

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning _____, and ending _____

**SOUTHERN APPALACHIAN RONALD
MCDONALD HOUSE CHARITIES, INC.**

62-1578123

Net Asset / Fund Balance at Beginning of Year 2,474,852

Revenue

Contributions	<u>531,380</u>	
Program service revenue		
Investment income	<u>55,366</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>79,615</u>	
Direct expenses	<u>49,255</u>	
Net income	<u>30,360</u>	
Other income	<u>0</u>	
Total revenue		<u>617,106</u>

Expenses

Program services	<u>339,092</u>	
Management and general	<u>98,348</u>	
Fundraising	<u>127,376</u>	
Total expenses		<u>564,816</u>
Excess / (deficit)		<u>52,290</u>

Changes -111,774

Net Asset / Fund Balance at End of Year 2,415,368

Reconciliation of Revenue

Total revenue per financial statements	<u>509,632</u>	
Less:		
Unrealized gains	<u>-111,774</u>	
Donated services		
Recoveries		
Other	<u>4,300</u>	
Plus:		
Investment expenses		
Other		
Total revenue per return	<u>617,106</u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>569,116</u>	
Less:		
Donated services		
Prior year adjustments		
Losses		
Other	<u>4,300</u>	
Plus:		
Investment expenses		
Other		
Total expenses per return	<u>564,816</u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>2,489,820</u>	<u>2,427,049</u>	
Liabilities	<u>14,968</u>	<u>11,681</u>	
Net assets	<u>2,474,852</u>	<u>2,415,368</u>	<u>-59,484</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/19
 Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2018, or fiscal year beginning 2018, and ending 20

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2018

Name of exempt organization

**SOUTHERN APPALACHIAN RONALD
MCDONALD HOUSE CHARITIES, INC.**

Employer identification number

62-1578123

Name and title of officer

**WILLIAM FERGUSON III
VICE PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, 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	617,106
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 VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **RODEFER MOSS & CO, PLLC** to enter my PIN **78123** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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.

Officer's signature ▶

Date ▶ **04/11/19**

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.

62152112345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization 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 ▶ **04/11/19**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018
Open to Public Inspection

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 2018 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: **SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE CHARITIES, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
418 N STATE OF FRANKLIN ROAD
 City or town, state or province, country, and ZIP or foreign postal code
JOHNSON CITY TN 37604

D Employer identification number
62-1578123

E Telephone number
423-975-5437

F Name and address of principal officer:
WILLIAM FERGUSON III
418 N STATE OF FRANKLIN RD
JOHNSON CITY TN 37604

G Gross receipts\$ **666,361**

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.RMHSA.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1994** **M** State of legal domicile: **TN**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE A "TEMPORARY" HOME-AWAY-FROM-HOME FOR CHILDREN AND FAMILIES OF SERIOUSLY ILL CHILDREN RECEIVING MEDICAL CARE IN ANY LOCAL HOSPITAL.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	1322
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	611,973	531,380
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,321	55,366
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,574	30,360
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	693,868	617,106
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	258,609	275,824
	16a Professional fundraising fees (Part IX, column (A), line 11e)	19,851	26,820
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 127,376		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	318,220	262,172
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	596,680	564,816	
19 Revenue less expenses. Subtract line 18 from line 12	97,188	52,290	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,489,820	2,427,049
	22 Net assets or fund balances. Subtract line 21 from line 20	14,968	11,681
		2,474,852	2,415,368

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: **WILLIAM FERGUSON III** Date: _____
 Type or print name and title: **VICE PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **CURTIS MORRISON** Preparer's signature: _____ Date: **04/12/19** Check if self-employed PTIN: **P01878351**

Firm's name ▶ **RODEFER MOSS & CO, PLLC** Firm's EIN ▶ **62-1690032**
129 W DEPOT STREET, SUITE 1
 Firm's address ▶ **GREENEVILLE, TN 37743** Phone no. **423-638-8144**

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 [X]

1 Briefly describe the organization's mission: TO PROVIDE A "TEMPORARY" HOME-AWAY-FROM-HOME FOR CHILDREN AND FAMILIES OF SERIOUSLY ILL CHILDREN RECEIVING MEDICAL CARE IN ANY LOCAL HOSPITAL.

