 for instruction			ormation.	F aran Lawar	
Name	of the organizat			D HOUSE CHARI UTH CAROLINA					identification number 7-0724845
Parl	t I Reason			(All organizations must c			ee instruction		7-0724045
				For lines 1 through 12, cl					
1	<u> </u>	-		on of churches described	•		VAVi)		
2				Attach Schedule E (Form			·//~////		
3				anization described in se		(b)(1)(A)(ii	i).		
4	<u> </u>		· · · · ·	njunction with a hospital)(iii). Enter	the hospital's name,
	city, and sta	-	·					~ /	
5 [An organizat	ion operated fo	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		ate, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X An organizat	ion that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
_			omplete Part II.)						
8 [•		(1)(A)(vi). (Complete Part	,				
9	-	-	-	in section 170(b)(1)(A)(i		-		-	-
		or a non-land-o	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10 [university: _	ion that narma		than 22 1/20/ of its own	art from a	ontribution	o momborob	in face and	d areas reasints from
				than 33 1/3% of its supp t to certain exceptions; a					
				(less section 511 tax) fro					-
			mplete Part III.)			oco uoqui		Janization a	
11				ively to test for public saf	etv. See	section 50)9(a)(4).		
12	·	-	-	ively for the benefit of, to	•			rry out the	purposes of one or
	-	-	-	d in section 509(a)(1) o	-			•	
	lines 12a thr	ough 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а	Type I. As	supporting orga	anization operated, s	upervised, or controlled l	by its supp	ported org	anization(s), t	pically by	giving
	the suppo	rted organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
	organizatio	on. You must o	complete Part IV, Se	ections A and B.					
b				or controlled in connect			-		-
				anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
			t complete Part IV,						
С		-	• •	g organization operated i				ly integrate	d with,
d		0	()()	 You must complete F porting organization operation 	,	,		tod organiz	ration(c)
u		-		ation generally must sati				0	()
				nplete Part IV, Sections				i un attoriti	
е			-	written determination from				II. Type III	
				nally integrated supportir			, , , , , , , , , , , , , , , , , , ,	<i>,</i> ,	
f	Enter the number								
g			n about the supporte			a incline linted			
	(i) Name of support		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other
	organizatio	11		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
					L				<u> </u>
_									
Total									

RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON, SOUTH CAROLINA, INC.

Schedule A (Form 990) 2022

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.)

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (On not include any "unusual grants.") (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Table (D) 2021 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 1410761. 2895090. 2593651. 2351610. 2121965. 11373 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1410761. 2895090. 2593651. 2351610. 2121965. 11373 5 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) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Table Table Table 4 Total. Add lines 1 through to securities loans, rents, royatiles, and income from similar sources activities, whether on on the business is regularly carried on or loss form line 4 (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Table Table Table 9 Net income from similar sources activities, whether on on the business is regularly carried on or loss from line 4 45, 413. 63, 244. 58, 773. 98, 937. 49, 732. 316, r	
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14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 94.1	
15 Public support percentage from 2021 Schedule A, Part II, line 14	
) %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	X
b 33 1/3% support test - 2021. 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 stop here. The organization qualifies as a publicly supported organization	. 📖
17a 10% -facts-and-circumstances test - 2022. 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 stop here. Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2021. 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 stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	🔲

Schedule A (Form 990) 2022

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	RONALD	MCDONALD	HOUSE	CHARITIES	OF
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Schedule A (Form 990) 2022

CHARLESTON, SOUTH CAROLINA, INC. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 512						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
check this box and stop here		-				
Section C. Computation of Publ						
15 Public support percentage for 2022 (column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inves						
17 Investment income percentage for 2			line 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						line 17 is not
more than 33 1/3%, check this box a	-	•				
b 33 1/3% support tests - 2021. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 190, check t	riis box and see in		
232023 12-09-22		17	7		Sche	dule A (Form 990) 2022

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RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON, SOUTH CAROLINA, INC.

1

2

Yes No

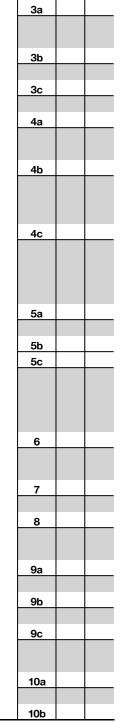
Schedule A (Form 990) 2022 CHAI

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

Section A. All Supporting Organizations

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

232024 12-09-22



Schedule A (Form 990) 2022

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2022.04010 RONALD MCDONALD HOUSE CHA 52105_1

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RONALD MCDONALD HOUSE CHARITIES OF

