

November 13, 2023

Ronald McDonald House Charities of
Temple, Texas
2415 S. 47th Street
Temple, TX 76504

CONSENT TO DISCLOSURE AND USE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose or use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. Tax return information shall include any and all information located on your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Officer Signature and Title

Date Signed

Consent Valid Until: **One year from signature date**

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Please feel free to contact us at 254-771-0061 if you have questions or would like more information regarding our privacy and confidentiality policies and procedures.

Ludwick, Montgomery & Stapp, PC
1949 Scott Blvd
Temple, TX 76504
254-771-0061

November 13, 2023

CONFIDENTIAL

Ronald McDonald House Charities of
Temple, Texas
2415 S. 47th Street
Temple, TX 76504

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Ludwick, Montgomery & Stapp, PC

Accepted By: _____

Date: _____

Critical Messages

None

Electronic Filing

None

Informational Messages

- Force field entered with data "23,437" on Screen PSA
- Force field entered with data "518,468" on Screen PSA
- Force field entered with data "68,857" on Screen Exp-2
- Force field entered with data "0" on Screen Ext
- Force field entered with data "0" on Screen Ext
- IRS regulations require any entity with an EIN to update the Responsible Party information within 60 days of any change by filing Form 8822-B, Change of Address or Responsible Party
- Historical Report (990 Return) does not display 2023 column if Tax Projection has not been selected.
- If Schedule B is required, enter data in View > Contributor/Officer > Contributor Information instead of Screen Income
- Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext
- Form 8868 for Form 990-T extension previously printed; verify extended due date and payment information in Screen Ext
- Forms 990 / 990-EZ / 990-PF EFTPS method is blank on Screen Letter; ACH Debit or Credit option is used
- 990, Part III total program service revenue does not match 990, Part VIII, line 2g total program service revenue
- Contributor Frazier Dream, Inc. is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor Kades Corporation is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor Ribs and Rods Car Show is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor Wilsonart is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor BoozeFighters is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated
- Default tax-exempt status is 501(c)(3)
- Preparer 'KEVIN S. COWAN', Staff 'Madi Manley'

Missing Data

	Prior Year Data
Client Documents	
<input type="checkbox"/> Total invoice amount	550.00
Balance Sheet - Assets	
<input checked="" type="checkbox"/> Other loans - EOY	8,636
Balance Sheet - Liabilities and Equity	
<input checked="" type="checkbox"/> Deferred revenue - BOY	4,810
<input checked="" type="checkbox"/> Increases to net assets	48,856

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

RONALD MCDONALD HOUSE CHARITIES OF 74-2345274 TEMPLE, TEXAS

Net Asset / Fund Balance at Beginning of Year 4,974,778

Revenue

Contributions	528,451
Program service revenue	10,850
Investment income	87,573
Capital gain / loss	-22,762
Fundraising / Gaming:	
Gross revenue	552,277
Direct expenses	396,018
Net income	156,259
Other income	0

Total revenue 760,371

Expenses

Program services	541,905
Management and general	92,570
Fundraising	22,462

Total expenses 656,937

Excess / (deficit) 103,434

Changes -507,059

Net Asset / Fund Balance at End of Year 4,571,153

Reconciliation of Revenue

Total revenue per financial statements	760,371
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	760,371

Reconciliation of Expenses

Total expenses per financial statements	656,937
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	656,937

Balance Sheet

	Beginning	Ending	Differences
Assets	4,996,064	4,592,899	
Liabilities	21,286	21,746	
Net assets	4,974,778	4,571,153	-403,625

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/23
 Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

**RONALD MCDONALD HOUSE CHARITIES OF 74-2345274
TEMPLE, TEXAS**

Income & Losses (Form 990-T, Sch A)	# of Schedules <u>1</u>		
Income from all activities	<u>16,323</u>		
Losses from all activities			
Unrelated business taxable income from all trades		<u>16,323</u>	
Income Adjustments (Form 990-T, Part I)			
Disallowed fringe benefits			
Charitable contributions			
Net operating loss (prior to 2018)			
Specific deduction	<u>1,000</u>		
Section 199A Deduction (Trusts Only)			
Total adjustments		<u>(1,000)</u>	
Unrelated business taxable income			<u>15,323</u>
Taxes & Credits (Form 990-T, Part II and III)			
Regular tax	<u>3,218</u>		
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities			
Tax Due		<u>3,218</u>	
Foreign tax credit and other credits			
General business credits			
Prior year minimum tax credit			
Total nonrefundable credits			
Other taxes			
Total tax			<u>3,218</u>
Payments & Penalties			
Estimated tax payments and Tax withheld			
Paid with extension			
Refundable credits and other payments			
Payments			
Net tax due			<u>3,218</u>
Estimated tax penalty	<u>152</u>		
Interest on late payments	<u>120</u>		
Failure to file penalty			
Failure to pay penalty	<u>96</u>		
Penalties		<u>368</u>	
Balance due			<u>3,586</u>
Total overpayment			
Overpayment applied to next year's tax			
Refund			

Next Year's Estimates

1st quarter _____
 2nd quarter _____
 3rd quarter _____
 4th quarter _____
Total _____

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/23

Ludwick, Montgomery & Stapp, PC
1949 Scott Blvd
Temple, TX 76504
254-771-0061

November 13, 2023

CONFIDENTIAL

Ronald McDonald House Charities of
Temple, Texas
2415 S. 47th Street
Temple, TX 76504

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Exempt Organization Business Income Tax Return (Form 990-T)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Ludwick, Montgomery & Stapp, PC

Ludwick, Montgomery & Stapp, PC
1949 Scott Blvd
Temple, TX 76504
254-771-0061

November 13, 2023

CONFIDENTIAL

Ronald McDonald House Charities of
 Temple, Texas
 2415 S. 47th Street
 Temple, TX 76504

For professional services rendered in connection with the preparation of the following tax forms
 for year ending 12/31/22.

2	Form 8879-TE (IRS efile PIN Authorization)	\$ No Charge
	Schedule B (Schedule of Contributors)	No Charge
	Schedule B, Part I (Contributors - Cash & Noncash)	No Charge
	Schedule B, Part II (Contributors - Noncash Prop)	No Charge
	Form 990-T (Unrelated Business Tax Return)	No Charge
	Form 2220 (Underpayment of Estimated Tax)	No Charge
	Form 4562 (Depreciation and Amortization)	No Charge
	FORM 990 TAX RETURN	575.00
	FORM 990T TAX RETURN	<u>385.00</u>
	Amount due	<u>\$ 960.00</u>

Filing Instructions

Ronald McDonald House Charities of Temple, Texas

Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

Date Due: November 15, 2023

Remittance: None is required. Your Form 990 for the tax year ended 12/31/22 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Ludwick, Montgomery & Stapp, PC
1949 Scott Blvd
Temple, TX 76504

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 2022, and ending 20

2022

Department of the Treasury
Internal Revenue Service

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

**RONALD MCDONALD HOUSE CHARITIES OF
TEMPLE, TEXAS**

EIN or SSN

74-2345274

Name and title of officer or person subject to tax

**DANA LANGE
BOARD MEMBER**

Part I Type of Return and Return Information

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>760,371</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) ..	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date **11/13/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

70690308863

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date **11/13/23**

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 2022, and ending 20

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **RONALD MCDONALD HOUSE CHARITIES OF TEMPLE, TEXAS** EIN or SSN **74-2345274**

Name and title of officer or person subject to tax **DANA LANGE
BOARD MEMBER**

Part I Type of Return and Return Information

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

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>3,218</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **11/13/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

70690308863

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date **11/13/23**

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

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.

A For the 2022 calendar year, or tax year beginning , and ending

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

C Name of organization **RONALD MCDONALD HOUSE CHARITIES OF TEMPLE, TEXAS**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) **2415 S. 47TH STREET** Room/suite

City or town, state or province, country, and ZIP or foreign postal code
TEMPLE TX 76504

D Employer identification number
74-2345274

E Telephone number
254-770-0910

G Gross receipts \$ **2,723,365**

F Name and address of principal officer:
MARK CERMAK

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

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

J Website: **WWW.RMHC-TEMPLE.ORG**

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation:

M State of legal domicile: **TX**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE LODGING FOR THE FAMILIES OF CHILDREN SEEKING MEDICAL TREATMENTS.

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

3 Number of voting members of the governing body (Part VI, line 1a)	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	22
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	10
6 Total number of volunteers (estimate if necessary)	3200
7a Total unrelated business revenue from Part VIII, column (C), line 12	16,323
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	15,323

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	402,394	528,451
9 Program service revenue (Part VIII, line 2g)	12,512	10,850
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	190,052	64,811
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	142,813	156,259
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	747,771	760,371

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	276,590	319,125
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)	22,462	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	295,415	337,812
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	572,005	656,937
19 Revenue less expenses. Subtract line 18 from line 12	175,766	103,434

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,996,064	4,592,899
21 Total liabilities (Part X, line 26)	21,286	21,746
22 Net assets or fund balances. Subtract line 21 from line 20	4,974,778	4,571,153

Part II Signature Block

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

Sign Here

Signature of officer: **DANA LANGE** Date: _____

Type or print name and title: **BOARD MEMBER**

Paid Preparer Use Only

Print/Type preparer's name: **KEVIN S. COWAN** Preparer's signature: _____ Date: **11/13/23** Check if self-employed PTIN: **P01562116**

Firm's name: **LUDWICK, MONTGOMERY & STAPP, PC** Firm's EIN: **74-2243906**

Firm's address: **1949 SCOTT BLVD TEMPLE, TX 76504** Phone no.: **254-771-0061**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE LODGING FOR THE FAMILIES OF CHILDREN SEEKING MEDICAL TREATMENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

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

4a (Code:) (Expenses \$ **518,468** including grants of \$) (Revenue \$ **707,931**)

THE GOAL OF RONALD MCDONALD HOUSE CHARITIES OF TEMPLE, TEXAS IS TO PROVIDE LODGING, FOOD, AND COMFORT FOR THE FAMILIEIS OF CHILDREN BEING TREATED FOR MEDICAL ISSUES AT LOCAL HEALTHCARE PROVIDERS.

4b (Code:) (Expenses \$ **23,437** including grants of \$) (Revenue \$ **49,040**)

THE RONALD MCDONALD FAMILY ROOM OF TEMPLE, TEXAS IS LOCATED IN BAYLOR SCOTT & WHITE CHILDRENS HOSPITAL IN TEMPLE, TEXAS. THE PURPOSE OF THE ROOM IS TO PROVIDE A SUPPORTIVE ENVIRONMENT WHERE FAMILIEIS CAN GO WITHIN THE HOSPITAL TO GET AWAY FROM THE HOSPITAL TO REST AND REGROUP FROM THE STRESS OF HAVING A CHILD IN THE HOSPITAL, WHILE AT THE SAME TIME ONLY BEING STEPS AWAY FROM THEIR CHILD'S ROOM. THE ROOM PROVIDES ACCESS TO SHOWERS AND LAUNDRY FACILITIES, AS WELL AS COFFEE, DRINKS, AND MISCELLANEOUS SNACKS. IN 2017 THE ROOM HAD OVER 8,000 VISITORS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **541,905**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part 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	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X		
c	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				
e	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				X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				X
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.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	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? If "Yes," see instructions and file Form 4720, Schedule N.	15				X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16				X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section 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 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records

RONALD MCDONALD HOUSE CHARITIES OF 2415 S 47TH ST. TEMPLE

TX 76504

254-770-0910

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHANNON GOWAN	40.00									
EXECUTIVE DIRECTOR	0.00	X		X			92,231	0	0	
(2) LEILANI KITCHINGS	40.00									
DIRECTOR OF HOUSE OP	0.00	X		X			49,028	0	0	
(3) STUART SPEIDEL	40.00									
BUSS. OFFICE MANAGER	0.00	X					33,498	0	0	
(4) MARK CERMAK	10.00									
DIRECTOR OF FINANCE	0.00	X		X			6,490	0	0	
(5) DEB SWIFT ALEJANDRO	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) MARK BAIN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) CAROLYN COSPER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) SHELISA COURTAINE	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) BILL GALINSKY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) JENNIFER GREEN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) SONNY JARAMILLO	1.00									
BOARD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) GALE JUSTICE	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) MARK KIECKHAFER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(14) DANA LANGE	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(15) BRANDON MCQUEEN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(16) SHARON MURPHY	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(17) RUSS NELSON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(18) JERRY PRZADA	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(19) ARIANE SECREST	1.00									
BOARD MEMBER	0.00	X					0	0	0	
1b Subtotal							181,247			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							181,247			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	528,451				
	g Noncash contributions included in lines 1a-1f	1g	\$ 224,002				
	h Total. Add lines 1a-1f		528,451				
Program Service Revenue			Business Code				
	2a GUEST DONATIONS		7,985	7,985			
	b MEDICAID REIMBURSEMENTS		2,865	2,865			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		10,850					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		87,573			87,573	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
		6a	(ii) Personal				
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
		7a	(ii) Other	1,528,430	15,784		
		b Less: cost or other basis and sales exps.	7b	1,566,976			
	c Gain or (loss)	7c	-38,546	15,784			
	d Net gain or (loss)		-22,762	-38,546		15,784	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	8a		215,643				
	b Less: direct expenses	8b	75,707				
c Net income or (loss) from fundraising events		139,936					
9a Gross income from gaming activities. See Part IV, line 19							
	9a		336,634				
	b Less: direct expenses	9b	320,311				
c Net income or (loss) from gaming activities		16,323		16,323			
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			760,371	-27,696	16,323	103,357	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	181,247	148,986	17,399	14,862
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	67,311	55,448	6,418	5,445
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,110	5,010	611	489
9 Other employee benefits	45,696	45,371	158	167
10 Payroll taxes	18,761	15,499	1,763	1,499
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,010		13,010	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	17,365		17,365	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	5,024	5,024		
13 Office expenses	13,862	229	13,633	
14 Information technology				
15 Royalties				
16 Occupancy	23,437	23,437		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,857	64,450	4,407	
23 Insurance	32,804	30,705	2,099	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED FOOD AND SUPPLIES	64,558	64,558		
b UTILITIES	38,777	36,292	2,485	
c REPAIRS AND MAINT	26,656	24,950	1,706	
d SUPPLIES	10,507	10,507		
e All other expenses	22,955	11,439	11,516	
25 Total functional expenses. Add lines 1 through 24e	656,937	541,905	92,570	22,462
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	562,734	1	550,102
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,656	4	18,486
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	8,636	7	
	8 Inventories for sale or use	48,510	8	143,501
	9 Prepaid expenses and deferred charges	10,525	9	10,297
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,461,324		
	b Less: accumulated depreciation	10b 1,875,901	612,273	10c 585,423
	11 Investments—publicly traded securities	3,746,730	11	3,285,090
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		4,996,064	16	4,592,899
Liabilities	17 Accounts payable and accrued expenses	17,545	17	16,800
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,741	25	4,946
	26 Total liabilities. Add lines 17 through 25		21,286	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,415,679	27	3,970,754
	28 Net assets with donor restrictions	559,099	28	600,399
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,974,778	32	4,571,153
33 Total liabilities and net assets/fund balances	4,996,064	33	4,592,899	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	760,371
2	Total expenses (must equal Part IX, column (A), line 25)	2	656,937
3	Revenue less expenses. Subtract line 2 from line 1	3	103,434
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,974,778
5	Net unrealized gains (losses) on investments	5	-507,059
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,571,153