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 [X] No

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

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 \$ 339,092 including grants of\$) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$) N/A

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses 339,092

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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 in 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 in 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 13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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 in 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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JAN YATES DIRECTOR	1.00 0.00	X						0	0	0
(2) DAVID BABB TREASURER/ SECRETARY	1.00 0.00	X		X				0	0	0
(3) THOMAS GRAHAM DIRECTOR	1.00 0.00	X						0	0	0
(4) LISA CARTER DIRECTOR	1.00 0.00	X						0	0	0
(5) LAURIE KAUDEWITZ DIRECTOR	1.00 0.00	X						0	0	0
(6) MARK FULKS SEC VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(7) LISA M. SMITHGALL DIRECTOR	1.00 0.00	X						0	0	0
(8) WILLIAM FERGUSON III VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(9) MICHAEL GARLAND DIRECTOR	1.00 0.00	X						0	0	0
(10) LINDSEY GHIULTU DIRECTOR	1.00 0.00	X						0	0	0
(11) ALISON KESTNER DIRECTOR	1.00 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JESSICA LUFF	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) LAUREN SHEPHERD	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(14) D.J. SWATZELL	1.00									
PAST PRESIDENT	0.00	X					0	0	0	
(15) AMANDA PILLION	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) ROWENA BAILEY	40.00									
EXECUTIVE DIRECTOR	0.00				X		74,894	0	0	
1b Sub-total							74,894			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							74,894			

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, or 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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include: 1a-1f Contributions, Gifts, Grants and Other Similar Amounts; 2a-2f Program Service Revenue; 3-5 Investment income; 6a-6d Rental income; 7a-7d Sales of assets; 8a-8c Fundraising events; 9a-9c Gaming activities; 10a-10c Sales of inventory; 11a-11e Miscellaneous Revenue; 12 Total revenue.

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				
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	212,118	113,150	44,404	54,564
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	46,993	28,666	8,929	9,398
10 Payroll taxes	16,713	10,195	3,175	3,343
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,181		10,181	
d Lobbying				
e Professional fundraising services. See Part IV, line 7	26,820			26,820
f Investment management fees				
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	5,076			5,076
13 Office expenses	3,535	2,368	1,061	106
14 Information technology				
15 Royalties				
16 Occupancy	17,851	17,315	536	
17 Travel	2,774	2,774		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,643	8,652	12,991	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,648	44,279	1,369	
23 Insurance	18,172	12,720	5,452	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED GOODS/SERVICES	42,943	42,943		
b HOUSE EXPENSE	28,108	28,108		
c HEARTS CAMPAIGN EXPENSES	20,293			20,293
d COMPUTER EXPENSES	15,046	7,522	3,762	3,762
e All other expenses	30,902	20,400	6,488	4,014
25 Total functional expenses. Add lines 1 through 24e	564,816	339,092	98,348	127,376
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-34). Includes sub-rows 10a and 10b for land and equipment.

Part XI Reconciliation of Net Assets

Check 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	617,106
2	Total expenses (must equal Part IX, column (A), line 25)	2	564,816
3	Revenue less expenses. Subtract line 2 from line 1	3	52,290
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,474,852
5	Net unrealized gains (losses) on investments	5	-111,774
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,415,368

Part XII Financial Statements and Reporting

Check 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 in 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
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A (Form 990 or 990-EZ)

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.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization: SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE CHARITIES, INC. Employer identification number: 62-1578123

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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.
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and 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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 3,109
13 First five 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

Table with 2 columns: Percentage, Value. Row 14: Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 85.44%
Row 15: Public support percentage from 2017 Schedule A, Part II, line 14 15 88.08%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five 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

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2018. 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—2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees... Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 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? Row 3: By reason of the relationship described in (2), 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?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year... Row 2: Activities Test. Answer (a) and (b) below. Row 3: Parent of Supported Organizations. Answer (a) and (b) below.

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 1-1/2% 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 .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 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)

Table with 2 columns: Section D - Distributions (lines 1-10) and Current Year.

Table with 4 columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2018, and (iii) Distributable Amount for 2018. Rows include lines 1-10.