	Schedule A (Form 990) 2022 CHARLESTON, SOUTH	<u>CAROLINA, INC. 57-0724845</u>	Pa	ige 5
Pa	Part IV Supporting Organizations (continued)			
			Yes	No
11	11 Has the organization accepted a gift or contribution from any of the	following persons?		
а	a A person who directly or indirectly controls, either alone or together	with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
с	c A 35% controlled entity of a person described on line 11a or 11b ab	ove? If "Yes" to line 11a. 11b. or 11c. provide		
	detail in Part VI.	11c		
Sec	Section B. Type I Supporting Organizations			
			Yes	No
1	more supported organizations have the power to regularly appoint o directors, or trustees at all times during the tax year? If "No," descri effectively operated, supervised, or controlled the organization's activ organization, describe how the powers to appoint and/or remove offi	r elect at least a majority of the organization's officers, be in Part VI how the supported organization(s) vities. If the organization had more than one supported cers, directors, or trustees were allocated among the		
~	supported organizations and what conditions or restrictions, if any, a			
2				
	organization(s) that operated, supervised, or controlled the supportin			
	Part VI how providing such benefit carried out the purposes of the su			
Sec	supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations	2		
			Yes	No
1	, , 6			
	or trustees of each of the organization's supported organization(s)?			
	or management of the supporting organization was vested in the san	,		
<u>Sec</u>	the supported organization(s). Section D. All Type III Supporting Organizations	1		
	occurrent D. All Type in oupporting organizations			
			Yes	No
1				
	organization's tax year, (i) a written notice describing the type and a	-		
	year, (ii) a copy of the Form 990 that was most recently filed as of th			
	organization's governing documents in effect on the date of notifical			
2				
	organization(s) or (ii) serving on the governing body of a supported o			
	the organization maintained a close and continuous working relations			
3				
	significant voice in the organization's investment policies and in dire			
	income or assets at all times during the tax year? If "Yes," describe	in Part VI the role the organization's		
Sec	supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting O	rganizations		
		<u> </u>		
1 a	a The organization satisfied the Activities Test. <i>Complete</i> line 2	below.		
b				
c		n Part VI how you supported a governmental entity (see instructions)		
2	2 Activities Test. Answer lines 2a and 2b below.		Yes	No

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

За

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2022.04010 RONALD MCDONALD HOUSE CHA 52105_1

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RONALD	MCDOI	NALD	HO	USE (CHARIT	IES	OF
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Sche Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportir			07-0724045 Page 6
1				Dert VII) See instructions
	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus			Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
•	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

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RONALD MCDONALD HOUSE CHARITIES OF

57-0724845 F	age 7
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		OUTH CAROLINA,		5	7-0724845	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	1	
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	6	3			
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(1)	(11)	10	(
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
d	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022	RONALD CHARLES							57-0724845 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1	mation. Prov , 2, 3b, 3c, 4b, lines 2 and 3; F	vide the ex 4c, 5a, 6, Part IV, Se	xplanation: 9a, 9b, 9c ction E, lin	s required , 11a, 11b lies 1c, 2a,	by Part II, , and 11c; , 2b, 3a, ar	line 10; I ; Part IV, nd 3b; Pa	Part II, line 1 Section B, I rt V, line 1;	17a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
232028 12-09-2	2								Schedule A (Form 990) 2022

223451 11-15-22

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

57-0724845

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

RONALD	MCDO	NALD	HOUSE	CHARI	TIES	OF
CHARLES	STON	SOUT	H CAR	OT.TNA	TNC.	

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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).

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

Schedule B (Form 990) (2022)



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
<u> 1</u>		\$ <u>115,543.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>110,327.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$72,174.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

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24 2022.04010 RONALD MCDONALD HOUSE CHA 52105_1

Schedule B (Form 990) (2022)

Name of organization

RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON, SOUTH CAROLINA, INC.

Employer identification number

57-0724845

		га
r	identification	numh

	3 (Form 990) (2022)		Page 3
Name of o	-		Employer identification number
	D MCDONALD HOUSE CHARITIES OF ESTON, SOUTH CAROLINA, INC.		57-0724845
Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is peeded	
	(see instructions). Use duplicate copies of F		
(a) No.	(b)	(c)	, (d)
from	Description of noncash property given	FMV (or estimate	Data received
Part I		(See instructions.)
		\$	
		*	
(a)		(c)	
No. from	(b)	FMV (or estimate	e) (d) Date received
Part I	Description of noncash property given	(See instructions.) Date received
		(
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate	(d)
from Part I	Description of noncash property given	(See instructions.	
		\$	
(a)		(-)	
No.	(b)	(c) FMV (or estimate	.) (d)
from Part I	Description of noncash property given	(See instructions.	
Faiti			
		\$	
(a)			
No.	(b)	(c) FMV (or estimate) (d)
from Part I	Description of noncash property given	(See instructions.	
Falli			
		\$	
(a)			
No.	(b)	(c) FMV (or estimate) (d)
from Dort I	Description of noncash property given	(See instructions.	
Part I			
		\$	

223453 11-15-22

Schedule B (Form 990) (2022)