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) CINDY SOUTHERLAND	1.00									
BOARD MEMBER	0.00	X						0	0	
(21) APRIL THIEL	1.00									
BOARD MEMBER	0.00	X						0	0	
(22) DELL INGRAM WALKER	1.00									
BOARD MEMBER	0.00	X						0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization RONALD MCDONALD HOUSE CHARITIES OF TEMPLE, TEXAS	Employer identification number 74-2345274
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	327,887	371,204	348,672	402,394	528,451	1,978,608
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	327,887	371,204	348,672	402,394	528,451	1,978,608
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)						
6 Public support. Subtract line 5 from line 4						1,978,608

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	327,887	371,204	348,672	402,394	528,451	1,978,608
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	52,971	82,319	60,861	65,932	87,573	349,656
9 Net income from unrelated business activities, whether or not the business is regularly carried on					15,323	15,323
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2,343,587
12 Gross receipts from related activities, etc. (see instructions)					12	953,672

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	84.43 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	86.42 %
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 <input checked="" type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
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	(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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
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 A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
2a		
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? <i>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.</i>		
2b		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2022Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES OF
TEMPLE, TEXAS**

Employer identification number

74-2345274

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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).

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

Schedule B (Form 990) (2022)

Name of organization

RONALD MCDONALD HOUSE CHARITIES OF

Employer identification number

74-2345274

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BIG GAME ENTERPRISES, INC. P.O. BOX 1167 LAMPASAS TX 76550	\$ 11,698	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MAXTAB, INC. JCF'S RESTAURANT N. STORES 1508 DESSAU RDIGE LANE 801 AUSTIN TX 78754	\$ 20,180	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TEMPUR-PEDIC 2415 S. 47TH STREET TEMPLE TX 76504	\$ 31,060	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE ROBINSON FAMILY 3780 WHITE OWL LANE TEMPLE TX 76501	\$ 20,268	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	H20+ 533 AIRPORT BLVD BURLINGAME CA 94010	\$ 107,918	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

RONALD MCDONALD HOUSE CHARITIES OF

Employer identification number

74-2345274

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	PERSONAL WELLNESS PRODUCTS	\$ 107,918	10/31/20
	\$
	\$
	\$
	\$
	\$
	\$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF TEMPLE, TEXAS

Employer identification number

74-2345274

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include art collection reporting requirements and amounts.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,746,730	3,255,597	3,040,991	2,571,316	2,716,871
b Contributions					
c Net investment earnings, gains, and losses	-444,275	472,761	199,247	454,555	-130,354
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	17,365	18,372	15,359	15,120	15,201
g End of year balance	3,285,090	3,746,730	3,255,597	3,040,991	2,571,316

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-----|----------|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		131,980		131,980
b Buildings		1,661,616	1,290,907	370,709
c Leasehold improvements				
d Equipment		654,873	572,139	82,734
e Other		12,855	12,855	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				585,423

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	4,946
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,946

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES OF
TEMPLE, TEXAS**

Employer identification number

74-2345274

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

.....

.....

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.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TOURNAMENT</u> (event type)	<u>MISC FUNDRAISER</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	137,581	78,062		215,643
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	137,581	78,062		215,643
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	53,408	22,299		75,707
	10 Direct expense summary. Add lines 4 through 9 in column (d)				75,707
11 Net income summary. Subtract line 10 from line 3, column (d)				139,936	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue	336,634			336,634
Direct Expenses	2 Cash prizes	250,959			250,959
	3 Noncash prizes				
	4 Rent/facility costs	24,042			24,042
	5 Other direct expenses	45,310			45,310
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				320,311
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				16,323

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)****Noncash Contributions**

OMB No. 1545-0047

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.**2022****Open To Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

TEMPLE, TEXAS

Employer identification number

74-2345274**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()	X	2	224,002	
26 Other ()				
27 Other ()				
28 Other ()				

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

29

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

**RONALD MCDONALD HOUSE CHARITIES OF
TEMPLE, TEXAS**

Employer identification number

74-2345274

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
TAX RETURN IS REVIEWED AT BOARD MEETING PRIOR TO FILING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
AFFECTED BOARD MEMBERS AND EXECUTIVE DIRECTOR ARE PROHIBITED FROM
DISCUSSION AND DECISIONS REGARDING THE TRANSACTION.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION IS REVIEWED AND VOTED BY THE BOARD.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPENSATION IS REVIEWED AND VOTED BY THE BOARD.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC**

Filing Instructions

Ronald McDonald House Charities of Temple, Texas

Exempt Organization Business Tax Return

Taxable Year Ended December 31, 2022

Date Due: November 15, 2023

Remittance: Your Form 990-T for the tax year ended 12/31/22 shows a balance due of \$3,586. No remittance is to be filed with Form 990-T, but a payment in the amount of \$3,586 should be made by a method of Electronic Funds Transfer (EFT) on or before the above date. If using the ACH Debit Remittance Method, contact the EFTPS Financial Agent of the U.S. Treasury and direct the Agent to initiate a withdrawal from your account. If using the ACH Credit Remittance Method, contact your financial institution to initiate this tax payment.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Ludwick, Montgomery & Stapp, PC
1949 Scott Blvd
Temple, TX 76504

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____
Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection
for 501(c)(3)
Organizations Only

A Check box if address changed.

B Exempt under section
 501(**C**) (**3**)
 408(e) 220(e)
 408A 530(a)
 529(a) 529A

Name of organization (Check box if name changed and see instructions.)
**RONALD MCDONALD HOUSE CHARITIES OF
TEMPLE, TEXAS**

Number, street, and room or suite no. If a P.O. box, see instructions.
2415 S. 47TH STREET

City or town, state or province, country, and ZIP or foreign postal code
TEMPLE TX 76504

C Book value of all assets at end of year **4,592,899**

D Employer identification number
74-2345274

E Group exemption number
(see instructions)

F Check box if an amended return.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of **RONALD MCDONALD HOUSE CHA** Telephone number **254-770-0910**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	16,323
2 Reserved	2	
3 Add lines 1 and 2	3	16,323
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	16,323
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	16,323
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	15,323

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	3,218
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	3,218

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b Other credits (see instructions)	1b	
c General business credit. Attach Form 3800 (see instructions)	1c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e Total credits. Add lines 1a through 1d	1e	
2 Subtract line 1e from Part II, line 7	2	3,218
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	3,218
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	
6a Payments: A 2021 overpayment credited to 2022	6a	
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c Tax deposited with Form 8868	6c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e Backup withholding (see instructions)	6e	
f Credit for small employer health insurance premiums (attach Form 8941)	6f	
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g	
7 Total payments. Add lines 6a through 6g	7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	8	152
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	3,370
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
	\$	
	\$	
	\$	
	\$	
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KEVIN S. COWAN		11/13/23		P01562116
	Firm's name	Firm's EIN			
	LUDWICK, MONTGOMERY & STAPP, PC	74-2243906			
	Firm's address	Phone no.			
	1949 SCOTT BLVD TEMPLE, TX 76504	254-771-0061			

**SCHEDULE A
(Form 990-T)****Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990T for instructions and the latest information.Open to Public Inspection for
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization RONALD MCDONALD HOUSE CHARITIES OF	B Employer identification number 74-2345274
C Unrelated business activity code (see instructions) 713200	D Sequence: 1 of 1

E Describe the unrelated trade or business **UNRELATED BUSINESS ACTIVITY**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>336,634</u>			
b Less returns and allowances <u> </u> c Balance	1c 336,634		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3 336,634		336,634
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 336,634		336,634

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2			
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	0
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) SEE STATEMENT 1	14			320,311
15 Total deductions. Add lines 1 through 14	15			320,311
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			16,323
17 Deduction for net operating loss. See instructions	17			
18 Unrelated business taxable income. Subtract line 17 from line 16	18			16,323

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 Total dividends-received deductions included in line 10				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Unrelated Business Activity**Statement 1 - Schedule A (990T), Part II, Line 14 - Other Deductions**

<u>Deduction Description</u>	<u>Deduction Amount</u>
CASH PRIZES	\$ 250,959
RENT AND FACILITY COSTS	24,042
OTHER DIRECT FUNDRAISING/GAMING	<u>45,310</u>
TOTAL	<u>\$ 320,311</u>

Form **2220**

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Attach to the corporation's tax return.

2022

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **RONALD MCDONALD HOUSE CHARITIES OF
TEMPLE, TEXAS**

Employer identification number
74-2345274

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	3,218
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	3,218
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	3,218

Part II Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6** The corporation is using the adjusted seasonal installment method.
- 7** The corporation is using the annualized income installment method.
- 8** The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.	9	04/15/22	06/15/22	09/15/22	12/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	805	805	805	803
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		805	1,610	2,415
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0	0	0	0
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		805	1,610	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	805	805	805	803
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2022)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions	19	SEE WORKSHEET		
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 6% (0.06)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 7% (0.07)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x **	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x **	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x **	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x **	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$		152

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 Worksheet

Form **2220****2022**

For calendar year 2022, or tax year beginning _____, and ending _____

Name

**RONALD MCDONALD HOUSE CHARITIES OF
TEMPLE, TEXAS**

Employer Identification Number

74-2345274

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>04/15/22</u>	<u>06/15/22</u>	<u>09/15/22</u>	<u>12/15/22</u>
Amount of underpayment	<u>805</u>	<u>805</u>	<u>805</u>	<u>803</u>

Prior year overpayment applied _____

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	4/15/22	6/30/22	805	76	4.00	7
1	6/30/22	9/30/22	805	92	5.00	10
1	9/30/22	12/31/22	805	92	6.00	12
1	12/31/22	5/15/23	805	135	7.00	21
2	6/15/22	6/30/22	805	15	4.00	1
2	6/30/22	9/30/22	805	92	5.00	10
2	9/30/22	12/31/22	805	92	6.00	12
2	12/31/22	5/15/23	805	135	7.00	21
3	9/15/22	9/30/22	805	15	5.00	2
3	9/30/22	12/31/22	805	92	6.00	12
3	12/31/22	5/15/23	805	135	7.00	21
4	12/15/22	12/31/22	803	16	6.00	2
4	12/31/22	5/15/23	803	135	7.00	21
TOTAL PENALTY						152

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)
Attach to your tax return.