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

PART II, LINE 10 - OTHER INCOME DETAIL

FUNDRAISING EVENTS **\$ 214,802**

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047
2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE CHARITIES, INC.	Employer identification number 62-1578123
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Organization type (check one):

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

Employer identification number

SOUTHERN APPALACHIAN RONALD

62-1578123

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	RMHC, INC. 110 N CARPENTER ST. CHICAGO IL 60607	\$ 88,794	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ALPHA DELTA PI FOUNDATION PO BOX 23027 JOHNSON CITY TN 37614	\$ 25,156	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2018

Open to Public Inspection

Name of the organization: SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE CHARITIES, INC. Employer identification number: 62-1578123

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement...

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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 are a 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 programs
 - 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 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** Temporarily restricted 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		
(ii) related organizations		
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**

	Yes	No
3a(i)		
3a(ii)		
3b		
- 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,630,672	999,989	630,683
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				630,683

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) PAYROLL LIABILITIES	8,819
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,819

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	509,632
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-111,774
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	4,300
e	Add lines 2a through 2d	2e	-107,474
3	Subtract line 2e from line 1	3	617,106
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	617,106

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

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

1	Total expenses and losses per audited financial statements	1	569,116
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	4,300
e	Add lines 2a through 2d	2e	4,300
3	Subtract line 2e from line 1	3	564,816
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	564,816

Part XIII Supplemental Information.

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

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

IN KIND AUDIT SERVICES \$ **4,300**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

IN KIND AUDIT SERVICES \$ **4,300**

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **SOUTHERN APPALACHIAN RONALD
MCDONALD HOUSE CHARITIES, INC.**

Employer identification number
62-1578123

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			
HAINES DIRECT, INC. 1 8050 FREEDOM AVENUE N.W. NORTH CANTON OH 44720	DIR. MAIL		X	15,446	25,670	-10,224
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				15,446	25,670	-10,224

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.

TENNESSEE, VIRGINIA, WEST VIRGINIA, KENTUCKY, NORTH CAROLINA

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>ST. PATRICKS DA</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	79,973	62,010	52,942	194,925
	2 Less: Contributions	30,323	46,200	38,787	115,310
	3 Gross income (line 1 minus line 2)	49,650	15,810	14,155	79,615
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,590	16,044	12,621	49,255
	10 Direct expense summary. Add lines 4 through 9 in column (d)				49,255
11 Net income summary. Subtract line 10 from line 3, column (d)				30,360	

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury Internal Revenue Service

- 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.

Name of the organization SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE CHARITIES, INC.

Employer identification number 62-1578123

Part I Types of Property

Table with 4 columns: (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. Row 25 shows 'Other' with value 42,943.

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

Table with 3 columns: Question, Yes, No. Rows 30a, 31, 32a, 33 with 'X' marks in the No column.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE CHARITIES, INC.	Employer identification number 62-1578123
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FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

THE SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE (HEREAFTER REFERRED TO AS HOUSE) IS A PROGRAM OF THE SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE CHARITIES, (CHARITIES), GOVERNED BY A BOARD OF DIRECTORS AND MANAGED BY AN EXECUTIVE DIRECTOR, DIRECTOR OF HOUSE OPERATIONS AND STAFF WHO OVER-SEE THE DAY TO DAY OPERATIONS.

GUEST FAMILIES AND CHILDREN SERVED BY THE HOUSE COME FROM A RADIUS OF 125 MILES OUTSIDE THE CITY LIMITS OF JOHNSON CITY, TN. (INCLUDES COUNTIES LOCATED IN NE TENNESSEE, SW VIRGINIA, EASTERN KENTUCKY AND WEST VIRGINIA). THE HOUSE IS IN JOHNSON CITY, TN BUT IS A REGIONAL FACILITY. AS OF DECEMBER 2018, FAMILIES FROM SOUTHWEST VIRGINIA CONTINUE TO USE THE HOUSE

- SOUTHWEST VIRGINIA 56%
- NORTHEAST TENNESSEE 28%
- EASTERN KENTUCKY 9%
- MISC. STATES 7%

THE HOUSE IS 14,000 SQ. FEET, HAS 10 BEDROOMS/PRIVATE BATHS WITH A KITCHEN, LAUNDRY ROOM, TV ROOMS AND PLAY AREAS AS COMMON AREAS SHARED BY ALL GUEST FAMILIES. EVENING MEALS ARE PROVIDED BY CHURCH GROUPS, CIVIC ORGANIZATIONS, FRATERNAL GROUPS, FAMILIES/FRIENDS OR RESTAURANTS AT LEAST 20 OUT OF 30 DAYS. BREAKFAST AND LUNCH FOODS ARE AVAILABLE FOR FAMILIES TO PREPARE AT THEIR LEISURE.