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Schedule	B (Form 990) (2022)			Page 4
Name of c	organization			Employer identification number
RONAL	D MCDONALD HOUSE CHARIT	IES OF		
CHARL	ESTON, SOUTH CAROLINA,	INC.		57-0724845
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)			0) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000	or less for the year. (Enter this in	nfo. once.) \$
	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from	(b) Purpose of gift (c) Use o		(d) D	escription of how gift is held
Part I				
	· · · · · · · · · · · · · · · · · · ·			
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd 7 ID + 4	Polotionship of	transferer to transferes
			Relationship of	transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
Part I				
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		(_) T	~:#	
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
223454 11-1	5-22			Schedule B (Form 990) (2022)

09360807 792811 52105

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047	
(Forn	n 990)		2022			
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.		Open to Public	
Interna	Revenue Service		0 for instructions and the latest information.		Inspection	
Nam	e of the organization	identification number 7-0724845				
Par	t I Organiza	CHARLESTON, SOUTH (d Funds or Other Similar Funds or A			
I ai		n answered "Yes" on Form 990, Part IV, lin		iccounts.	Complete il the	
		,, _,, _	(a) Donor advised funds	(b) Funds an	d other accounts	
1	Total number at er	nd of year		()		
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5			writing that the assets held in donor advised fu	nds		
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes No	
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only		
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	erring		
					Yes No	
Par	t II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.		
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).			
	Preservation	of land for public use (for example, recrea	tion or education)	storically impo	tant land area	
	Protection o	f natural habitat	Preservation of a ce	rtified historic	structure	
		of open space				
2	•		ied conservation contribution in the form of a c			
	day of the tax year				at the End of the Tax Year	
a						
b	÷					
C.						
d		vation easements included in (c) acquired a				
3			eased, extinguished, or terminated by the orga		a tha tay	
3	year	, , ,	eased, extinguished, or terminated by the orga	nization duning	J the tax	
4		 where property subject to conservation eas	ement is located			
5		tion have a written policy regarding the per				
Ŭ	•	orcement of the conservation easements it			Yes No	
6	,		handling of violations, and enforcing conserval			
-		3, 1 3,	5		3	
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	asements dur	ing the year	
					5 ,	
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(l	B)(i)		
	and section 170(h)	(4)(B)(ii)?			Yes No	
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense state	ment and		
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statements t	hat describes	the	
_	organization's acc	ounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·	<u></u>	-	
Par			Art, Historical Treasures, or Other	Similar As	sets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1 a	•		8, not to report in its revenue statement and ba		vorks	
		· · · · ·	lic exhibition, education, or research in further	ance of public		
	· •		cial statements that describes these items.			
b	-		8, to report in its revenue statement and balan			
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
		ng amounts relating to these items:		٨		
~			an was as other similar assats for financial asia			
2	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: a Revenue included on Form 990, Part VIII, line 1 \$					
		eduction Act Notice, see the Instructions			dule D (Form 990) 2022	
	1 09-01-22			0010		
_0200			27			

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		MCDONALD HO								-
		TON, SOUTH						24845		
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
3										
	collection items (check all that apply):									
а										
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co						Part	XIII.		
5	During the year, did the organization solicit o							٦ . ,	_	٦
Dar	to be sold to raise funds rather than to be ma							Yes		No
T ai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
12	Is the organization an agent, trustee, custodi		iany for contribution	s or other asse	ets not ir					
Ia	on Form 990, Part X?		•					Yes		No
h	If "Yes," explain the arrangement in Part XIII						. ட			
D.			iowing table.					Amount		
c	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.					· · · · · · · · · · · · · · · · · · ·	ـ]		
Par						0.				
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years	back	(e) Four	years	back
1a	Beginning of year balance	1,695,386.	1,499,896.	1,274	,586.	1,078,	602.			,905.
	Contributions 10,258. 16,500. 7,050. 11,358. 27,094					,094.				
	Net investment earnings, gains, and losses	-243,794.	187,254.	218	,706.	185,	066.			,365.
	Grants or scholarships					·				
	Other expenditures for facilities									
•	and programs	10,597.	8,264.		446.		440.		2	,032.
f	Administrative expenses	,								,
	End of year balance	1,451,253.	1,695,386.	1,499	,896.	1,274,	586.	1,	078	,602.
2	Provide the estimated percentage of the curr	ent vear end balance		,	,			,		,
	Board designated or quasi-endowment	6.2100	%	,,,						
	Permanent endowment 42.4800	%	_/*							
	E4 0400	/°								
•	The percentages on lines 2a, 2b, and 2c sho	· -								
3a	Are there endowment funds not in the posse		tion that are held a	nd administere	ed for the	9				
	organization by:	5						Г	Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or o	ther (b) Cos	t or other	(c) Ac	cumulated		(d) Book	valu	le
		basis (investr	nent) basis	(other)		reciation		.,		
1 a	Land									
	Buildings		4,82	6,296.	3,0	11,355.	•	1,814	1,9	41.
	Leasehold improvements									
	Equipment		66	5,152.	4	26,298.	•	238	3,8	54.
	Other			2,900.		12,802.				98.
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	0c.)				2,053	3,8	93.
		-					edule	D (Form	990) 2022

RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON SOUTH CAROLINA INC.