OMB No. 1545-0172

2022Attachment
Sequence No. **179**Go to www.irs.gov/Form4562 for instructions and the latest information.Name(s) shown on return **RONALD MCDONALD HOUSE CHARITIES OF
TEMPLE, TEXAS**Identifying number
74-2345274

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	56,054

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

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	56,054
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
12	A/C Unit	9/09/10	1,975		X	0	5 HY 200DB	1,975	0
13	Donated Exterior Signs	11/28/11	1,772		X	0	10 HY 200DB	1,772	0
18	Horizontal Furn & A-Coi	6/20/12	6,799		X	3,400	5 HY 200DB	6,799	0
20	New Fire Panel	10/05/12	1,750		X	875	5 HY 200DB	1,750	0
21	New Escucheons	9/24/12	1,639		X	820	5 HY 200DB	1,639	0
28	2011 Toyota Sienna	9/03/10	27,566		X	13,783	5 HY 200DB	27,566	0
70	2 Side Chairs	12/31/98	250			250	7 HY 200DB	250	0
95	TRS Telephone Systems	2/06/02	4,213		X	2,949	5 HY 200DB	4,213	0
96	Boardroom Chairs	1/29/02	9,520		X	6,664	7 HY 200DB	9,520	0
97	Classic Tool-Pictures	3/11/02	3,595		X	2,517	7 HY 200DB	3,595	0
98	Ronald on a Bench	3/20/02	1,059		X	741	7 HY 200DB	1,059	0
99	Casey's Furniture	3/26/02	4,587		X	3,211	7 HY 200DB	4,587	0
100	Southwest Cont - Furniture	3/29/02	11,101		X	7,771	7 HY 200DB	11,101	0
101	Blinds/Shades	4/09/02	2,260		X	1,582	7 HY 200DB	2,260	0
102	Playground	5/13/02	9,603		X	6,722	7 HY 200DB	9,603	0
103	Casey's Furniture - Lamp	5/23/02	218		X	153	7 HY 200DB	218	0
104	Ice Maker	6/25/02	983		X	688	7 HY 200DB	983	0
105	Exceed Software	4/26/02	6,890		X	4,823	5 HY 200DB	6,890	0
106	Casey's Furniture	3/28/02	26,210		X	18,347	7 HY 200DB	26,210	0
107	Casey's Furniture	4/09/02	8,071		X	5,650	7 HY 200DB	8,071	0
108	Class Picture Co	4/09/02	802		X	562	7 HY 200DB	802	0
109	SW Contract - Furniture	2/15/02	10,228		X	7,160	7 HY 200DB	10,228	0
110	Security Desk	2/10/04	1,017		X	509	7 HY 200DB	1,017	0
115	A/C Unit Room 5	5/12/06	1,100			1,100	5 HY 200DB	1,100	0
116	A/C Unit Room 14	7/12/06	1,100			1,100	5 HY 200DB	1,100	0
117	A/C Unit Room 6	8/18/06	1,100			1,100	5 HY 200DB	1,100	0
118	A/C #2	10/27/06	1,200			1,200	5 HY 200DB	1,200	0
124	2 dryers - donated	7/01/08	780		X	390	5 HY 200DB	780	0
125	1 donated dishwasher	7/01/08	417		X	208	5 HY 200DB	417	0
126	3 ton AC unit	9/26/08	1,895		X	947	5 HY 200DB	1,895	0
130	Tempur Pedic Beds	2/01/12	72,354		X	36,177	5 HY 200DB	72,354	0
150	1 Washers-doanted	7/01/08	450		X	225	5 HY 200DB	450	0
163	Classic Tool - Pictures	4/01/02	3,229		X	2,260	7 HY 200DB	3,229	0
177	2 Lenovo ThinkCentre PC	9/12/19	3,697		X	0	5 HY 200DB	3,697	0
178	Dell Tower Server	9/12/19	5,199		X	0	5 HY 200DB	5,199	0
181	Mark's PC	1/03/20	874		X	0	5 HY 200DB	874	0
185	TRS Telephone System	8/26/20	11,738		X	0	5 HY 200DB	11,738	0
188	New Computers for ED	12/16/20	2,619		X	0	5 HY 200DB	2,619	0
189	New A/C Unit	6/14/21	2,000		X	0	15 HY S/L	2,000	0
191	2 Lazy boys Sofa Sleepers	5/31/21	3,178		X	0	7 HY 200DB	3,178	0
192	Tempurpedic Mattresses	4/15/21	14,700		X	0	7 HY 200DB	14,700	0
193	New Deep Freezer	9/24/21	809		X	0	7 HY 200DB	809	0
194	New Washer & Dryer for Laundry Room	10/20/21	1,168		X	0	7 HY 200DB	1,168	0
195	2 New Washers for Laundry Room	12/13/21	1,528		X	0	7 HY 200DB	1,528	0
			<u>273,243</u>			<u>133,884</u>		<u>273,243</u>	<u>0</u>

Other Depreciation:

1	Building	9/30/86	307,966			307,966	19 MO S/L	307,966	0
2	Building Addition	12/01/92	19,694			19,694	19 MO S/L	19,694	0
3	Bldg Addition-Donated	3/19/93	12,000			12,000	19 MO S/L	12,000	0
4	Building Addition	3/19/93	14,902			14,902	19 MO S/L	14,902	0
8	Crw-Porch-Driveway	6/22/00	17,436			17,436	19 MO S/L	17,436	0
9	Building Addition	5/19/02	1,211,530			1,211,530	30 MO S/L	805,192	40,384
11	Gutters	9/29/09	1,499			1,499	10 MO S/L	1,499	0
15	2 Outdoor A/C Units	3/18/11	4,440			4,440	10 MO S/L	3,699	444
16	3 PTAC Units	9/09/11	1,693			1,693	10 MO S/L	1,693	0
17	New Gutters	5/18/12	2,645			2,645	10 MO S/L	2,513	132
19	Replace A/C Unit	12/31/12	2,296			2,296	10 MO S/L	2,296	0
22	Hoescher Flooring Install	2/17/16	12,065			12,065	7 MO S/L	9,480	1,723
23	Metflor Corp-Flooring	1/15/16	14,619			14,619	7 MO S/L	11,486	2,089
24	Lochridge Priest-HVAC	10/10/16	4,900			4,900	5 MO S/L	4,900	0
25	Kaba Lock System	10/10/16	12,685			12,685	5 MO S/L	12,685	0
26	New 5 ton Goodman HVAC	2/27/17	3,111			3,111	5 MO S/L	2,800	311
27	Trailer	5/01/01	3,730			3,730	7 MO S/L	3,730	0
29	Donated 3-Disney Print	12/31/98	9,000			9,000	7 MO S/L	9,000	0
30	Donated Picture-Noah	12/31/98	178			178	7 MO S/L	178	0
31	Donated Picture-Ocean	12/31/98	171			171	7 MO S/L	171	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
32	Donated Picture-Dinosaur	12/31/98	331			331	7 MO S/L	331	0
33	Donated Pictures-2	12/31/98	350			350	7 MO S/L	350	0
34	Donated F&F	1/01/86	98,978			98,978	7 MO S/L	98,978	0
35	Furn & Fixtures	9/30/86	16,847			16,847	16 MO S/L	16,847	0
36	Furniture & Fixtures	9/30/87	8,906			8,906	7 MO S/L	8,906	0
37	Furniture	10/31/87	2,840			2,840	7 MO S/L	2,840	0
38	Donated F & F	4/01/88	1,598			1,598	7 MO S/L	1,598	0
39	Patio Furniture	6/30/88	148			148	7 MO S/L	148	0
40	Donated Furniture & Fix	4/01/90	550			550	7 MO S/L	550	0
42	Donated F & F	4/01/92	215			215	7 MO S/L	215	0
43	Donated F&F	4/01/93	2,885			2,885	7 MO S/L	2,885	0
44	Addl Sprinkler	8/04/92	548			548	7 MO S/L	548	0
45	Donated F&F	4/01/93	6,025			6,025	7 MO S/L	6,025	0
46	Furnishings	4/15/93	944			944	7 MO S/L	944	0
47	Clock	4/27/93	249			249	7 MO S/L	249	0
48	Laura White Shade	1/07/94	425			425	7 MO S/L	425	0
49	Gutters	3/25/94	368			368	7 MO S/L	368	0
50	Donated Gutters	3/25/94	158			158	7 MO S/L	158	0
51	Sofa & Chair	4/12/94	800			800	7 MO S/L	800	0
52	Office Furniture	4/18/94	200			200	7 MO S/L	200	0
53	Donated Office Furniture	4/18/94	500			500	7 MO S/L	500	0
54	File Cabinet	3/01/95	100			100	7 MO S/L	100	0
56	North Pole Villa	12/01/95	1,003			1,003	7 MO S/L	1,003	0
57	Office Desk	3/01/96	450			450	7 MO S/L	450	0
58	Furniture	3/01/96	2,184			2,184	7 MO S/L	2,184	0
59	Donated-Picnic Table	3/01/96	552			552	7 MO S/L	552	0
63	Sprinkler System	8/05/96	12,547			12,547	7 MO S/L	12,547	0
64	Addn To Fire Alarm	9/16/96	81			81	7 MO S/L	81	0
65	Equip Frm Frinne	6/06/97	6,340			6,340	7 MO S/L	6,340	0
66	4 Office Chairs	12/08/97	2,800			2,800	5 MO S/L	2,800	0
67	Donated Patio Furniture	12/31/98	250			250	7 MO S/L	250	0
69	Donated Desk	12/31/98	300			300	7 MO S/L	300	0
71	File Cabinet	12/31/98	125			125	7 MO S/L	125	0
73	Donated Deep Freezer	12/30/98	279			279	7 MO S/L	279	0
74	Donated Area Rug	12/31/98	50			50	7 MO S/L	50	0
75	Donated Floral Swag	12/31/98	30			30	7 MO S/L	30	0
76	Donated Mirror	12/31/98	35			35	7 MO S/L	35	0
77	Donated Print	12/31/98	35			35	7 MO S/L	35	0
78	Donated-Snow Villa	12/31/98	500			500	7 MO S/L	500	0
79	Display Case	12/01/99	150			150	7 MO S/L	150	0
80	Donated Sectional Couch	7/01/99	2,000			2,000	7 MO S/L	2,000	0
84	Donated N Pole Village	12/01/99	1,000			1,000	7 MO S/L	1,000	0
85	Maid Cart	12/01/99	150			150	7 MO S/L	150	0
86	Dining Table and Chairs	8/18/99	1,050			1,050	7 MO S/L	1,050	0
88	Refrigerator	2/14/00	723			723	7 MO S/L	723	0
90	Telephone System	8/31/01	6,197			6,197	7 MO S/L	6,197	0
91	Freezer	1/17/01	549			549	7 MO S/L	549	0
93	Sofa & 2 Chairs	12/11/01	2,339			2,339	5 MO S/L	2,339	0
94	Appliances from Whirlpool	2/01/02	25,812			25,812	5 MO S/L	25,812	0
111	A/C Units	7/27/05	8,197			8,197	7 MO S/L	8,197	0
113	A/C Condensor	9/23/05	1,980			1,980	7 MO S/L	1,980	0
114	Donated Appliances	9/30/05	3,000			3,000	7 MO S/L	3,000	0
119	A/C Unit	6/19/07	1,100			1,100	5 MO S/L	1,100	0
122	A/C Condenser	9/13/07	2,876			2,876	5 MO S/L	2,876	0
123	Commercial Refrigerator	8/29/07	1,992			1,992	5 MO S/L	1,992	0
127	Furniture-donated	11/04/09	3,350			3,350	5 MO S/L	3,350	0
133	Night Manager's Refrigerator	11/25/13	775			775	5 MO S/L	775	0
135	LazyBoy Recliner x4	8/18/14	1,200			1,200	5 MO S/L	1,200	0
136	Tempurpedic Mattresses	8/31/14	22,100			22,100	5 MO S/L	22,100	0
138	2 Stoves, 1 Dishwasher	8/31/14	2,400			2,400	5 MO S/L	2,400	0
139	2 big washers, 2 dryers	9/21/14	3,054			3,054	5 MO S/L	3,054	0
140	Microwave- Family Room	2/19/15	224			224	5 MO S/L	224	0
141	Security Camera - Family Room	1/23/15	1,279			1,279	5 MO S/L	1,279	0
142	Ice Machine	10/02/15	1,550			1,550	5 MO S/L	1,550	0
143	Washing Machine - Family	10/15/15	494			494	5 MO S/L	494	0
144	Replacement Coil - Large	12/02/15	1,150			1,150	5 MO S/L	1,150	0
145	Conference Room Media	3/07/16	1,097			1,097	5 MO S/L	1,097	0
146	PTAC Units-5 each	4/26/16	3,325			3,325	5 MO S/L	3,325	0
147	Lazy Boy Chair Sofa Sleeper	2/11/16	1,392			1,392	5 MO S/L	1,392	0
148	Lazy Boy Love Seat Sofa	2/11/16	1,906			1,906	5 MO S/L	1,906	0
149	Deluxe Office Chair	1/26/16	285			285	5 MO S/L	285	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	PerConv Meth	Prior	Current
151	3 Ton Compressor w/ 50	8/04/15	2,200			2,200	5 MO S/L	2,200	0
152	100 Gallon Water Heater	11/17/15	4,491			4,491	5 MO S/L	4,491	0
153	50 Gallon Water Heater	2/24/16	721			721	5 MO S/L	721	0
154	Two Microwaves	9/01/16	263			263	5 MO S/L	263	0
155	Donated 2 - Twin Sofa Slp	2/14/17	2,200			2,200	5 MO S/L	1,980	220
156	Lenovo Desktop Computer	6/23/17	1,011			1,011	5 MO S/L	910	101
157	Dishwasher	9/08/17	414			414	5 MO S/L	346	68
158	12 40" TV's	2/16/17	3,278			3,278	5 MO S/L	2,950	328
159	TV Mounting Brackets	2/13/17	1,407			1,407	5 MO S/L	1,266	141
160	4 Blue Ray Players	2/09/17	250			250	5 MO S/L	225	25
161	3-32" TV's	2/09/17	597			597	5 MO S/L	537	60
162	24 Q & 7 Twin headboard	10/26/17	3,268			3,268	5 MO S/L	2,941	327
164	Memorial Garden	10/24/94	8,849			8,849	15 MO S/L	8,849	0
165	Memorial Garden	7/10/96	56			56	15 MO S/L	56	0
166	Memorial Garden Improvements	2/16/16	3,000			3,000	5 MO S/L	3,000	0
167	Memorial Garden Fountains	3/04/16	950			950	5 MO S/L	950	0
168	Land	9/30/86	96,000			96,000	0 -- Land	0	0
169	Land-1.172 Acres-Donated	12/03/97	17,580			17,580	0 -- Land	0	0
170	Donated Land	2/01/02	17,000			17,000	0 -- Land	0	0
171	Land Improvements	6/30/98	200			200	7 MO S/L	200	0
172	Two Memorial Trees	2/11/16	1,200			1,200	5 MO S/L	1,200	0
173	Surveilence for kitchen and play areas	2/23/18	5,933			5,933	5 MO S/L	4,548	1,187
174	Donated LazyBoy Twin Sofa Sleepers (2)	5/31/18	3,598			3,598	5 MO S/L	2,579	719
175	Computer for Mark/Finance Office	10/02/18	1,017			1,017	5 MO S/L	661	203
176	HP 8710 printer	12/05/18	115			115	5 MO S/L	71	23
179	Donated Chest Freezer	9/30/19	400			400	5 MO S/L	180	80
180	Donated Refrigerator for Small Kitchen	8/31/19	500			500	5 MO S/L	233	100
182	Tempur-Pedic Mattresses	5/15/20	8,545			8,545	5 MO S/L	2,848	1,709
183	Xerox Copier	6/30/20	5,510			5,510	5 MO S/L	1,653	1,102
184	Bell Air Conditioning HVAC Donated Services	6/15/20	3,831			3,831	5 MO S/L	1,149	767
186	10 Miniture refrigerators for guest rooms	9/29/20	1,490			1,490	5 MO S/L	373	298
187	Wayfair shower mats	12/01/20	300			300	5 MO S/L	65	60
190	Exceed Software Upgrade	3/31/21	17,123		X	0	3 MO Amort	17,123	0
196	Solar X Window Screens	4/30/22	2,200			2,200	39 MO S/L	0	38
197	New Computers	8/16/22	2,903			2,903	7 MO S/L	0	138
198	Tempur pedic Mattress	4/30/22	31,060			31,060	7 MO S/L	0	2,958
199	Mattress Bedding	8/09/22	549			549	7 MO S/L	0	33
200	2 Ovens	6/21/22	1,433			1,433	7 MO S/L	0	102
201	10 mini fridges	7/06/22	1,771			1,771	7 MO S/L	0	127
202	Mini fridge	7/20/22	177			177	7 MO S/L	0	11
203	2 PTACS	10/18/22	1,914			1,914	7 MO S/L	0	46
Total Other Depreciation			2,188,086			2,170,963		1,584,110	56,054
Total ACRS and Other Depreciation			2,188,086			2,170,963		1,584,110	56,054
Grand Totals			2,461,329			2,304,847		1,857,353	56,054
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			2,461,329			2,304,847		1,857,353	56,054