CHILDREN AND FAMILIES OF SERIOUSLY ILL CHILDREN RECEIVING MEDICAL CARE IN A

Name of the organization

Employer identification number

SOUTHERN APPALACHIAN RONALD

62-1578123

LOCAL HOSPITAL SETTING ARE ELIGIBLE TO STAY AS GUESTS AT THE HOUSE. A CHILD MUST BE A DEPENDENT OF THE PARENT(S), 21 YEARS OR YOUNGER. FAMILIES LIVING THE GREATEST DISTANCE FROM THE HOSPITAL PROVIDING MEDICAL CARE FOR THE CHILD ARE GIVEN PRIORITY IN STAYING AT THE HOUSE. A CRITICALLY ILL CHILD OR ONE IN IMMINENT DANGER OF DEATH RECEIVES PRIORITY REGARDLESS OF DISTANCE.

A NIGHTLY CONTRIBUTION OF \$10 IS REQUESTED. HOWEVER, NO ONE IS EVER TURNED AWAY BECAUSE OF THE INABILITY TO MAKE THE SUGGESTED CONTRIBUTION. IN 2018, THE AVERAGE NIGHTLY CONTRIBUTION WAS \$1.70, AND THE AVERAGE LENGTH OF STAY WAS 8 DAYS. THE HOUSE PROVIDED 1,415 NIGHTS AND RECEIVED \$2,410 THROUGH CONTRIBUTIONS FROM GUEST FAMILIES. THE SUGGESTED CONTRIBUTION OF \$10 HELPS TO DEFRAY THE FULL COST OF \$80/NIGHT TO PROVIDE SERVICES FOR FAMILIES WHO STAY AT THE HOUSE. IF THE HOUSE HAD NOT BEEN AVAILABLE THE OUT OF POCKET EXPENSE FOR FAMILIES WOULD HAVE BEEN APPROXIMATELY \$361,543 (MOTEL, FOOD, GAS, LAUNDRY, MISCELLANEOUS ITEMS).

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR RAISING FUNDS TO MEET THE BUDGETARY NEEDS OF THE HOUSE EACH YEAR. THE CHARITIES IS DEPENDENT ON FUNDRAISING EVENTS AND DONATIONS TO PROVIDE SERVICES FOR CHILDREN AND FAMILIES OF SERIOUSLY ILL CHILDREN AT THE HOUSE. FUNDRAISING EVENTS INCLUDE: HEARTS FOR THE HOUSE; ST. PATRICK'S DAY BASH, AND THE ANNUAL GOLF CLASSIC. VARIOUS ORGANIZATIONS, GROUPS AND MCDONALD'S RESTAURANTS THROUGHOUT THE SERVICE AREA HOLD FUNDRAISING EVENTS TO BENEFIT THE HOUSE AS WELL.

IN-KIND DONATIONS DONATED BY THE COMMUNITY RANGE FROM CANNED GOODS, PAPER

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SOUTHERN APPALACHIAN RONALD

62-1578123

PRODUCTS, FRESH VEGETABLES, HOME-MADE BREADS, MUFFINS, TO SOMEONE PROVIDING YARD WORK, PROFESSIONAL CLEANING, CLERICAL ASSISTANCE, CLEANING THE KITCHEN, MOPPING FLOORS, REPLACING SMOKE DETECTORS, REPLACING FILTERS ON HEATING/AC UNITS AND MONTHLY CHECKS OF THE FIRE EXTINGUISHERS. THESE GENEROUS IN-KIND DONATIONS HELP DEFRAID THE COST OF PROVIDING SERVICES AND WE ARE BETTER ABLE TO PROVIDE FOR THE CHILDREN AND FAMILIES OF CHILDREN WHO FIND A SUPPORTIVE ATMOSPHERE AT OUR HOUSE.