Schedule	e D (Form 990) 2022	CHARLESTON,	SOUTH	CAROLI	NA, I	NC.	57	-0724845	Page 3
Part V		Other Securities.							
	Complete if the org	ganization answered "Yes"	on Form 990	, Part IV, line	11b. See I	Form 990, Part X,	line 12.		
(a) Desc	cription of security or cate	GOTY (including name of security)	(b) Boo	ok value	(c) №	lethod of valuatio	n: Cost or end	l-of-year market v	value
(1) Finar	ncial derivatives								
(2) Close	ely held equity interests	3							
(3) Othe	r								
(A) \$	SECURITIES A	ND OTHER							
(B)]	INVESTMENTS		3,0	<u>78,981.</u>	END	OF-YEAR	MARKET	VALUE	
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total. (Co	l. (b) must equal Form 99	0, Part X, col. (B) line 12.)	3,0	78,981.					
Part V	III Investments -	Program Related.							
	Complete if the org	ganization answered "Yes"	on Form 990	, Part IV, line	11c. See I	Form 990, Part X,	line 13.		
	(a) Description of	finvestment	(b) Boo	ok value	(c) N	lethod of valuatio	n: Cost or end	l-of-year market v	value
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Part I	Other Assets.	0, Part X, col. (B) line 13.) ganization answered "Yes" (a)	on Form 990 Description	, Part IV, line	11d. See I	⁻ orm 990, Part X,	line 15.	(b) Book va	alue
(4) F	BENEFICIAL U	.,	Description					2,266	
	SENEFICIAL O	SE OF LAND						2,200	, 545.
(2)									
(3)									
<u>(4)</u>									
(5)									
(6)									
(7)									
(8)									
(9)	aluman (b) much acual E	arm 000 Dart V and (D) line	15)					2,266	545
Part X	Other Liabilitie	orm 990, Part X, col. (B) line 2 S. ganization answered "Yes"							, 5 - 5 -
1.		escription of liability		, ,			,	(b) Book va	alue
	ederal income taxes								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
		orm 990, Part X, col. (B) line							
2. Liabi	lity for uncertain tax po	sitions. In Part XIII, provide	the text of the	ne footnote to	the organ	uzation's financia	I statements th	nat 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 ... 🚺

Schedule D (Form 990) 2022

232053 09-01-22

0.1	dule D (Form 990) 2022 CHARLESTON, SOUTH CAROLINA		Or	57.	0724845 Page	л
	dule D (Form 990) 2022 CHARLESTON, SOUTH CAROLINA, t XI Reconciliation of Revenue per Audited Financial Statemer		Revenue ner Re		0724845 Page	-
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		nevenue per ne	turn.		
1				1	2,350,845	—
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	2,330,0430	•
_	, ,	2a	-412,175.			
a ⊾	Net unrealized gains (losses) on investments		159,011.			
b	Donated services and use of facilities		155,011.	-		
C A	Recoveries of prior year grants		164,193.	-		
d	Other (Describe in Part XIII.)		-		-88,971	
e	Add lines 2a through 2d			2e 3	2,439,816	
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	2,439,0100	•
4		4a	8,779.			
a ⊾	Investment expenses not included on Form 990, Part VIII, line 7b		0,11)•	-		
b	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	8,779.	
5				4C 5	2,448,595	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per			<u>•</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	2,420,132	-
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					_
а	Donated services and use of facilities	2a				
b	Prior year adjustments					
с	Other losses					
d	Other (Describe in Part XIII.)	1 1	164,193.			
е	Add lines 2a through 2d			2e	164,193.	•
3	Subtract line 2e from line 1			3	2,255,939	•
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					_
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,779.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	8,779.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	2,264,718	•
Pa	t XIII Supplemental Information.					_

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

PART V, LINE 4:

ENDOWMENT INTENDED TO BE USED TO SUPPORT RONALD MCDONALD HOUSE.

PART X, LINE 2:

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

30

A PRIVATE FOUNDATION UNDER SECTION 509(A)(1).

232054 09-01-22

RONALD MCDONALD HOUSE CHARITIES OF Schedule D (Form 990) 2022 CHARLESTON, SOUTH CAROLINA, INC. Part XIII Supplemental Information (continued)	57-0724845 Page 5
THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FO	R ANY TAX
POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TA	X POSITIONS
THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE NET WITH REVENUE	160,752.
RECLASSIFICATION OF FIXED ASSET DISPOSALS	3,441.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	164,193.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE NET WITH REVENUE	160,752.
RECLASSIFICATION OF FIXED ASSET DISPOSALS	3,441.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	164,193.