TX Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
Prior MACRS:								
12	A/C Unit	9/09/10	1,975	1,975	0	0	0	0
13	Donated Exterior Signs	11/28/11	1,772	1,772	1,772	0	0	0
18	Horizontal Furn & A-Coi	6/20/12	6,799	6,799	0	0	0	0
20	New Fire Panel	10/05/12	1,750	1,750	0	0	0	0
21	New Escucheons	9/24/12	1,639	1,639	0	0	0	0
28	2011 Toyota Sienna	9/03/10	27,566	27,566	0	0	0	0
70	2 Side Chairs	12/31/98	250	250	0	0	0	0
95	TRS Telephone Systems	2/06/02	4,213	4,213	0	0	0	0
96	Boardroom Chairs	1/29/02	9,520	9,520	0	0	0	0
97	Classic Tool-Pictures	3/11/02	3,595	3,595	0	0	0	0
98	Ronald on a Bench	3/20/02	1,059	1,059	0	0	0	0
99	Casey's Furniture	3/26/02	4,587	4,587	0	0	0	0
100	Southwest Cont - Furniture	3/29/02	11,101	11,101	0	0	0	0
101	Blinds/Shades	4/09/02	2,260	2,260	0	0	0	0
102	Playground	5/13/02	9,603	9,603	0	0	0	0
103	Casey's Furniture - Lamp	5/23/02	218	218	0	0	0	0
104	Ice Maker	6/25/02	983	983	0	0	0	0
105	Exceed Software	4/26/02	6,890	6,890	0	0	0	0
106	Casey's Furniture	3/28/02	26,210	26,210	0	0	0	0
107	Casey's Furniture	4/09/02	8,071	8,071	0	0	0	0
108	Class Picture Co	4/09/02	802	802	0	0	0	0
109	SW Contract - Furniture	2/15/02	10,228	10,228	0	0	0	0
110	Security Desk	2/10/04	1,017	1,017	0	0	0	0
115	A/C Unit Room 5	5/12/06	1,100	1,100	0	0	0	0
116	A/C Unit Room 14	7/12/06	1,100	1,100	0	0	0	0
117	A/C Unit Room 6	8/18/06	1,100	1,100	0	0	0	0
118	A/C #2	10/27/06	1,200	1,200	0	0	0	0
124	2 dryers - donated	7/01/08	780	780	0	0	0	0
125	1 donated dishwasher	7/01/08	417	417	0	0	0	0
126	3 ton AC unit	9/26/08	1,895	1,895	0	0	0	0
130	Tempur Pedic Beds	2/01/12	72,354	72,354	0	0	0	0
150	1 Washers-doanted	7/01/08	450	450	0	0	0	0
163	Classic Tool - Pictures	4/01/02	3,229	3,229	0	0	0	0
177	2 Lenovo ThinkCentre PC	9/12/19	3,697	3,697	2,632	426	0	-426
178	Dell Tower Server	9/12/19	5,199	5,199	3,702	599	0	-599
181	Mark's PC	1/03/20	874	874	455	168	0	-168
185	TRS Telephone System	8/26/20	11,738	11,738	6,104	2,253	0	-2,253
188	New Computers for ED	12/16/20	2,619	2,619	1,362	503	0	-503
189	New A/C Unit	6/14/21	2,000	2,000	100	190	0	-190
191	2 Lazy boys Sofa Sleepers	5/31/21	3,178	3,178	454	778	0	-778
192	Tempurpedic Mattresses	4/15/21	14,700	14,700	2,100	3,600	0	-3,600
193	New Deep Freezer	9/24/21	809	809	116	198	0	-198
194	New Washer & Dryer for Laundry Room	10/20/21	1,168	1,168	167	286	0	-286
195	2 New Washers for Laundry Room	12/13/21	1,528	1,528	218	375	0	-375
			<u>273,243</u>	<u>273,243</u>	<u>19,182</u>	<u>9,376</u>	<u>0</u>	<u>-9,376</u>

Other Depreciation:

1	Building	9/30/86	307,966	307,966	307,966	0	0	0
2	Building Addition	12/01/92	19,694	19,694	19,694	0	0	0
3	Bldg Addition-Donated	3/19/93	12,000	12,000	12,000	0	0	0
4	Building Addition	3/19/93	14,902	14,902	3,137	785	0	-785
8	Crw-Porch-Driveway	6/22/00	17,436	17,436	3,671	917	0	-917
9	Building Addition	5/19/02	1,211,530	1,211,530	805,192	40,384	40,384	0
11	Gutters	9/29/09	1,499	1,499	1,499	0	0	0
15	2 Outdoor A/C Units	3/18/11	4,440	4,440	1,665	444	444	0
16	3 PTAC Units	9/09/11	1,693	1,693	508	169	0	-169
17	New Gutters	5/18/12	2,645	2,645	1,058	265	132	-133
19	Replace A/C Unit	12/31/12	2,296	2,296	689	229	0	-229
22	Hoescher Flooring Install	2/17/16	12,065	12,065	6,894	1,724	1,723	-1
23	Metflor Corp-Flooring	1/15/16	14,619	14,619	8,354	2,088	2,089	1
24	Lochridge Priest-HVAC	10/10/16	4,900	4,900	3,920	980	0	-980
25	Kaba Lock System	10/10/16	12,685	12,685	10,148	2,537	0	-2,537
26	New 5 ton Goodman HVAC	2/27/17	3,111	3,111	2,489	622	311	-311
27	Trailer	5/01/01	3,730	3,730	2,131	533	0	-533
29	Donated 3-Disney Print	12/31/98	9,000	9,000	5,143	1,286	0	-1,286
30	Donated Picture-Noah	12/31/98	178	178	102	25	0	-25
31	Donated Picture-Ocean	12/31/98	171	171	98	24	0	-24

TX Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
32	Donated Picture-Dinosaur	12/31/98	331	331	189	47	0	-47
33	Donated Pictures-2	12/31/98	350	350	200	50	0	-50
34	Donated F&F	1/01/86	98,978	98,978	56,559	14,140	0	-14,140
35	Furn & Fixtures	9/30/86	16,847	16,847	4,212	1,053	0	-1,053
36	Furniture & Fixtures	9/30/87	8,906	8,906	5,089	1,272	0	-1,272
37	Furniture	10/31/87	2,840	2,840	1,623	406	0	-406
38	Donated F & F	4/01/88	0	0	0	0	0	0
39	Patio Furniture	6/30/88	148	148	85	21	0	-21
40	Donated Furniture & Fix	4/01/90	550	550	314	79	0	-79
42	Donated F & F	4/01/92	215	215	123	31	0	-31
43	Donated F&F	4/01/93	2,885	2,885	1,649	412	0	-412
44	Addl Sprinkler	8/04/92	548	548	313	78	0	-78
45	Donated F&F	4/01/93	6,025	6,025	3,443	861	0	-861
46	Furnishings	4/15/93	944	944	539	135	0	-135
47	Clock	4/27/93	249	249	142	36	0	-36
48	Laura White Shade	1/07/94	425	425	243	61	0	-61
49	Gutters	3/25/94	368	368	210	53	0	-53
50	Donated Gutters	3/25/94	158	158	90	23	0	-23
51	Sofa & Chair	4/12/94	800	800	457	114	0	-114
52	Office Furniture	4/18/94	200	200	114	29	0	-29
53	Donated Office Furniture	4/18/94	500	500	286	71	0	-71
54	File Cabinet	3/01/95	100	100	57	14	0	-14
56	North Pole Villa	12/01/95	1,003	1,003	573	143	0	-143
57	Office Desk	3/01/96	450	450	257	64	0	-64
58	Furniture	3/01/96	0	0	0	0	0	0
59	Donated-Picnic Table	3/01/96	552	552	315	79	0	-79
63	Sprinkler System	8/05/96	12,547	12,547	7,170	1,792	0	-1,792
64	Addn To Fire Alarm	9/16/96	81	81	46	12	0	-12
65	Equip Frm Frinne	6/06/97	6,340	6,340	3,623	906	0	-906
66	4 Office Chairs	12/08/97	2,800	2,800	2,240	560	0	-560
67	Donated Patio Furniture	12/31/98	250	250	143	36	0	-36
69	Donated Desk	12/31/98	300	300	171	43	0	-43
71	File Cabinet	12/31/98	125	125	71	18	0	-18
73	Donated Deep Freezer	12/30/98	279	279	159	40	0	-40
74	Donated Area Rug	12/31/98	50	50	29	7	0	-7
75	Donated Floral Swag	12/31/98	30	30	17	4	0	-4
76	Donated Mirror	12/31/98	35	35	20	5	0	-5
77	Donated Print	12/31/98	35	35	20	5	0	-5
78	Donated-Snow Villa	12/31/98	500	500	286	71	0	-71
79	Display Case	12/01/99	150	150	86	21	0	-21
80	Donated Sectional Couch	7/01/99	2,000	2,000	1,143	286	0	-286
84	Donated N Pole Village	12/01/99	1,000	1,000	571	143	0	-143
85	Maid Cart	12/01/99	0	0	0	0	0	0
86	Dining Table and Chairs	8/18/99	1,050	1,050	600	150	0	-150
88	Refrigerator	2/14/00	723	723	413	103	0	-103
90	Telephone System	8/31/01	6,197	6,197	3,541	886	0	-886
91	Freezer	1/17/01	549	549	314	78	0	-78
93	Sofa & 2 Chairs	12/11/01	2,339	2,339	1,871	468	0	-468
94	Appliances from Whirlpool	2/01/02	25,812	25,812	20,650	5,162	0	-5,162
111	A/C Units	7/27/05	8,197	8,197	4,684	1,171	0	-1,171
113	A/C Condensor	9/23/05	1,980	1,980	1,131	283	0	-283
114	Donated Appliances	9/30/05	3,000	3,000	1,714	429	0	-429
119	A/C Unit	6/19/07	1,100	1,100	880	220	0	-220
122	A/C Condenser	9/13/07	2,876	2,876	2,301	575	0	-575
123	Commercial Refrigerator	8/29/07	1,992	1,992	1,594	398	0	-398
127	Furniture-donated	11/04/09	3,350	3,350	2,680	670	0	-670
133	Night Manager's Refrigerator	11/25/13	775	775	620	155	0	-155
135	LazyBoy Recliner x4	8/18/14	1,200	1,200	960	240	0	-240
136	Tempurpedic Mattresses	8/31/14	22,100	22,100	17,680	4,420	0	-4,420
138	2 Stoves, 1 Dishwasher	8/31/14	2,400	2,400	1,920	480	0	-480
139	2 big washers, 2 dryers	9/21/14	3,054	3,054	2,443	611	0	-611
140	Microwave- Family Room	2/19/15	224	224	179	45	0	-45
141	Security Camera - Family Room	1/23/15	1,279	1,279	1,023	256	0	-256
142	Ice Machine	10/02/15	1,550	1,550	1,240	310	0	-310
143	Washing Machine - Family	10/15/15	494	494	395	99	0	-99
144	Replacement Coil - Large	12/02/15	1,150	1,150	920	230	0	-230
145	Conference Room Media	3/07/16	1,097	1,097	878	219	0	-219
146	PTAC Units-5 each	4/26/16	3,325	3,325	2,660	665	0	-665
147	Lazy Boy Chair Sofa Sleeper	2/11/16	1,392	1,392	1,114	278	0	-278
148	Lazy Boy Love Seat Sofa	2/11/16	1,906	1,906	1,525	381	0	-381
149	Deluxe Office Chair	1/26/16	285	285	228	57	0	-57