THERE IS A STAFF OF 4 FULL-TIME EMPLOYEES AND 6 PART-TIME EMPLOYEES. VOLUNTEERS ARE ESSENTIAL TO THE OPERATIONS OF THE HOUSE. VOLUNTEER'S CLEAN ROOMS, WASH LINENS, MOP FLOORS, RUN THE VACUUM, CLEAN WINDOWS, BAKE CAKES/COOKIES, REGISTER/CHECK-OUT FAMILIES, AND HELP WITH FUNDRAISING EVENTS. VOLUNTEERS DO WHATEVER NEEDS TO BE DONE TO KEEP THE HOUSE CLEAN AND INVITING FOR OUR GUEST FAMILIES. IN 2018, 2,052 VOLUNTEERS CONTRIBUTED 7,266.50 HOURS TO THE HOUSE FOR A VALUE OF \$196,094 DOLLARS.

THE SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE CONTINUES TO BE A HAVEN FOR CHILDREN AND FAMILIES OF SERIOUSLY ILL CHILDREN. THE STAFF AND VOLUNTEERS PROVIDE A LOVING, SUPPORTIVE ATMOSPHERE AWAY FROM THE HOSPITAL SETTING THAT ALLOWS FAMILIES TO BE MORE RELAXED AND BUILD THEIR RESOURCES. THE GUEST FAMILIES IN THE HOUSE BECOME ONE BIG FAMILY SHARING AND NURTURING EACH OTHER THROUGH THE GOOD TIMES AS WELL AS THE BAD TIMES. WE CANNOT PROVIDE ALL THE AMENITIES OF HOME, BUT WE CAN PROVIDE FAMILIES WITH AS MUCH NORMALCY AS POSSIBLE DURING A DIFFICULT TIME WITH A SICK CHILD. WHILE WE CANNOT TAKE AWAY THE CRISIS, WE CAN GIVE FAMILIES WITH A SICK CHILD THE BEST MEDICINE - EACH OTHER.

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SOUTHERN APPALACHIAN RONALD

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EVALUATIONS OF THE HOUSE AND STAFF BY FAMILIES WHO STAY AT THE HOUSE CONTINUE TO SHOW WHAT A BLESSING AND A NEED IS MET BY THE SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE DURING A TIME OF CRISIS WITH A CHILD. WE CONTINUE TO MEET OUR MISSION OF PROVIDING A "TEMPORARY HOME AWAY FROM HOME" FOR CHILDREN AND FAMILIES OF SERIOUSLY ILL CHILDREN RECEIVING MEDICAL CARE IN ANY AREA HOSPITAL.

RONALD MCDONALD HOUSE CHARITIES GLOBAL, CHICAGO, IL REQUIRES EACH RONALD MCDONALD HOUSE CHARITIES, INC. TO HAVE AT LEAST ONE YEAR'S OPERATING EXPENSE IN RESERVE. THESE RESERVE FUNDS WILL HOLD THE CHARITIES RONALD MCDONALD HOUSE PROGRAM IN GOOD STEAD SHOULD THERE BE DIFFICULT TIMES OR DISASTER. OUR CHARITIES HAS REACHED THIS MILESTONE BY CAREFUL APPROPRIATION OF MONIES RAISED THROUGH FUNDRAISING EVENTS, BEING TRANSPARENT, ACCOUNTABLE AND RESPONSIBLE FOR FUNDS DONATED BY STAKEHOLDER AND DUE DILIGENCE!

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A DRAFT COPY OF THE ANNUAL AUDIT/990 IS PRESENTED TO THE AUDIT COMMITTEE. AUDIT COMMITTEE VOTES TO ACCEPT OR DENY DRAFT DOCUMENTS. IF ACCEPTED THE AUDIT/990 ARE MAILED OR DELIVERED TO EACH BOARD MEMBER A MINIMUM OF 5 DAYS BEFORE THE MAY MEETING, THUS GIVING THEM AN OPPORTUNITY TO REVIEW BEFORE A BOARD VOTE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE CONFLICT OF INTEREST FOR THE ORGANIZATION IS CONSISTENTLY MONITORED AND ENFORCED. THE CONFLICT OF INTEREST IS IN PLACE SO THAT ALL BOARD MEMBERS, STAFF AND VOLUNTEERS SCRUPULOUSLY AVOID CONFLICT OF INTEREST OF THE HOUSE

Name of the organization SOUTHERN APPALACHIAN RONALD	Employer identification number 62-1578123
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ON ONE HAND, AND PERSONAL, PROFESSIONAL AND BUSINESS INTERESTS ON THE OTHER. THIS INCLUDES AVOIDING POTENTIAL AND ACTUAL CONFLICTS IN INTEREST, AS WELL AS PERCEPTIONS OF CONFLICTS OF INTEREST.