Schedule D (Form 990) 2022

232055 09-01-22

(Form 990) Complete if the organization answered Ytes* on Form 980. Part IV, line 17, 18, or 19, or if the program tattach to Form 980 eF Came 980-EZ, line 6a. 20222 Department for the intervent relation of the intervent of the intervent of the intervent of the organization of the organization answered Ytes* on Form 980-EZ. Employee identification number 57-0724845 Part Fundralising Activities. Complete if the organization answered Ytes* on Form 980, Part IV, line 17. Form 980-EZ. Employee identification number 57-0724845 Part I Fundralising Activities. Complete if the organization answered Ytes* on Form 980, Part IV, line 17. Form 980-EZ. Bit Part IV and Part IV	SCHEDULE G	Suppleme	ntal Information Regardi	ng Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
Dependent of the Transary international fiber disease Open to Public Improver identification (DNALD MCDONALD HOUSE CHARTITES OP CHARLESTON, SOUTH CARCITNA, INC. Employer identification number 57-0724845 Part Fundraising Activities. Complete it the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of government grants Solicitation of government grants Solicitation of government grants Solicitation of government grants Indicate whether and available or oral agreement with any individual (including officers, fustess, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising service? Yes In the fundraiser's 50.000 by the organization. (i) Amount paid for retained by or entity (fundraiser) (ii) Activity (iii) Activity (iv) Amount paid for mactivity (iv) Amount paid to (or retained by) organization (iv) Amount paid to (or retained by) organization (ii) Activity (iv) Amount paid to (or retained by) organization (iii) Activity (iv) Amount paid to (or retained by) organization	(Form 990)						r 19, or if the	2022
Name of the organization RONALD MCDONALD HOUSE CHARTITIES OF CHARLESTON, SOUTH CAROLINA, INC. Employer identification number 57-0724845 Part Fundraising Activities. Complete it the organization answered 'Yes' on Form 900, Part IV, line 17. Form 900-EZ filers are not required to complete this part. Indicate whether the organization asseed file of blowing activities. Check all that apply. Bolicitations Bolicitation of government grants C Phone solicitations G Phone solicitations G Solicitation of government grants G Phone solicitations G Solicitation of government grants G Phone solicitations G Solicitation of government grants G Phone solicitations G Phone solicitations G Solicitation of government grants G Phone solicitations G Phone solicitation G Phone solicitations G Phone solicitations G Phone solicitations G Phone solicitations G Phone solicitation G Phone solicitations G Phone solicitation G Phone soli	Department of the Treasury		Attach to Form 99	90 or Forr	n 990	-EZ.		Open to Public
CHARLESTON, SOUTH CAROLTNA, INC. 57-0724845 Part 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. Mail solicitations e Solicitation of government grants d incheret and email solicitations g Special fundraising events d incheret and email solicitations g Special fundraising events d incheret and email solicitations g Special fundraising events d incheret and email solicitations g Special fundraising events f for 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 entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Prove the compensate at least \$5,000 by the organization. (iv) Arount paid for retained by organization (iv) Arount paid to retained by organization (iv) Arount paid individual or entities (fundraiser) pursuant to address or individual in col. (i) (iv) Arount paid to retained by organization (iv) Arount paid individual in col. (iv) (iv) Arount paid in col. (iv) (iv) Arount paid in col. (iv) (iv) Arount paid in col. (iv)								•
Purt 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 e b Internet and email solicitations f c Phone solicitations g d Indicate we awritten 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 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 f Yes, its 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. If the organization raised fundsion of government yes and the organization or government yes and the organization raised fundividual 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 entities (fundraisers) (ii) Activity If the organization is registered or located by the organization instead Image: Image organ	Name of the organization							
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 e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Do neo solicitations g Solicitation of government grants d Inperson solicitations g Solicitation of powernment grants e Obi dthe organization have a written or oral agreement with any individual (including officers, firstees, or key employees listed in from 900, Part Ving or entitive to protessional fundraising services? Ives in No b f'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. (in) Activity (in) Activity<	Part Fundrais							
a Mail solicitations b Mail solicitations c Solicitation of non-government grants d Solicitations f Solicitation of government grants g Special fundraling events g Special fundraling events				Swereu i	65 01	1 Form 990, Fart IV, I	ine 17. Foini 990	rez mers are not
b Internet and email solicitations f Solicitation of government grants c Prone solicitations 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? Ves 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. (ii) Activity (iii) Organization (i) Name and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser) (iv) Amount paid to (or retained by) organization. (iv) Amount paid to (or retained by) organization. (ii) Name and address of individual or entities (fundraiser) (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) organization (iv) Amount paid to (or retained by) organization. Ves No Internet and to (or retained by) organization (iv) Amount paid to (or retained by) organization Ves No Internet and to (or retained by) organization (iv) Amount paid to (or retained by) organization Ves No Internet and to (or retained by) organization (iv) Amount paid to (or retained by) organization Ves	1 Indicate whether th	e organization rais	ed funds through any of the follo	wing activ	rities. (Check all that apply.		