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Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
151	3 Ton Compressor w/ 50	8/04/15	2,200	2,200	1,760	440	0	-440
152	100 Gallon Water Heater	11/17/15	4,491	4,491	3,593	898	0	-898
153	50 Gallon Water Heater	2/24/16	721	721	577	144	0	-144
154	Two Microwaves	9/01/16	263	263	211	52	0	-52
155	Donated 2 - Twin Sofa Slp	2/14/17	2,200	2,200	1,760	440	220	-220
156	Lenovo Desktop Computer	6/23/17	1,011	1,011	809	202	101	-101
157	Dishwasher	9/08/17	414	414	331	83	68	-15
158	12 40" TV's	2/16/17	3,278	3,278	2,622	656	328	-328
159	TV Mounting Brackets	2/13/17	1,407	1,407	1,125	282	141	-141
160	4 Blue Ray Players	2/09/17	250	250	200	50	25	-25
161	3-32" TV's	2/09/17	597	597	477	120	60	-60
162	24 Q & 7 Twin headboard	10/26/17	3,268	3,268	2,614	654	327	-327
164	Memorial Garden	10/24/94	8,849	8,849	2,360	590	0	-590
165	Memorial Garden	7/10/96	56	56	15	4	0	-4
166	Memorial Garden Improvements	2/16/16	900	900	720	180	0	-180
167	Memorial Garden Fountains	3/04/16	950	950	760	190	0	-190
168	Land	9/30/86	96,000	96,000	0	0	0	0
169	Land-1.172 Acres-Donated	12/03/97	17,580	17,580	0	0	0	0
170	Donated Land	2/01/02	17,000	17,000	0	0	0	0
171	Land Improvements	6/30/98	200	200	114	29	0	-29
172	Two Memorial Trees	2/11/16	1,200	1,200	960	240	0	-240
173	Surveilence for kitchen and play areas	2/23/18	5,933	5,933	4,548	1,187	1,187	0
174	Donated LazyBoy Twin Sofa Sleepers (2)	5/31/18	3,598	3,598	2,579	719	719	0
175	Computer for Mark/Finance Office	10/02/18	1,017	1,017	661	203	203	0
176	HP 8710 printer	12/05/18	115	115	71	23	23	0
179	Donated Chest Freezer	9/30/19	400	400	180	80	80	0
180	Donated Refrigerator for Small Kitchen	8/31/19	500	500	233	100	100	0
182	Tempur-Pedic Mattresses	5/15/20	8,545	8,545	2,848	1,709	1,709	0
183	Xerox Copier	6/30/20	5,510	5,510	1,653	1,102	1,102	0
184	Bell Air Conditioning HVAC Donated Services	7/15/20	3,831	3,831	1,149	767	767	0
186	10 Miniture refrgerators for guest rooms	9/29/20	1,490	1,490	373	298	298	0
187	Wayfair shower mats	12/01/20	300	300	65	60	60	0
190	Exceed Software Upgrade	3/31/21	17,123	17,123	4,756	5,708	0	-5,708
196	Solar X Window Screens	4/30/22	2,200	2,200	0	38	38	0
197	New Computers	8/16/22	2,903	2,903	0	138	138	0
198	Tempur pedic Mattress	4/30/22	31,060	31,060	0	2,958	2,958	0
199	Mattress Bedding	8/09/22	549	549	0	33	33	0
200	2 Ovens	6/21/22	1,433	1,433	0	102	102	0
201	10 mini fridges	7/06/22	1,771	1,771	0	127	127	0
202	Mini fridge	7/20/22	177	177	0	11	11	0
203	2 PTACS	10/18/22	1,914	1,914	0	46	46	0
Total Other Depreciation			2,182,054	2,182,054	1,405,517	115,935	56,054	-59,881
Total ACRS and Other Depreciation			2,182,054	2,182,054	1,405,517	115,935	56,054	-59,881
Grand Totals			2,455,297	2,455,297	1,424,699	125,311	56,054	-69,257
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			2,455,297	2,455,297	1,424,699	125,311	56,054	-69,257

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
12	A/C Unit	9/09/10	1,975			X	0	5 HY 200DB	1,975	0
13	Donated Exterior Signs	11/28/11	1,772			X	0	10 HY 200DB	1,772	0
18	Horizontal Furn & A-Coi	6/20/12	6,799			X	3,400	5 HY 200DB	6,799	0
20	New Fire Panel	10/05/12	1,750			X	875	5 HY 200DB	1,750	0
21	New Escucheons	9/24/12	1,639			X	820	5 HY 200DB	1,639	0
28	2011 Toyota Sienna	9/03/10	27,566			X	13,783	5 HY 200DB	27,566	0
31	Donated Picture-Ocean	12/31/98	171				171	3 HY 150DB	0	0
70	2 Side Chairs	12/31/98	250				250	7 HY 150DB	250	0
95	TRS Telephone Systems	2/06/02	4,213			X	2,949	5 HY 200DB	4,213	0
96	Boardroom Chairs	1/29/02	9,520			X	6,664	7 HY 200DB	9,520	0
97	Classic Tool-Pictures	3/11/02	3,595			X	2,517	7 HY 200DB	3,595	0
98	Ronald on a Bench	3/20/02	1,059			X	741	7 HY 200DB	1,059	0
99	Casey's Furniture	3/26/02	4,587			X	3,211	7 HY 200DB	4,587	0
100	Southwest Cont - Furniture	3/29/02	11,101			X	7,771	7 HY 200DB	11,101	0
101	Blinds/Shades	4/09/02	2,260			X	1,582	7 HY 200DB	2,260	0
102	Playground	5/13/02	9,603			X	6,722	7 HY 200DB	9,603	0
103	Casey's Furniture - Lamp	5/23/02	218			X	153	7 HY 200DB	218	0
104	Ice Maker	6/25/02	983			X	688	7 HY 200DB	983	0
105	Exceed Software	4/26/02	6,890			X	4,823	5 HY 200DB	6,890	0
106	Casey's Furniture	3/28/02	26,210			X	18,347	7 HY 200DB	26,210	0
107	Casey's Furniture	4/09/02	8,071			X	5,650	7 HY 200DB	8,071	0
108	Class Picture Co	4/09/02	802			X	562	7 HY 200DB	802	0
109	SW Contract - Furniture	2/15/02	10,228			X	7,160	7 HY 200DB	10,228	0
110	Security Desk	2/10/04	1,017			X	509	7 HY 200DB	1,017	0
115	A/C Unit Room 5	5/12/06	1,100				1,100	5 HY 150DB	1,100	0
116	A/C Unit Room 14	7/12/06	1,100				1,100	5 HY 150DB	1,100	0
117	A/C Unit Room 6	8/18/06	1,100				1,100	5 HY 150DB	1,100	0
118	A/C #2	10/27/06	1,200				1,200	5 HY 150DB	1,200	0
124	2 dryers - donated	7/01/08	780			X	390	5 HY 200DB	780	0
125	1 donated dishwasher	7/01/08	417			X	208	5 HY 200DB	417	0
126	3 ton AC unit	9/26/08	1,895			X	947	5 HY 200DB	1,895	0
130	Tempur Pedic Beds	2/01/12	72,354			X	36,177	5 HY 200DB	72,354	0
150	1 Washers-doanted	7/01/08	450			X	225	5 HY 200DB	450	0
163	Classic Tool - Pictures	4/01/02	3,229			X	2,260	7 HY 200DB	3,229	0
177	2 Lenovo ThinkCentre PC	9/12/19	3,697			X	0	5 HY 200DB	3,697	0
178	Dell Tower Server	9/12/19	5,199			X	0	5 HY 200DB	5,199	0
181	Mark's PC	1/03/20	874			X	0	5 HY 200DB	874	0
185	TRS Telephone System	8/26/20	11,738			X	0	5 HY 200DB	11,738	0
188	New Computers for ED	12/16/20	2,619			X	0	5 HY 200DB	2,619	0
189	New A/C Unit	6/14/21	2,000			X	0	15 HY S/L	2,000	0
191	2 Lazy boys Sofa Sleepers	5/31/21	3,178			X	0	7 HY 200DB	3,178	0
192	Tempurpedic Mattresses	4/15/21	14,700			X	0	7 HY 200DB	14,700	0
193	New Deep Freezer	9/24/21	809			X	0	7 HY 200DB	809	0
194	New Washer & Dryer for Laundry Room	10/20/21	1,168			X	0	7 HY 200DB	1,168	0
195	2 New Washers for Laundry Room	12/13/21	1,528			X	0	7 HY 200DB	1,528	0
			<u>273,414</u>				<u>134,055</u>		<u>273,243</u>	<u>0</u>

Other Depreciation:

1	Building	9/30/86	307,966				307,966	19 MO S/L	307,966	0
2	Building Addition	12/01/92	0				0	0 HY	0	0
3	Bldg Addition-Donated	3/19/93	0				0	0 HY	0	0
4	Building Addition	3/19/93	0				0	0 HY	0	0
8	Crw-Porch-Driveway	6/22/00	17,436				17,436	19 MO S/L	17,436	0
9	Building Addition	5/19/02	1,211,530				1,211,530	30 MO S/L	805,192	40,384
11	Gutters	9/29/09	0				0	0 HY	0	0
15	2 Outdoor A/C Units	3/18/11	4,440				4,440	10 MO S/L	4,440	0
16	3 PTAC Units	9/09/11	1,693				1,693	10 MO S/L	1,693	0
17	New Gutters	5/18/12	0				0	0 HY	0	0
19	Replace A/C Unit	12/31/12	2,296				2,296	10 MO S/L	2,296	0
22	Hoescher Flooring Install	2/17/16	0				0	0 HY	0	0
23	Metflor Corp-Flooring	1/15/16	0				0	0 HY	0	0
24	Lochridge Priest-HVAC	10/10/16	0				0	0 HY	0	0
25	Kaba Lock System	10/10/16	0				0	0 HY	0	0
26	New 5 ton Goodman HVAC	2/27/17	0				0	0 HY	0	0
27	Trailer	5/01/01	0				0	0 HY	0	0
29	Donated 3-Disney Print	12/31/98	0				0	0 HY	0	0
30	Donated Picture-Noah	12/31/98	0				0	0 HY	0	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
32	Donated Picture-Dinosaur	12/31/98	0				0	0	HY	0	0
33	Donated Pictures-2	12/31/98	0				0	0	HY	0	0
34	Donated F&F	1/01/86	0				0	0	HY	0	0
35	Furn & Fixtures	9/30/86	0				0	0	HY	0	0
36	Furniture & Fixtures	9/30/87	0				0	0	HY	0	0
37	Furniture	10/31/87	0				0	0	HY	0	0
38	Donated F & F	4/01/88	0				0	0	HY	0	0
39	Patio Furniture	6/30/88	0				0	0	HY	0	0
40	Donated Furniture & Fix	4/01/90	0				0	0	HY	0	0
42	Donated F & F	4/01/92	0				0	0	HY	0	0
43	Donated F&F	4/01/93	0				0	0	HY	0	0
44	Addl Sprinkler	8/04/92	0				0	0	HY	0	0
45	Donated F&F	4/01/93	0				0	0	HY	0	0
46	Furnishings	4/15/93	0				0	0	HY	0	0
47	Clock	4/27/93	0				0	0	HY	0	0
48	Laura White Shade	1/07/94	0				0	0	HY	0	0
49	Gutters	3/25/94	0				0	0	HY	0	0
50	Donated Gutters	3/25/94	0				0	0	HY	0	0
51	Sofa & Chair	4/12/94	0				0	0	HY	0	0
52	Office Furniture	4/18/94	0				0	0	HY	0	0
53	Donated Office Furniture	4/18/94	0				0	0	HY	0	0
54	File Cabinet	3/01/95	0				0	0	HY	0	0
56	North Pole Villa	12/01/95	0				0	0	HY	0	0
57	Office Desk	3/01/96	0				0	0	HY	0	0
58	Furniture	3/01/96	0				0	0	HY	0	0
59	Donated-Picnic Table	3/01/96	0				0	0	HY	0	0
63	Sprinkler System	8/05/96	0				0	0	HY	0	0
64	Addn To Fire Alarm	9/16/96	0				0	0	HY	0	0
65	Equip Frm Frinne	6/06/97	0				0	0	HY	0	0
66	4 Office Chairs	12/08/97	0				0	0	HY	0	0
67	Donated Patio Furniture	12/31/98	0				0	0	HY	0	0
69	Donated Desk	12/31/98	0				0	0	HY	0	0
71	File Cabinet	12/31/98	0				0	0	HY	0	0
73	Donated Deep Freezer	12/30/98	0				0	0	HY	0	0
74	Donated Area Rug	12/31/98	0				0	0	HY	0	0
75	Donated Floral Swag	12/31/98	0				0	0	HY	0	0
76	Donated Mirror	12/31/98	0				0	0	HY	0	0
77	Donated Print	12/31/98	0				0	0	HY	0	0
78	Donated-Snow Villa	12/31/98	0				0	0	HY	0	0
79	Display Case	12/01/99	0				0	0	HY	0	0
80	Donated Sectional Couch	7/01/99	0				0	0	HY	0	0
84	Donated N Pole Village	12/01/99	0				0	0	HY	0	0
85	Maid Cart	12/01/99	0				0	0	HY	0	0
86	Dining Table and Chairs	8/18/99	0				0	0	HY	0	0
88	Refrigerator	2/14/00	0				0	0	HY	0	0
90	Telephone System	8/31/01	0				0	0	HY	0	0
91	Freezer	1/17/01	0				0	0	HY	0	0
93	Sofa & 2 Chairs	12/11/01	0				0	0	HY	0	0
94	Appliances from Whirlpool	2/01/02	0				0	0	HY	0	0
111	A/C Units	7/27/05	0				0	0	HY	0	0
113	A/C Condensor	9/23/05	0				0	0	HY	0	0
114	Donated Appliances	9/30/05	0				0	0	HY	0	0
119	A/C Unit	6/19/07	0				0	0	HY	0	0
122	A/C Condenser	9/13/07	0				0	0	HY	0	0
123	Commercial Refrigerator	8/29/07	0				0	0	HY	0	0
127	Furniture-donated	11/04/09	0				0	0	HY	0	0
133	Night Manager's Refrigerator	11/25/13	0				0	0	HY	0	0
135	LazyBoy Recliner x4	8/18/14	0				0	0	HY	0	0
136	Tempurpedic Mattresses	8/31/14	0				0	0	HY	0	0
138	2 Stoves, 1 Dishwasher	8/31/14	0				0	0	HY	0	0
139	2 big washers, 2 dryers	9/21/14	0				0	0	HY	0	0
140	Microwave- Family Room	2/19/15	0				0	0	HY	0	0
141	Security Camera - Family Room	1/23/15	0				0	0	HY	0	0
142	Ice Machine	10/02/15	0				0	0	HY	0	0
143	Washing Machine - Family	10/15/15	0				0	0	HY	0	0
144	Replacement Coil - Large	12/02/15	0				0	0	HY	0	0
145	Conference Room Media	3/07/16	0				0	0	HY	0	0
146	PTAC Units-5 each	4/26/16	0				0	0	HY	0	0
147	Lazy Boy Chair Sofa Sleeper	2/11/16	0				0	0	HY	0	0
148	Lazy Boy Love Seat Sofa	2/11/16	0				0	0	HY	0	0
149	Deluxe Office Chair	1/26/16	0				0	0	HY	0	0