BEFORE OPPORTUNITIES AND ISSUES ARE PRESENTED TO THE BOARD, BOARD MEMBERS ARE ASKED IF A CONFLICT EXISTS OR A POTENTIAL FOR CONFLICT EXISTS FOR ANY ONE PRESENT. IF A CONFLICT EXISTS OR THE POTENTIAL OF A CONFLICT, THEY ARE ASKED TO LEAVE THE ROOM FOR THE DISCUSSION AND NOT PERMITTED TO VOTE IN THE QUESTION. THE BOARD MINUTES REFLECT THE BOARD MEMBER NAMES THAT LEFT THE ROOM FOR THE DISCUSSION AND VOTE. THE MINUTES REFLECT WE ABIDE BY THE CONFLICT OF INTEREST IN PLACE FOR THE CHARITIES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE CHARITIES HAS A BENEFITS COMMITTEE THAT DETERMINES THE INCREASES PROVIDED TO EMPLOYEES. THIS COMMITTEE IS RESPONSIBLE FOR BENCHMARKING THE EXECUTIVE DIRECTOR EVERY 3-5 YEARS TO ASSURE THAT THE QUALIFICATIONS AND COMPENSATION ARE SIMILAR FOR A COMPARABLE POSITION IN A SIMILAR ORGANIZATION. THE EXECUTIVE DIRECTOR BENCHMARKS ALL OTHER EMPLOYEES OF THE CHARITIES AND REPORTS THE INFORMATION TO THE BENEFITS COMMITTEE. SALARY INCREASES ARE BASED ON INPUT FROM THE FINANCE COMMITTEE, BENEFITS COMMITTEE, AND RESULTS OF EVALUATIONS OF EACH EMPLOYEE. ALL EMPLOYEES ARE EVALUATED ANNUALLY ON THEIR ANNIVERSARY DATE OF HIRE AND BENCHMARKED EVERY THREE YEARS. DIRECTOR OF HOUSE OPERATIONS AND FINANCIAL/HOUSE MANAGER WERE BENCHMARKED IN 2016. THE DIRECTOR OF SPECIAL EVENTS/COMMUNITY RELATIONS WAS BENCHMARKED IN OCTOBER 2016. THE LAST EVALUATION FOR THE EXECUTIVE DIRECTOR WAS NOVEMBER 2018.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

Name of the organization

Employer identification number

SOUTHERN APPALACHIAN RONALD

62-1578123

SEE NOTE FOR LINE 15A.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

FORM 1023 IS AVAILABLE UPON REQUEST, FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST AT THE STREET ADDRESS

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

IN KIND AUDIT SERVICES \$ 4,300

IN KIND AUDIT SERVICES \$ -4,300

**SCHEDULE G
(Form 990 or
990-EZ)****Fundraising Other Events****2018**

For calendar year 2018, or tax year beginning , and ending

Name

**SOUTHERN APPALACHIAN RONALD
MCDONALD HOUSE CHARITIES, INC.**

Employer Identification Number

62-1578123

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>CRAWFISH</u> (event type)	 (event type)	 (event type)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	52,942			52,942
	2 Less: Charitable contributions	38,787			38,787
	3 Gross income (line 1 minus line 2)	14,155			14,155
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	12,621			12,621

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

Name: **SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE CHARITIES, INC.** Taxpayer Identification Number: **62-1578123**

		2017	2018	Differences
R e v e n u e	1. Contributions, gifts, grants	611,973	531,380	-80,593
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	49,321	55,366	6,045
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	29,465	30,360	895
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	3,109		-3,109
	12. Total revenue. Add lines 1 through 11	693,868	617,106	-76,762
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	258,609	275,824	17,215
	17. Professional fundraising fees	19,851	26,820	6,969
	18. Other professional fees	9,665	10,181	516
	19. Occupancy, rent, utilities, and maintenance	18,195	17,851	-344
	20. Depreciation and Depletion	47,168	45,648	-1,520
	21. Other expenses	243,192	188,492	-54,700
	22. Total expenses. Add lines 13 through 21	596,680	564,816	-31,864
	23. Excess or (Deficit). Subtract line 22 from line 12	97,188	52,290	-44,898
O t h e r I n f o r m a t i o n	24. Total exempt revenue	693,868	617,106	-76,762
	25. Total unrelated revenue			
	26. Total excludable revenue	81,895	85,726	3,831
	27. Total assets	2,489,820	2,427,049	-62,771
	28. Total liabilities	14,968	11,681	-3,287
	29. Retained earnings	2,474,852	2,415,368	-59,484
	30. Number of voting members of governing body	15	15	
	31. Number of independent voting members of governing body	15	15	
32. Number of employees	11	13		
33. Number of volunteers	1307	1322		