c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events 2 a 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. (ii) Anount paid to (or retained by) for activity (ii) Amount paid to (or retained by) form activity (ii) Amount paid to (or retained by) organization (i) Name and address of individual or entities (fundraiser) (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) organization intervention (iii) Activity Yes No (v) Amount paid to (or retained by) organization intervention Yes No (v) Gross receipts from activity (v) Amount paid to (or retained by) organization (i) Name and address of individual or entity (fundraiser) (v) Amount paid to (or retained by) organization (v) Amount paid to (or retained by) organization i Yes No (v) Amount paid to (or retained by) organization (v) Amount paid to (or reta	a 📃 Mail solicitat	ions	e 📃 Solic	citation of	non-g	overnment grants		
d	b Internet and	email solicitations	s f 🔄 Solid	citation of	gover	nment grants		
2 a 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? Image: Connection with professional fundraiser fundraiser for the connection with professional fundraiser for the connection with professind for the connection with professional fundraiser for	c Phone solici	tations	g Spec	cial fundra	lising	events		
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. (ii) No (iii) Dot fundraiser (iv) Gross receipts to (Or retained by) fordraiser is to be componentiated at least \$5,000 by the organization. (v) Amount paid for or entity (fundraiser) (vi) Amount paid for or entity (fundraiser) (vi) Amount paid for or entity for activity (vi) Amount paid for orretained by organization (ii) Name and address of individual or entity (fundraiser) (ii) Activity Yes No (vi) Amount paid for orretained by organization (iii) Activity Yes No Ves No Ves Ves (vi) Amount paid for orretained by organization (vi) Amount paid for ore tained by organization Yes No Ves No Ves	•							
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) Activity (iii) Activity (iv) Gross receipts from activity of orretained by fundraiser listed in coll. (i) (v) Amount paid to (or retained by) organization Image: state of individual or entity (fundraiser) (iii) Activity Yes No (v) Amount paid to (or retained by) organization Image: state of individual or entity (fundraiser) (iii) Activity Yes No Image: state of individual or entity (fundraiser) (v) Amount paid to (or retained by) organization Image: state of individual or entity (fundraiser) (iii) Activity Yes No Image: state of individual or entity (fundraiser) (v) Amount paid to (or retained by) organization Image: state of individual or entity (fundraiser) (iii) Activity Yes No Image: state of individual or entity (fundraiser) Image: state of individual or entity (fundraiser) (iii) Activity Yes No Image: state of individual or entity (fundraiser) Image: state of individual or entity (fundraiser) (iii) Activity Image: state of individual or entity (fundraiser) (v) Amount paid (fundraiser) Image: state of indity (fu	e e		• ,	,	•		·	
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) form activity (vi) Amount paid to (or retained by) organization Yes No Image: State of the	• • •			=		-		
(i) Name and address of individual or entity (fundraiser) (ii) Activity Image cases have cases promotivity (iv) Gross receipts from activity (iv) Arrained by organization Yes No Image cases isted in col. (i) Image cases (iv) retained by organization Image cases (iv) retained by organization Image cases isted in col. (iv) Yes No Image cases (iv) retained by organization Image cases isted in col. (iv) Image cases (iv) retained by organization Image cases (iv) retained by organization Image cases isted in col. (iv) Image cases (iv) retained by organization Image cases (iv) retained by organization Image cases isted in col. (iv) Image cases (iv) retained by organization Image cases (iv) retained by organization Image cases isted in col. (iv) Image cases (iv) retained by organization Image cases (iv) retained by organization Image cases isted in col. (iv) Image cases (iv) retained by organization Image cases (iv) retained by organization Image cases isted in col. (iv) Image cases (iv) retained by organization Image cases (iv) retained by organization Image cases isted in col. (iv) Image cases (iv) retained by organization Image cases (iv) retained by organization Image cases isted in col. (iv) Image cases (iv) retained by organization Image cases (iv) ret				irsuant to	agreer	ments under which th	ne fundraiser is to	D DE
or entity (fundraiser) (ii) Activity Insection of contributions? from activity fundraiser its di n col. (i) its di n col. (i) Yes No Image: State of the state				(iii)	Did		(v) Amount pai	d (14) Amount paid
Yes No Yes No Instruction Instruction Instruction Instruction <td>.,</td> <td></td> <td>(ii) Activity</td> <td>have c</td> <td>ustody</td> <td></td> <td></td> <td>^{yy)} to (or retained by)</td>	.,		(ii) Activity	have c	ustody			^{yy)} to (or retained by)
Image: Control of the set of the se	or entity (fund	iraiser)		or con contrib	trol of utions?	from activity) organization
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration				Yes	No			
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	Total							
	3 List all states in whi	ch the organizatio	n is registered or licensed to solid	cit contrib	utions	or has been notified	it is exempt fron	n registration