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
151	3 Ton Compressor w/ 50	8/04/15	0				0	0	HY	0	0
152	100 Gallon Water Heater	11/17/15	0				0	0	HY	0	0
153	50 Gallon Water Heater	2/24/16	0				0	0	HY	0	0
154	Two Microwaves	9/01/16	0				0	0	HY	0	0
155	Donated 2 - Twin Sofa Slp	2/14/17	0				0	0	HY	0	0
156	Lenovo Desktop Computer	6/23/17	0				0	0	HY	0	0
157	Dishwasher	9/08/17	0				0	0	HY	0	0
158	12 40" TV's	2/16/17	0				0	0	HY	0	0
159	TV Mounting Brackets	2/13/17	0				0	0	HY	0	0
160	4 Blue Ray Players	2/09/17	0				0	0	HY	0	0
161	3-32" TV's	2/09/17	0				0	0	HY	0	0
162	24 Q & 7 Twin headboard	10/26/17	0				0	0	HY	0	0
164	Memorial Garden	10/24/94	0				0	0	HY	0	0
165	Memorial Garden	7/10/96	0				0	0	HY	0	0
166	Memorial Garden Improvements	2/16/16	0				0	0	HY	0	0
167	Memorial Garden Fountains	3/04/16	0				0	0	HY	0	0
168	Land	9/30/86	0				0	0	HY	0	0
169	Land-1.172 Acres-Donated	12/03/97	0				0	0	HY	0	0
170	Donated Land	2/01/02	0				0	0	HY	0	0
171	Land Improvements	6/30/98	0				0	0	HY	0	0
172	Two Memorial Trees	2/11/16	0				0	0	HY	0	0
173	Surveilence for kitchen and play areas	2/23/18	0				0	0	HY	0	0
174	Donated LazyBoy Twin Sofa Sleepers (2)	5/31/18	0				0	0	HY	0	0
175	Computer for Mark/Finance Office	10/02/18	0				0	0	HY	0	0
176	HP 8710 printer	12/05/18	0				0	0	HY	0	0
179	Donated Chest Freezer	9/30/19	400				400	5	MO S/L	180	80
180	Donated Refrigerator for Small Kitchen	8/31/19	500				500	5	MO S/L	233	100
182	Tempur-Pedic Mattresses	5/15/20	8,545				8,545	5	MO S/L	2,848	1,709
183	Xerox Copier	6/30/20	5,510				5,510	5	MO S/L	1,653	1,102
184	Bell Air Conditioning HVAC Donated Services	7/15/20	3,831				3,831	5	MO S/L	1,149	767
186	10 Miniture refrgerators for guest rooms	9/29/20	1,490				1,490	5	MO S/L	373	298
187	Wayfair shower mats	12/01/20	300				300	5	MO S/L	65	60
196	Solar X Window Screens	4/30/22	0				0	0	HY	0	0
197	New Computers	8/16/22	0				0	0	HY	0	0
198	Tempur pedic Mattress	4/30/22	0				0	0	HY	0	0
199	Mattress Bedding	8/09/22	0				0	0	HY	0	0
200	2 Ovens	6/21/22	0				0	0	HY	0	0
201	10 mini fridges	7/06/22	0				0	0	HY	0	0
202	Mini fridge	7/20/22	0				0	0	HY	0	0
203	2 PTACS	10/18/22	0				0	0	HY	0	0
	Total Other Depreciation		<u>1,565,937</u>				<u>1,565,937</u>			<u>1,145,524</u>	<u>44,500</u>
	Total ACRS and Other Depreciation		<u>1,565,937</u>				<u>1,565,937</u>			<u>1,145,524</u>	<u>44,500</u>
	Grand Totals		1,839,351				1,699,992			1,418,767	44,500
	Less: Dispositions and Transfers		0				0			0	0
	Net Grand Totals		<u>1,839,351</u>				<u>1,699,992</u>			<u>1,418,767</u>	<u>44,500</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
12	A/C Unit	9/09/10	1,975		0	0	1,975	0
13	Donated Exterior Signs	11/28/11	1,772		0	0	1,772	0
18	Horizontal Furn & A-Coi	6/20/12	6,799		0	0	3,399	3,400
20	New Fire Panel	10/05/12	1,750		0	0	875	875
21	New Escucheons	9/24/12	1,639		0	0	819	820
28	2011 Toyota Sienna	9/03/10	27,566		0	0	13,783	13,783
95	TRS Telephone Systems	2/06/02	4,213		0	0	1,264	2,949
96	Boardroom Chairs	1/29/02	9,520		0	0	2,856	6,664
97	Classic Tool-Pictures	3/11/02	3,595		0	0	1,078	2,517
98	Ronald on a Bench	3/20/02	1,059		0	0	318	741
99	Casey's Furniture	3/26/02	4,587		0	0	1,376	3,211
100	Southwest Cont - Furniture	3/29/02	11,101		0	0	3,330	7,771
101	Blinds/Shades	4/09/02	2,260		0	0	678	1,582
102	Playground	5/13/02	9,603		0	0	2,881	6,722
103	Casey's Furniture - Lamp	5/23/02	218		0	0	65	153
104	Ice Maker	6/25/02	983		0	0	295	688
105	Exceed Software	4/26/02	6,890		0	0	2,067	4,823
106	Casey's Furniture	3/28/02	26,210		0	0	7,863	18,347
107	Casey's Furniture	4/09/02	8,071		0	0	2,421	5,650
108	Class Picture Co	4/09/02	802		0	0	240	562
109	SW Contract - Furniture	2/15/02	10,228		0	0	3,068	7,160
110	Security Desk	2/10/04	1,017		0	0	508	509
124	2 dryers - donated	7/01/08	780		0	0	390	390
125	1 donated dishwasher	7/01/08	417		0	0	209	208
126	3 ton AC unit	9/26/08	1,895		0	0	948	947
130	Tempur Pedic Beds	2/01/12	72,354		0	0	36,177	36,177
150	1 Washers-doanted	7/01/08	450		0	0	225	225
163	Classic Tool - Pictures	4/01/02	3,229		0	0	969	2,260
177	2 Lenovo ThinkCentre PC	9/12/19	3,697		0	0	3,697	0
178	Dell Tower Server	9/12/19	5,199		0	0	5,199	0
181	Mark's PC	1/03/20	874		0	0	874	0
185	TRS Telephone System	8/26/20	11,738		0	0	11,738	0
188	New Computers for ED	12/16/20	2,619		0	0	2,619	0
189	New A/C Unit	6/14/21	2,000		0	0	2,000	0
190	Exceed Software Upgrade	3/31/21	17,123		0	0	17,123	0
191	2 Lazy boys Sofa Sleepers	5/31/21	3,178		0	0	3,178	0
192	Tempurpedic Mattresses	4/15/21	14,700		0	0	14,700	0
193	New Deep Freezer	9/24/21	809		0	0	809	0
194	New Washer & Dryer for Laundry Room	10/20/21	1,168		0	0	1,168	0
195	2 New Washers for Laundry Room	12/13/21	1,528		0	0	1,528	0
	Grand Total		<u>285,616</u>		<u>0</u>	<u>0</u>	<u>156,482</u>	<u>129,134</u>

Depreciation Adjustment Report**All Business Activities**AMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	
MACRS Adjustments:						
Page 1	1	12	A/C Unit	0	0	0
Page 1	1	13	Donated Exterior Signs	0	0	0
Page 1	1	18	Horizontal Furn & A-Coi	0	0	0
Page 1	1	20	New Fire Panel	0	0	0
Page 1	1	21	New Escucheons	0	0	0
Page 1	1	28	2011 Toyota Sienna	0	0	0
Page 1	1	70	2 Side Chairs	0	0	0
Page 1	1	95	TRS Telephone Systems	0	0	0
Page 1	1	96	Boardroom Chairs	0	0	0
Page 1	1	97	Classic Tool-Pictures	0	0	0
Page 1	1	98	Ronald on a Bench	0	0	0
Page 1	1	99	Casey's Furniture	0	0	0
Page 1	1	100	Southwest Cont - Furniture	0	0	0
Page 1	1	101	Blinds/Shades	0	0	0
Page 1	1	102	Playground	0	0	0
Page 1	1	103	Casey's Furniture - Lamp	0	0	0
Page 1	1	104	Ice Maker	0	0	0
Page 1	1	105	Exceed Software	0	0	0
Page 1	1	106	Casey's Furniture	0	0	0
Page 1	1	107	Casey's Furniture	0	0	0
Page 1	1	108	Class Picture Co	0	0	0
Page 1	1	109	SW Contract - Furniture	0	0	0
Page 1	1	110	Security Desk	0	0	0
Page 1	1	115	A/C Unit Room 5	0	0	0
Page 1	1	116	A/C Unit Room 14	0	0	0
Page 1	1	117	A/C Unit Room 6	0	0	0
Page 1	1	118	A/C #2	0	0	0
Page 1	1	124	2 dryers - donated	0	0	0
Page 1	1	125	1 donated dishwasher	0	0	0
Page 1	1	126	3 ton AC unit	0	0	0
Page 1	1	130	Tempur Pedic Beds	0	0	0
Page 1	1	150	1 Washers-doanted	0	0	0
Page 1	1	163	Classic Tool - Pictures	0	0	0
Page 1	1	177	2 Lenovo ThinkCentre PC	0	0	0
Page 1	1	178	Dell Tower Server	0	0	0
Page 1	1	181	Mark's PC	0	0	0
Page 1	1	185	TRS Telephone System	0	0	0
Page 1	1	188	New Computers for ED	0	0	0
Page 1	1	189	New A/C Unit	0	0	0
Page 1	1	191	2 Lazy boys Sofa Sleepers	0	0	0
Page 1	1	192	Tempurpedic Mattresses	0	0	0
Page 1	1	193	New Deep Freezer	0	0	0
Page 1	1	194	New Washer & Dryer for Laundry Room	0	0	0
Page 1	1	195	2 New Washers for Laundry Room	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
12	A/C Unit	9/09/10	1,975	0	0
13	Donated Exterior Signs	11/28/11	1,772	0	0
18	Horizontal Furn & A-Coi	6/20/12	6,799	0	0
20	New Fire Panel	10/05/12	1,750	0	0
21	New Escucheons	9/24/12	1,639	0	0
28	2011 Toyota Sienna	9/03/10	27,566	0	0
70	2 Side Chairs	12/31/98	250	0	0
95	TRS Telephone Systems	2/06/02	4,213	0	0
96	Boardroom Chairs	1/29/02	9,520	0	0
97	Classic Tool-Pictures	3/11/02	3,595	0	0
98	Ronald on a Bench	3/20/02	1,059	0	0
99	Casey's Furniture	3/26/02	4,587	0	0
100	Southwest Cont - Furniture	3/29/02	11,101	0	0
101	Blinds/Shades	4/09/02	2,260	0	0
102	Playground	5/13/02	9,603	0	0
103	Casey's Furniture - Lamp	5/23/02	218	0	0
104	Ice Maker	6/25/02	983	0	0
105	Exceed Software	4/26/02	6,890	0	0
106	Casey's Furniture	3/28/02	26,210	0	0
107	Casey's Furniture	4/09/02	8,071	0	0
108	Class Picture Co	4/09/02	802	0	0
109	SW Contract - Furniture	2/15/02	10,228	0	0
110	Security Desk	2/10/04	1,017	0	0
115	A/C Unit Room 5	5/12/06	1,100	0	0
116	A/C Unit Room 14	7/12/06	1,100	0	0
117	A/C Unit Room 6	8/18/06	1,100	0	0
118	A/C #2	10/27/06	1,200	0	0
124	2 dryers - donated	7/01/08	780	0	0
125	1 donated dishwasher	7/01/08	417	0	0
126	3 ton AC unit	9/26/08	1,895	0	0
130	Tempur Pedic Beds	2/01/12	72,354	0	0
150	1 Washers-doanted	7/01/08	450	0	0
163	Classic Tool - Pictures	4/01/02	3,229	0	0
177	2 Lenovo ThinkCentre PC	9/12/19	3,697	0	0
178	Dell Tower Server	9/12/19	5,199	0	0
181	Mark's PC	1/03/20	874	0	0
185	TRS Telephone System	8/26/20	11,738	0	0
188	New Computers for ED	12/16/20	2,619	0	0
189	New A/C Unit	6/14/21	2,000	0	0
191	2 Lazy boys Sofa Sleepers	5/31/21	3,178	0	0
192	Tempurpedic Mattresses	4/15/21	14,700	0	0
193	New Deep Freezer	9/24/21	809	0	0
194	New Washer & Dryer for Laundry Room	10/20/21	1,168	0	0
195	2 New Washers for Laundry Room	12/13/21	1,528	0	0
			<u>273,243</u>	<u>0</u>	<u>0</u>

Other Depreciation:

1	Building	9/30/86	307,966	0	0
2	Building Addition	12/01/92	19,694	0	0
3	Bldg Addition-Donated	3/19/93	12,000	0	0
4	Building Addition	3/19/93	14,902	0	0
8	Crw-Porch-Driveway	6/22/00	17,436	0	0
9	Building Addition	5/19/02	1,211,530	40,384	40,384
11	Gutters	9/29/09	1,499	0	0
15	2 Outdoor A/C Units	3/18/11	4,440	297	0
16	3 PTAC Units	9/09/11	1,693	0	0
17	New Gutters	5/18/12	2,645	0	0
19	Replace A/C Unit	12/31/12	2,296	0	0
22	Hoescher Flooring Install	2/17/16	12,065	862	0
23	Metflor Corp-Flooring	1/15/16	14,619	1,044	0
24	Lochridge Priest-HVAC	10/10/16	4,900	0	0
25	Kaba Lock System	10/10/16	12,685	0	0
26	New 5 ton Goodman HVAC	2/27/17	3,111	0	0
27	Trailer	5/01/01	3,730	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
29	Donated 3-Disney Print	12/31/98	9,000	0	0
30	Donated Picture-Noah	12/31/98	178	0	0
31	Donated Picture-Ocean	12/31/98	171	0	0
32	Donated Picture-Dinosaur	12/31/98	331	0	0
33	Donated Pictures-2	12/31/98	350	0	0
34	Donated F&F	1/01/86	98,978	0	0
35	Furn & Fixtures	9/30/86	16,847	0	0
36	Furniture & Fixtures	9/30/87	8,906	0	0
37	Furniture	10/31/87	2,840	0	0
38	Donated F & F	4/01/88	1,598	0	0
39	Patio Furniture	6/30/88	148	0	0
40	Donated Furniture & Fix	4/01/90	550	0	0
42	Donated F & F	4/01/92	215	0	0
43	Donated F&F	4/01/93	2,885	0	0
44	Addl Sprinkler	8/04/92	548	0	0
45	Donated F&F	4/01/93	6,025	0	0
46	Furnishings	4/15/93	944	0	0
47	Clock	4/27/93	249	0	0
48	Laura White Shade	1/07/94	425	0	0
49	Gutters	3/25/94	368	0	0
50	Donated Gutters	3/25/94	158	0	0
51	Sofa & Chair	4/12/94	800	0	0
52	Office Furniture	4/18/94	200	0	0
53	Donated Office Furniture	4/18/94	500	0	0
54	File Cabinet	3/01/95	100	0	0
56	North Pole Villa	12/01/95	1,003	0	0
57	Office Desk	3/01/96	450	0	0
58	Furniture	3/01/96	2,184	0	0
59	Donated-Picnic Table	3/01/96	552	0	0
63	Sprinkler System	8/05/96	12,547	0	0
64	Addn To Fire Alarm	9/16/96	81	0	0
65	Equip Frm Frinne	6/06/97	6,340	0	0
66	4 Office Chairs	12/08/97	2,800	0	0
67	Donated Patio Furniture	12/31/98	250	0	0
69	Donated Desk	12/31/98	300	0	0
71	File Cabinet	12/31/98	125	0	0
73	Donated Deep Freezer	12/30/98	279	0	0
74	Donated Area Rug	12/31/98	50	0	0
75	Donated Floral Swag	12/31/98	30	0	0
76	Donated Mirror	12/31/98	35	0	0
77	Donated Print	12/31/98	35	0	0
78	Donated-Snow Villa	12/31/98	500	0	0
79	Display Case	12/01/99	150	0	0
80	Donated Sectional Couch	7/01/99	2,000	0	0
84	Donated N Pole Village	12/01/99	1,000	0	0
85	Maid Cart	12/01/99	150	0	0
86	Dining Table and Chairs	8/18/99	1,050	0	0
88	Refrigerator	2/14/00	723	0	0
90	Telephone System	8/31/01	6,197	0	0
91	Freezer	1/17/01	549	0	0
93	Sofa & 2 Chairs	12/11/01	2,339	0	0
94	Appliances from Whirlpool	2/01/02	25,812	0	0
111	A/C Units	7/27/05	8,197	0	0
113	A/C Condensor	9/23/05	1,980	0	0
114	Donated Appliances	9/30/05	3,000	0	0
119	A/C Unit	6/19/07	1,100	0	0
122	A/C Condenser	9/13/07	2,876	0	0
123	Commercial Refrigerator	8/29/07	1,992	0	0
127	Furniture-donated	11/04/09	3,350	0	0
133	Night Manager's Refrigerator	11/25/13	775	0	0
135	LazyBoy Recliner x4	8/18/14	1,200	0	0
136	Tempurpedic Mattresses	8/31/14	22,100	0	0
138	2 Stoves, 1 Dishwasher	8/31/14	2,400	0	0
139	2 big washers, 2 dryers	9/21/14	3,054	0	0
140	Microwave- Family Room	2/19/15	224	0	0
141	Security Camera - Family Room	1/23/15	1,279	0	0
142	Ice Machine	10/02/15	1,550	0	0
143	Washing Machine - Family	10/15/15	494	0	0
144	Replacement Coil - Large	12/02/15	1,150	0	0
145	Conference Room Media	3/07/16	1,097	0	0
146	PTAC Units-5 each	4/26/16	3,325	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
147	Lazy Boy Chair Sofa Sleeper	2/11/16	1,392	0	0
148	Lazy Boy Love Seat Sofa	2/11/16	1,906	0	0
149	Deluxe Office Chair	1/26/16	285	0	0
151	3 Ton Compressor w/ 50	8/04/15	2,200	0	0
152	100 Gallon Water Heater	11/17/15	4,491	0	0
153	50 Gallon Water Heater	2/24/16	721	0	0
154	Two Microwaves	9/01/16	263	0	0
155	Donated 2 - Twin Sofa Slp	2/14/17	2,200	0	0
156	Lenovo Desktop Computer	6/23/17	1,011	0	0
157	Dishwasher	9/08/17	414	0	0
158	12 40" TV's	2/16/17	3,278	0	0
159	TV Mounting Brackets	2/13/17	1,407	0	0
160	4 Blue Ray Players	2/09/17	250	0	0
161	3-32" TV's	2/09/17	597	0	0
162	24 Q & 7 Twin headboard	10/26/17	3,268	0	0
164	Memorial Garden	10/24/94	8,849	0	0
165	Memorial Garden	7/10/96	56	0	0
166	Memorial Garden Improvements	2/16/16	3,000	0	0
167	Memorial Garden Fountains	3/04/16	950	0	0
168	Land	9/30/86	96,000	0	0
169	Land-1.172 Acres-Donated	12/03/97	17,580	0	0
170	Donated Land	2/01/02	17,000	0	0
171	Land Improvements	6/30/98	200	0	0
172	Two Memorial Trees	2/11/16	1,200	0	0
173	Surveillance for kitchen and play areas	2/23/18	5,933	198	0
174	Donated LazyBoy Twin Sofa Sleepers (2)	5/31/18	3,598	300	0
175	Computer for Mark/Finance Office	10/02/18	1,017	153	0
176	HP 8710 printer	12/05/18	115	21	0
179	Donated Chest Freezer	9/30/19	400	80	80
180	Donated Refrigerator for Small Kitchen	8/31/19	500	100	100
182	Tempur-Pedic Mattresses	5/15/20	8,545	1,709	1,709
183	Xerox Copier	6/30/20	5,510	1,102	1,102
184	Bell Air Conditioning HVAC Donated Services	7/15/20	3,831	766	766
186	10 Miniture refrgerators for guest rooms	9/29/20	1,490	298	298
187	Wayfair shower mats	12/01/20	300	60	60
190	Exceed Software Upgrade	3/31/21	17,123	0	0
196	Solar X Window Screens	4/30/22	2,200	56	0
197	New Computers	8/16/22	2,903	415	0
198	Tempur pedic Mattress	4/30/22	31,060	4,437	0
199	Mattress Bedding	8/09/22	549	78	0
200	2 Ovens	6/21/22	1,433	205	0
201	10 mini fridges	7/06/22	1,771	253	0
202	Mini fridge	7/20/22	177	25	0
203	2 PTACS	10/18/22	1,914	273	0
	Total Other Depreciation		<u>2,188,086</u>	<u>53,116</u>	<u>44,499</u>
	Total ACRS and Other Depreciation		<u>2,188,086</u>	<u>53,116</u>	<u>44,499</u>
	Grand Totals		<u>2,461,329</u>	<u>53,116</u>	<u>44,499</u>

Asset	Description	Date In Service	Cost	TX
Prior MACRS:				
12	A/C Unit	9/09/10	1,975	0
13	Donated Exterior Signs	11/28/11	1,772	0
18	Horizontal Furn & A-Coi	6/20/12	6,799	0
20	New Fire Panel	10/05/12	1,750	0
21	New Escucheons	9/24/12	1,639	0
28	2011 Toyota Sienna	9/03/10	27,566	0
70	2 Side Chairs	12/31/98	250	0
95	TRS Telephone Systems	2/06/02	4,213	0
96	Boardroom Chairs	1/29/02	9,520	0
97	Classic Tool-Pictures	3/11/02	3,595	0
98	Ronald on a Bench	3/20/02	1,059	0
99	Casey's Furniture	3/26/02	4,587	0
100	Southwest Cont - Furniture	3/29/02	11,101	0
101	Blinds/Shades	4/09/02	2,260	0
102	Playground	5/13/02	9,603	0
103	Casey's Furniture - Lamp	5/23/02	218	0
104	Ice Maker	6/25/02	983	0
105	Exceed Software	4/26/02	6,890	0
106	Casey's Furniture	3/28/02	26,210	0
107	Casey's Furniture	4/09/02	8,071	0
108	Class Picture Co	4/09/02	802	0
109	SW Contract - Furniture	2/15/02	10,228	0
110	Security Desk	2/10/04	1,017	0
115	A/C Unit Room 5	5/12/06	1,100	0
116	A/C Unit Room 14	7/12/06	1,100	0
117	A/C Unit Room 6	8/18/06	1,100	0
118	A/C #2	10/27/06	1,200	0
124	2 dryers - donated	7/01/08	780	0
125	1 donated dishwasher	7/01/08	417	0
126	3 ton AC unit	9/26/08	1,895	0
130	Tempur Pedic Beds	2/01/12	72,354	0
150	1 Washers-doanted	7/01/08	450	0
163	Classic Tool - Pictures	4/01/02	3,229	0
177	2 Lenovo ThinkCentre PC	9/12/19	3,697	426
178	Dell Tower Server	9/12/19	5,199	599
181	Mark's PC	1/03/20	874	100
185	TRS Telephone System	8/26/20	11,738	1,353
188	New Computers for ED	12/16/20	2,619	302
189	New A/C Unit	6/14/21	2,000	171
191	2 Lazy boys Sofa Sleepers	5/31/21	3,178	556
192	Tempurpedic Mattresses	4/15/21	14,700	2,571
193	New Deep Freezer	9/24/21	809	141
194	New Washer & Dryer for Laundry Room	10/20/21	1,168	204
195	2 New Washers for Laundry Room	12/13/21	1,528	267
			<u>273,243</u>	<u>6,690</u>

Other Depreciation:

1	Building	9/30/86	307,966	0
2	Building Addition	12/01/92	19,694	0
3	Bldg Addition-Donated	3/19/93	12,000	0
4	Building Addition	3/19/93	14,902	784
8	Crw-Porch-Driveway	6/22/00	17,436	918
9	Building Addition	5/19/02	1,211,530	40,384
11	Gutters	9/29/09	1,499	0
15	2 Outdoor A/C Units	3/18/11	4,440	444
16	3 PTAC Units	9/09/11	1,693	169
17	New Gutters	5/18/12	2,645	264
19	Replace A/C Unit	12/31/12	2,296	230
22	Hoescher Flooring Install	2/17/16	12,065	1,723
23	Metflor Corp-Flooring	1/15/16	14,619	2,089
24	Lochridge Priest-HVAC	10/10/16	4,900	0
25	Kaba Lock System	10/10/16	12,685	0
26	New 5 ton Goodman HVAC	2/27/17	3,111	0
27	Trailer	5/01/01	3,730	533

Asset	Description	Date In Service	Cost	TX
29	Donated 3-Disney Print	12/31/98	9,000	1,285
30	Donated Picture-Noah	12/31/98	178	26
31	Donated Picture-Ocean	12/31/98	171	25
32	Donated Picture-Dinosaur	12/31/98	331	48
33	Donated Pictures-2	12/31/98	350	50
34	Donated F&F	1/01/86	98,978	14,139
35	Furn & Fixtures	9/30/86	16,847	1,053
36	Furniture & Fixtures	9/30/87	8,906	1,273
37	Furniture	10/31/87	2,840	405
38	Donated F & F	4/01/88	0	0
39	Patio Furniture	6/30/88	148	21
40	Donated Furniture & Fix	4/01/90	550	78
42	Donated F & F	4/01/92	215	30
43	Donated F&F	4/01/93	2,885	412
44	Addl Sprinkler	8/04/92	548	79
45	Donated F&F	4/01/93	6,025	860
46	Furnishings	4/15/93	944	135
47	Clock	4/27/93	249	35
48	Laura White Shade	1/07/94	425	60
49	Gutters	3/25/94	368	52
50	Donated Gutters	3/25/94	158	22
51	Sofa & Chair	4/12/94	800	115
52	Office Furniture	4/18/94	200	28
53	Donated Office Furniture	4/18/94	500	72
54	File Cabinet	3/01/95	100	15
56	North Pole Villa	12/01/95	1,003	144
57	Office Desk	3/01/96	450	65
58	Furniture	3/01/96	0	0
59	Donated-Picnic Table	3/01/96	552	79
63	Sprinkler System	8/05/96	12,547	1,793
64	Addn To Fire Alarm	9/16/96	81	11
65	Equip Frm Frinne	6/06/97	6,340	905
66	4 Office Chairs	12/08/97	2,800	0
67	Donated Patio Furniture	12/31/98	250	35
69	Donated Desk	12/31/98	300	43
71	File Cabinet	12/31/98	125	18
73	Donated Deep Freezer	12/30/98	279	40
74	Donated Area Rug	12/31/98	50	7
75	Donated Floral Swag	12/31/98	30	5
76	Donated Mirror	12/31/98	35	5
77	Donated Print	12/31/98	35	5
78	Donated-Snow Villa	12/31/98	500	72
79	Display Case	12/01/99	150	22
80	Donated Sectional Couch	7/01/99	2,000	285
84	Donated N Pole Village	12/01/99	1,000	143
85	Maid Cart	12/01/99	0	0
86	Dining Table and Chairs	8/18/99	1,050	150
88	Refrigerator	2/14/00	723	104
90	Telephone System	8/31/01	6,197	885
91	Freezer	1/17/01	549	79
93	Sofa & 2 Chairs	12/11/01	2,339	0
94	Appliances from Whirlpool	2/01/02	25,812	0
111	A/C Units	7/27/05	8,197	1,171
113	A/C Condensor	9/23/05	1,980	283
114	Donated Appliances	9/30/05	3,000	428
119	A/C Unit	6/19/07	1,100	0
122	A/C Condenser	9/13/07	2,876	0
123	Commercial Refrigerator	8/29/07	1,992	0
127	Furniture-donated	11/04/09	3,350	0
133	Night Manager's Refrigerator	11/25/13	775	0
135	LazyBoy Recliner x4	8/18/14	1,200	0
136	Tempurpedic Mattresses	8/31/14	22,100	0
138	2 Stoves, 1 Dishwasher	8/31/14	2,400	0
139	2 big washers, 2 dryers	9/21/14	3,054	0
140	Microwave- Family Room	2/19/15	224	0
141	Security Camera - Family Room	1/23/15	1,279	0
142	Ice Machine	10/02/15	1,550	0
143	Washing Machine - Family	10/15/15	494	0
144	Replacement Coil - Large	12/02/15	1,150	0
145	Conference Room Media	3/07/16	1,097	0
146	PTAC Units-5 each	4/26/16	3,325	0