Form 990	Tax Return History	2018
Name SOUTHERN APPALACHIAN RONALD MCDONALD HOUSE CHARITIES, INC.		Employer Identification Number 62-1578123

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	618,405	573,635	618,905	611,973	531,380	531,380
Membership dues						
Program service revenue						
Capital gain or loss	-7,178	-3,844				
Investment income	34,651	35,913	32,180	49,321	55,366	55,366
Fundraising revenue (income/loss)	4,485	23,375	27,244	29,465	30,360	30,360
Gaming revenue (income/loss)						
Other revenue	3,119	7,495	3,109	3,109		
Total revenue	653,482	636,574	681,438	693,868	617,106	617,106
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	72,817	73,281	71,981			
Other compensation	199,537	202,652	207,325	258,609	275,824	275,824
Professional fees	15,187	31,861	34,079	29,516	37,001	37,001
Occupancy costs	19,140	18,468	17,737	18,195	17,851	17,851
Depreciation and depletion	68,510	55,572	48,766	47,168	45,648	45,648
Other expenses	266,983	230,298	245,717	243,192	188,492	188,492
Total expenses	642,174	612,132	625,605	596,680	564,816	564,816
Excess or (Deficit)	11,308	24,442	55,833	97,188	52,290	52,290
Total exempt revenue	653,482	636,574	681,438	693,868	617,106	617,106
Total unrelated revenue						
Total excludable revenue	35,077	62,939	62,533	81,895	85,726	85,726
Total Assets	2,233,573	2,226,157	2,297,421	2,489,820	2,427,049	2,427,049
Total Liabilities	21,178	25,643	18,679	14,968	11,681	11,681
Net Fund Balances	2,212,395	2,200,514	2,278,742	2,474,852	2,415,368	2,415,368

Tax-Exempt 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>InState Muni (\$ or %)</u>
	\$ 55,366		2			
TOTAL	\$ <u>55,366</u>					

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
TELEPHONE & INTERNET	\$ 9,549	\$ 5,729	\$ 2,865	\$ 955
DUES & SUBSCRIPTIONS	5,449	1,362	2,725	1,362
REPAIRS & MAINTENANCE	3,672	3,672		
VOLUNTEER RECOGNITION	2,957	2,957		
POSTAGE	2,805	1,823	898	84
FIRE SECURITY SYSTEMS	2,528	2,528		
MISC	2,274	2,274		
LICENSES/TAXES	950			950
CANISTERS EXPENSE	663			663
ELEVATOR MAINTENANCE	55	55		
TOTAL	\$ <u>30,902</u>	\$ <u>20,400</u>	\$ <u>6,488</u>	\$ <u>4,014</u>

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
	\$ 416,070
GOLF TOURNAMENT	
CASH CONTRIBUTION	46,200
ST. PATRICKS DAY PROGRAM	
CASH CONTRIBUTION	30,323
CRAWFISH	
CASH CONTRIBUTION	38,787
TOTAL	<u>\$ 531,380</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
	\$ 55,366
TOTAL	<u>\$ 55,366</u>

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
	\$ 15,810
GOLF TOURNAMENT	
CASH CONTRIBUTION	49,650
ST. PATRICKS DAY PROGRAM	
CASH CONTRIBUTION	14,155
CRAWFISH	
CASH CONTRIBUTION	
TOTAL	<u>\$ 79,615</u>

GOLF TOURNAMENT

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
	\$ <u>16,044</u>
TOTAL	\$ <u><u>16,044</u></u>

ST. PATRICKS DAY PROGRAM

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
	\$ <u>20,590</u>
TOTAL	\$ <u><u>20,590</u></u>

Crawfish

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
	\$ <u>12,621</u>
TOTAL	\$ <u><u>12,621</u></u>