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

Schedule G (Form 990) 2022

232081 10-27-22

RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON, SOUTH CAROLINA, INC.

57-0724845 Page 2

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

 (a) Event #1
 (b) Event #2
 (c) Other events
 (d) Total events

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF			(add col. (a) through
			TOURNAMENT	BAG LADY	1	col. (c)
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	319,491.	241,564.	97,593.	658,648.
	2	Less: Contributions	239,618.	193,251.	84,906.	517,775.
	3	Gross income (line 1 minus line 2)	79,873.	48,313.	12,687.	140,873.
	4	Cash prizes				
s	5	Noncash prizes				
xpense:	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	122,041.	38,711.		160,752.
	10	Direct expense summary. Add lines 4 through		· · · ·		160,752
	11	Net income summary. Subtract line 10 from li	()			-19,879
Pa	rt I	II Gaming. Complete if the organization	answord "Vos" on Form	000 Dort IV line 10 or r	anartad mara than	
		Games Complete II the organization	answered res on Form	1990, Part IV, III e 19, 01 h	eponed more than	
		\$15,000 on Form 990-EZ, line 6a.			eported more than	
ne		• • • • • • • • • • • • • • • • • • • •	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	
venue		• • • • • • • • • • • • • • • • • • • •			-	
Revenue	1	• • • • • • • • • • • • • • • • • • • •		(b) Pull tabs/instant	-	
Revenue	1	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant	-	
	1	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant	-	
	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue		(b) Pull tabs/instant	-	
	1	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant	-	
irect Expenses Revenue	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes		(b) Pull tabs/instant	-	(d) Total gaming (add col. (a) through col. (c)
Direct Expenses Revenue	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs		(b) Pull tabs/instant	-	
	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes		(b) Pull tabs/instant	-	(d) Total gaming (add col. (a) through col. (c)
	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs		(b) Pull tabs/instant	-	
	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 2 3 4 5 6 7	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 2 3 4 5 6 7	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 2 3 4 5 6 7 8	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
6 Direct Expenses	1 2 3 4 5 6 7 8 Ent	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
Direct Expenses	1 2 3 4 5 6 7 8 Ent Is t	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (

232082 10-27-22

Schedule G (Form 990) 2022

No

Sche	edule G (Form 990) 2022	RONALD MCD CHARLESTON					-0724	845	Page 3
-	Does the organization conduct gar		•		-			Yes	No
	Is the organization a grantor, benefit to administer charitable gaming?	ficiary or trustee of a	trust, or a men	nber of a partners	ship or other er	itity formed		Yes	No
13	Indicate the percentage of gaming								
	The organization's facility								%
	An outside facility						13b		%
14	Enter the name and address of the Name	person who prepare	es the organizat	ion's gaming/spe	ecial events bo	oks and records:			
	Address								
1 5a	Does the organization have a contr	act with a third party	y from whom th	e organization re	ceives gaming	revenue?		Yes	🗌 No
	If "Yes," enter the amount of gamir of gaming revenue retained by the If "Yes," enter name and address of	third party \$	by the organiza			_ and the amount			
U	Name	n the third party.							
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of services provided	Ψ							
	Director/officer	Employee	In	dependent contra	actor				
	Mandatory distributions: Is the organization required under s	state law to make ch	aritable distribu	itions from the a	aming proceed	s to			
u	retain the state gaming license?							Yes	🗌 No
b	Enter the amount of distributions re organization's own exempt activitie	-		outed to other exe	empt organizat	ions or spent in the			
Pa	rt IV Supplemental Inform 15b, 15c, 16, and 17b, as	nation. Provide the	e explanations				Part III, Iir	ies 9, 9	9b, 10b,
23208	3 10-27-22					Sch	edule G (Form	990) 2022
				34					

	RONALD MCDONALD HOU	JSE CHARITIES OF	
Schedule G (Form 990)	CHARLESTON, SOUTH C	CAROLINA, INC.	57-0724845 Page 4
Part IV Supplemental Inform	nation (continued)		· · · · ·

Schedule G (Form 990)

232084 04-01-22

SCHEDULE M

Department of the Treasury

Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

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(Form	990)	

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 for instructions and the latest information.

Open to Public Inspection

Name of the organization	RONALD MCDONALD HOUSE CHARITIES OF	Employer identification number
	CHARLESTON, SOUTH CAROLINA, INC.	57-0724845
Part I Types of	Property	

Par	Transferred and the second 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 de noncash contribu	etermin	•	s		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	Х		150,344.	FAIR MARKET	VA]	LUE			
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	X	685	101,807.	FAIR MARKET	VA.	LUE			
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts	37	1	E 4 2						
25	Other (MISCELLANEOUS)	Х	1	543.	FAIR MARKET	VA.	LUE			
26	Other ()									
27	Other ()									
<u>28</u> 29	Other ()		 							
29	Number of Forms 8283 received by the organiz for which the organization completed Form 828									
	for which the organization completed Form 620	DO, Mart V, L	onee Acknowledg	ement 29			Yes	No		
202	During the year, did the organization receive by	(contributio	n any proporty rop	orted in Part L lines 1 throug	b 28 that it		162			
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? 31 X Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Image: Contract of the second s									

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.