Asset	Description	Date In Service	Cost	TX
147	Lazy Boy Chair Sofa Sleeper	2/11/16	1,392	0
148	Lazy Boy Love Seat Sofa	2/11/16	1,906	0
149	Deluxe Office Chair	1/26/16	285	0
151	3 Ton Compressor w/ 50	8/04/15	2,200	0
152	100 Gallon Water Heater	11/17/15	4,491	0
153	50 Gallon Water Heater	2/24/16	721	0
154	Two Microwaves	9/01/16	263	0
155	Donated 2 - Twin Sofa Slp	2/14/17	2,200	0
156	Lenovo Desktop Computer	6/23/17	1,011	0
157	Dishwasher	9/08/17	414	0
158	12 40" TV's	2/16/17	3,278	0
159	TV Mounting Brackets	2/13/17	1,407	0
160	4 Blue Ray Players	2/09/17	250	0
161	3-32" TV's	2/09/17	597	0
162	24 Q & 7 Twin headboard	10/26/17	3,268	0
164	Memorial Garden	10/24/94	8,849	590
165	Memorial Garden	7/10/96	56	3
166	Memorial Garden Improvements	2/16/16	900	0
167	Memorial Garden Fountains	3/04/16	950	0
168	Land	9/30/86	96,000	0
169	Land-1.172 Acres-Donated	12/03/97	17,580	0
170	Donated Land	2/01/02	17,000	0
171	Land Improvements	6/30/98	200	28
172	Two Memorial Trees	2/11/16	1,200	0
173	Surveilence for kitchen and play areas	2/23/18	5,933	198
174	Donated LazyBoy Twin Sofa Sleepers (2)	5/31/18	3,598	300
175	Computer for Mark/Finance Office	10/02/18	1,017	153
176	HP 8710 printer	12/05/18	115	21
179	Donated Chest Freezer	9/30/19	400	80
180	Donated Refrigerator for Small Kitchen	8/31/19	500	100
182	Tempur-Pedic Mattresses	5/15/20	8,545	1,709
183	Xerox Copier	6/30/20	5,510	1,102
184	Bell Air Conditioning HVAC Donated Services	7/15/20	3,831	766
186	10 Miniture refrgerators for guest rooms	9/29/20	1,490	298
187	Wayfair shower mats	12/01/20	300	60
190	Exceed Software Upgrade	3/31/21	17,123	5,708
196	Solar X Window Screens	4/30/22	2,200	56
197	New Computers	8/16/22	2,903	415
198	Tempur pedic Mattress	4/30/22	31,060	4,437
199	Mattress Bedding	8/09/22	549	78
200	2 Ovens	6/21/22	1,433	205
201	10 mini fridges	7/06/22	1,771	253
202	Mini fridge	7/20/22	177	25
203	2 PTACS	10/18/22	1,914	273
	Total Other Depreciation		<u>2,182,054</u>	<u>91,491</u>
	Total ACRS and Other Depreciation		<u>2,182,054</u>	<u>91,491</u>
	Grand Totals		<u>2,455,297</u>	<u>98,181</u>

Form **990****Event Income and Deduction Worksheet****2022**Description **GOLF TOURNAMENT**

Name

RONALD MCDONALD HOUSE CHARITIES OF

Taxpayer Identification Number

74-2345274

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

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>137,581</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	<u>137,581</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	<u>53,408</u>
15. Total expenses. Add lines 8 through 14	15.	<u>53,408</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>84,173</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

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

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>53,408</u>
Total Fundraising Expense	<u>53,408</u>

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form **990****Event Income and Deduction Worksheet****2022**Description **MISC FUNDRAISERS**

Name

RONALD MCDONALD HOUSE CHARITIES OF

Taxpayer Identification Number

74-2345274

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

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>78,062</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	<u>78,062</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	<u>22,299</u>
15. Total expenses. Add lines 8 through 14	15.	<u>22,299</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>55,763</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

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

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>22,299</u>
Total Fundraising Expense	<u>22,299</u>

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form **990****Event Income and Deduction Worksheet****2022**Description **BINGO**

Name

RONALD MCDONALD HOUSE CHARITIES OF

Taxpayer Identification Number

74-2345274

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

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>336,634</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	<u>336,634</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	<u>320,311</u>
15. Total expenses. Add lines 8 through 14	15.	<u>320,311</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>16,323</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:Schedule A, UBIT Activity Code **713200** Seq # **1**

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	<u>250,959</u>
Non-cash prizes	_____
Rent and facility costs	<u>24,042</u>
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>45,310</u>
Total Fundraising Expense	<u>320,311</u>

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form **990-T****Business Income Activity Summary****2022**

Name

RONALD MCDONALD HOUSE CHARITIES OF

Taxpayer Identification Number

74-2345274**Business Activity Income (and allocation of Prior-2018 NOL)**

A. Total Pre-2018 Net Operating Losses Carried Forward	N/A	A.
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities		B.
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6		C.
D. Pre-2018 Applied (Sum of B and C)		D.
E. Pre-2018 Remaining (Line A minus Line D)		E.
F. Pre-2018 Net Operating Losses Expiring this Year		F.
G. Pre-2018 Net Operating Losses Carried Forward		G.

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. UNRELATED BUSINESS ACTIVITY	713200	1. 16,323	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	
11.		11.	
12.		12.	
13.		13.	
14.		14.	
15. All other revenue		15.	
16. Total taxable income		16. 16,323	

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1.		1.
2.		2.
3.		3.
4.		4.
5. All other activities		5.
6. Totals		6.

Form **990****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning

, ending

Name

Taxpayer Identification Number

**RONALD MCDONALD HOUSE CHARITIES OF
TEMPLE, TEXAS****74-2345274**

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1. 402,394	528,451	126,057
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 12,512	10,850	-1,662
	5. Investment income	5. 65,932	87,573	21,641
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 124,120	-22,762	-146,882
	8. Net income or (loss) from fundraising events	8. 142,813	139,936	-2,877
	9. Net income or (loss) from gaming	9.	16,323	16,323
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 747,771	760,371	12,600
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 159,524	181,247	21,723
	16. Salaries, other compensation, and employee benefits	16. 117,066	137,878	20,812
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 32,635	30,375	-2,260
	19. Occupancy, rent, utilities, and maintenance	19. 26,416	23,437	-2,979
	20. Depreciation and Depletion	20. 68,489	68,857	368
	21. Other expenses	21. 167,875	215,143	47,268
	22. Total expenses. Add lines 13 through 21	22. 572,005	656,937	84,932
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 175,766	103,434	-72,332
Other Information	24. Total exempt revenue	24. 747,771	760,371	12,600
	25. Total unrelated revenue	25.	16,323	16,323
	26. Total excludable revenue	26. 202,564	75,661	-126,903
	27. Total assets	27. 4,996,064	4,592,899	-403,165
	28. Total liabilities	28. 21,286	21,746	460
	29. Retained earnings	29. 4,974,778	4,571,153	-403,625
	30. Number of voting members of governing body	30. 22	22	
	31. Number of independent voting members of governing body	31. 22	22	
	32. Number of employees	32. 13	10	
	33. Number of volunteers	33. 3200	3200	

Form 990	Tax Return History	2022
Name RONALD MCDONALD HOUSE CHARITIES OF TEMPLE, TEXAS		Employer Identification Number 74-2345274

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	327,887	371,392	348,672	402,394	528,451	
Membership dues						
Program service revenue	19,697	28,689	9,045	12,512	10,850	
Capital gain or loss	152,050	3,734	97,656	124,120	-22,762	
Investment income	52,971	82,319	60,861	65,932	87,573	
Fundraising revenue (income/loss)	109,605	103,005	72,305	142,813	139,936	
Gaming revenue (income/loss)					16,323	
Other revenue						
Total revenue	662,210	589,139	588,539	747,771	760,371	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	94,386	65,254	52,072	159,524	181,247	
Other compensation	174,305	203,865	203,727	117,066	137,878	
Professional fees	29,551	28,122	42,540	32,635	30,375	
Occupancy costs	37,782	38,840	33,110	26,416	23,437	
Depreciation and depletion	66,438	63,617	62,814	68,489	68,857	
Other expenses	199,274	171,608	132,465	167,875	215,143	
Total expenses	601,736	571,306	526,728	572,005	656,937	
Excess or (Deficit)	60,474	17,833	61,811	175,766	103,434	
Total exempt revenue	662,210	589,139	588,539	747,771	760,371	
Total unrelated revenue					16,323	
Total excludable revenue	224,718	114,742	167,562	202,564	75,661	
Total Assets	3,688,261	4,131,206	4,453,363	4,996,064	4,592,899	
Total Liabilities	8,124	33,624	23,170	21,286	21,746	
Net Fund Balances	3,680,137	4,097,582	4,430,193	4,974,778	4,571,153	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 2,027				14	
TOTAL	<u>\$ 2,027</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
ENDOWMENT DIVIDENDS, INT INC	\$ 85,546					18
TOTAL	<u>\$ 85,546</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK CHARGES	\$ 5,529	\$	\$ 5,529	\$
AUTO	4,657	4,657		
DUES	3,883		3,883	
VOLUNTEER RESOURCES	2,627	2,627		
CONFERENCE FEES	2,017	2,017		
TELEPHONE	1,585		1,585	
HOUSE REJUVENATION PROJEC	1,390	1,301	89	
DONATED SERVICES EXPENSE	720	720		
MISCELLANEOUS	367	117	250	
BAD DEBT EXPENSE	180		180	
TOTAL	\$ 22,955	\$ 11,439	\$ 11,516	\$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
DONATIONS - NONCASH	\$ 116,084
REVENUES	14,742
REVENUES	167,371
BIG GAME ENTERPRISES, INC. CASH CONTRIBUTION	11,698
FRAZIER DREAM, INC. CASH CONTRIBUTION	6,073
MAXTAB, INC. CASH CONTRIBUTION	20,180
KADES CORPORATION CASH CONTRIBUTION	9,157
TEMPUR-PEDIC CASH CONTRIBUTION	31,060
THE ROBINSON FAMILY CASH CONTRIBUTION	20,268
RIBS AND RODS CAR SHOW CASH CONTRIBUTION	10,500
H2O+ PERSONAL WELLNESS PRODUCTS	107,918
WILSONART CASH CONTRIBUTION	8,000
BOOZEFIGHTERS CASH CONTRIBUTION	5,400
TOTAL	<u>\$ 528,451</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 2,027
ENDOWMENT DIVIDENDS, INT INC	85,546
TOTAL	<u>\$ 87,573</u>

77525 Ronald McDonald House Charities of
74-2345274
FYE: 12/31/2022

Federal Statements

Schedule A, Part II, Line 9(e)

Description	Amount
BINGO	\$ 16,323
LESS: DEDUCTIONS	-1,000
TOTAL	\$ <u>15,323</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
GUEST DONATIONS	\$ 7,985
MEDICAID REIMBURSEMENTS	2,865
GOLF TOURNAMENT	137,581
MISC FUNDRAISERS	78,062
TOTAL	\$ <u>226,493</u>

Federal Statements**Golf Tournament****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
FUNDRAISING	\$ 7,674
COST OF DIRECT BENEFIT	<u>45,734</u>
TOTAL	<u>\$ 53,408</u>

Federal Statements

Misc Fundraisers

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
FUNDRAISING	\$ 5,060
COST OF DIRECT BENEFIT	<u>17,239</u>
TOTAL	<u>\$ 22,299</u>

Federal Statements**Bingo****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
ADVERTISEMENT	\$ 2,776
EQUIPMENT	302
INSURANCE	56
PENALTIES	77
JANITORIAL	1,436
MAINTENANCE	772
MERCHANT ACCOUNT FEES	2,071
OVER (SHORT)	13
PAYROLL LEASING EXPENSE	20,557
POSTAGE	9
PROFESSIONAL FEES	2,139
SECURITY	1,342
SUPPLIES	356
UTILITIES	2,311
PURCHASED EVENT TABS	9,710
PURCHASED BINGO PAPER	1,383
TOTAL	\$ <u>45,310</u>