contributions?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

32a

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232141 09-09-22

		RONALD										
Schedule M	l (Form 990) 2022	CHARLES	STON,	SOUTH	CARC	DLINA,	INC	•		57-07248		Page 2
Part II	Supplemental is reporting in Part this part for any ac	Informatic I, column (b), Iditional inform	DR. Provie the numb nation.	de the infor per of contri	mation re butions, 1	equired by l the numbe	Part I, line r of items	es 30b, 32b, received, or	and 33, ar a combin	nd whether the c ation of both. Al	organizatio so comple	on ete
232142 09-09-2	22									Schedule N	/I (Form 9	90) 2022

SCHEDULE O (Form 990)							
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.						
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information. RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON, SOUTH CAROLINA, INC.	Inspection Employer identification number 57-0724845					
FORM 990, PAR	I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:					
COMPASSIONATE	ENVIRONMENT AND PROGRAMS THAT PROVIDE FAMILI	IES THE BEST					
CHANCE OF SUC	CESS IN CARING FOR THEIR CHILD WITH COMPLEX N	MEDICAL NEEDS.					
FORM 990, PAR	T III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:					
OUR VISION:							
WE BELIEVE TH	AT WHEN A CHILD IS IN A TIME OF GREATEST NEED	D, FAMILIES					
AND COMMUNITI	S CAN COME TOGETHER TO CREATE SOLUTIONS, ULT	FIMATELY					
CHANGING A CH	ILD'S LIFE FOREVER.						
OUR VALUES:							
WE WILL BE CON	IPASSIONATE.						
DIVERSITY IS (OUR STRENGTH OF THOUGHT.						
WE WILL BE TRA	ANSPARENT WITH OUR STAFF, VOLUNTEERS, DONORS,	, FAMILIES WE					
SERVER, AND TH	IE COMMUNITY.						
WE ENCOURAGE	INNOVATION.						
WE ARE A PLACI	OF HOPE.						
FORM 990, PAR	T III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	NTS:					
BONDING, INFA	NT CARE, AND DEVELOPMENT.						

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

THE FIRST REVIEW IS PERFORMED BY THE CEO, DIRECTOR OF FINANCE, AND BOARD

TREASURER BEFORE THE FINANCE COMMITTEE REVIEWS. THEN, THE FINAL 990 IS

PRESENTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING.

Schedule O (Form 990) 2022

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HIMSELF/HERSELF FROM ALL DISCUSSION AND VOTE ON THE MATTER.

ARISES DURING THE YEAR, THE INTERESTED BOARD MEMBER SHALL RECUSE

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

COMPENSATION FOR CEO/KEY EMPLOYEES IS DETERMINED THROUGH COMPARISON WITH

LOCAL NON PROFITS WITH SIMILAR BUDGETS AND RMHC CHAPTERS WITH SIMILAR

BUDGETS AND RESPONSIBILITIES. THE DECISION IS THEN DOCUMENTED.

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

THE ORGANIZATION MAKES ITS BYLAWS, 501C LETTER OF DETERMINATION, AUDITED

FINANCIALS, 990 AND ANNUAL REPORT AVAILABLE TO THE PUBLIC BY POSTING THEM

ON THE THEIR WEBSITE. ITS CONFLICTS OF INTEREST POLICY AND OTHER DOCUMENTS

OF INTEREST MAY BE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED.

232212 10-28-22

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o print	r Name of exempt organization or other filer, see instru RONALD MCDONALD HOUSE CHARI CHARLESTON, SOUTH CAROLINA,	Taxpayer identification number (TIN) 57-0724845							
File by the due date f filing your	e for Number, street, and room or suite no. If a P.O. box, see instructions.								
return. Se instruction									
Enter th	ne Return Code for the return that this application is for (file	e a separa	e application for each return)			0 1			
Application			Application		Return				
Is For			Is For	Code					
Form 9	90 or Form 990-EZ	01	Form 1041-A	08					
Form 4	720 (individual)	03	Form 4720 (other than individual)	09					
Form 9	90-PF	04	Form 5227	10					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 9	90-T (trust other than above)	06	Form 8870	12					
Form 9	90-T (corporation) GREG FELT, DIRI	07							
 If the If this <l< th=""><th>the tax year entered in line 1 is for less than 12 months, c</th><th>Group Exe and atta NOVE1 anization's , an heck rease</th><th>mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>1BER 15, 2023, to file return for: d ending on: Initial return</u></th><th>f this is fo all membe</th><th>r the whole gro ers the extension opt organization</th><th>on is for.</th></l<>	the tax year entered in line 1 is for less than 12 months, c	Group Exe and atta NOVE1 anization's , an heck rease	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>1BER 15, 2023, to file return for: d ending on: Initial return</u>	f this is fo all membe	r the whole gro ers the extension opt organization	on is for.			
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	3a	\$	0.					
	bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.3b\$								
c Balance due. Subtract line 3b from line 3a. Include your pa									
using EFTPS (Electronic Federal Tax Payment System). See			ns.	3c	\$	0.			
Cautio instruct	n: If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-TI	E for payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 886	68 (Rev. 1-2022)			