** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

Α	For the	e 2023 calendar year, or tax year beginning and o	ending		
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	— Addre	NORTH CAROLINA CENTER FOR THE CARE			
L	chang Name	e OF HUNTINGTON'S DISEASE, INC.			-
L	chang	Doing business as DBA RD REACH		26-48261	
L	return	,	Room/suite	E Telephone numbe	
L	lreturn			919-859-	
	termir ated Amen			G Gross receipts \$	490,860.
F	return Applic tion	CARI, NC 2/518		H(a) Is this a group re	
	tion pendi		7518	for subordinates	
$\overline{}$	Taylay			H(b) Are all subordinates in	ncluded? Yes No
	Websi		01 321	H(c) Group exemption	
		forganization: X Corporation Trust Association Other	I Vear		M State of legal domicile: NC
	art I	Summary	L 1 Gai	or formation. 2005 [1	VI State of legal domicile, 110
	1	Briefly describe the organization's mission or most significant activities: PROVI	DING	ACCESS TO H	EALTHCARE.
e	'	EDUCATION, AND SOCIAL ASSISTANCE TO PATIE			
Governance	2	Check this box if the organization discontinued its operations or dispose			
Ver	3			3	8
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5
/itie	6	Total number of volunteers (estimate if necessary)			40
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		393,515.	462,830.
enc	9	Program service revenue (Part VIII, line 2g)		11,832.	6,848.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,396.	3,896.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,591.	5,793.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		416,334.	479,367.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		244,548.	304,510.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (A), line 25) 57, 28	36.		0.
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		55,540.	103,988.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		300,088.	408,498.
		Revenue less expenses. Subtract line 18 from line 12		116,246.	70,869.
or	<u>G</u>		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		309,953.	381,512.
ASS	21	Total liabilities (Part X, line 26)		836.	1,526.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		309,117.	379,986.
P	art II	Signature Block			
	•	lities of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sign		Signature of officer		 Date	
				Date	
He	re	CHRIS MICHALAK, TREASURER Type or print name and title			
			Ιſ	Date Check [PTIN
Pai	ч	Print/Type preparer's name Preparer's signature ROBERT M. LANNING ROBERT M. LANNIN		8/16/24 self-employ	
	u parer	Firm's name NORTON COLLAR LUND LILLEY, PLLC	<u></u> 0		6-2034483
	Only	Firm's address 7701 SIX FORKS ROAD SUITE 100		FILITS EIN 3	0 2034403
530	City	RALEIGH, NC 27615		Phone no 91	9-841-1000
— Ma	y the I			11 Holle Ho. 5 ±	X Yes No

Pai	rt III	Statement of Program Service Accomplishments	
	_	Check if Schedule O contains a response or note to any line in this Part III]
1		describe the organization's mission: VIDING ACCESS TO HEALTHCARE, EDUCATION, AND SOCIAL ASSISTANCE TO	
		IENTS AND FAMILIES AFFECTED BY HUNTINGTON'S DISEASE IN NORTH	_
		OLINA.	_
	<u> </u>	V221111	_
2	Did th	e organization undertake any significant program services during the year which were not listed on the	_
		Form 990 or 990-EZ? Yes X No)
	If "Ye	s," describe these new services on Schedule O.	
3	Did th	e organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	,
		s," describe these changes on Schedule O.	
4		ibe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
		on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
40		ue, if any, for each program service reported) (Expenses \$ 47 , 212 . including grants of \$	_
4a	(Code:) (Expenses \$47,212. including grants of \$) (Revenue \$) ESS TO CARE PROGRAM - TO FACILITATE ENTRY TO MEDICAL CARE BY)
		FORMING NEEDS ASSESSMENT, REFERRAL TO APPROPRIATE SOURCE OF HELP,	-
		LOW UP ON TREATMENT PLAN DEVELOPED DURING HD CLINICS, AND OFFER	-
		PORT TO HOME-BOUND FAMILIES. SERVED 301 PERSONS IN 2023. INCLUDED	-
		SIS INTERVENTION, REFERRAL TO APPROPRIATE SOURCE OF MEDICAL CARE OR	-
		OURCES AND TELEPHONE SUPPORT.	_
	1111	OUNCED IND THEHINONE BOTTONT.	_
			_
			_
			_
			_
			_
4b	(Code:) (Expenses \$)
	ľUO	REACH PROGRAM - TO INCREASE AWARENESS IN NC HD PATIENTS AND FAMILIES	
	OF	HELP AND MEDICAL CARE AVAILABLE TO THEM. TO INCREASE AWARENESS OF HD	
	IN	THE GENERAL COMMUNITY, WITH HEALTH CARE PROVIDERS AND HEALTH CARE	
	FAC	ILITIES, THE GOVERNMENT AND OTHER CHARITABLE ORGANIZATIONS. CREATING	
		TNERSHIPS WITH EXISTING PROGRAMS THAT PROVIDE SERVICES NEEDED BY HD	
	FAM	ILIES. SERVED 49,819 PERSONS IN 2023.	_
			_
			_
			_
			_
			_
	1-	V ₂	_
4c) (Expenses \$ 87,579. including grants of \$) (Revenue \$) CATION - PROGRAMS- FAMILIES TO EDUCATE FAMILIES ABOUT THE NEW)
		TIATIVES IN HD RESEARCH, TO EDUCATE ABOUT NC-CCHD PROGRAMS, TO	_
		AIL RESOURCES AVAILABLE TO PATIENTS AND FAMILIES, AND TO CREATE	_
		ORTUNITIES FOR HD FAMILIES TO MEET AND LEARN FROM EACH OTHER. SERVED	_
		PERSONS IN 2023 AND HELD 7 SUPPORT GROUP MEETINGS. ACTIVITIES	_
		LUDE WEBSITE DEVELOPMENT, SUPPORT GROUP PARTICIPATION AND AN ANNUAL	_
		ILY EDUCATION DAY.	-
	I. VIV	IN EDUCATION DAT:	_
			_
			_
			_
			_
4d	Other	program services (Describe on Schedule O.)	_
	(Expen	14 000	
4e		program service expenses 308,358.	
		Form 990 (2023	3)

NORTH CAROLINA CENTER FOR THE CARE OF HUNTINGTON'S DISEASE, INC.

Form 990 (2023)

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	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	446		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		Х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
18		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	47	
IJ	,	19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>~ 1</u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	domestic government out ratery, column (-y, interest in test complete scriedule i, Parts rand ii	4 1		

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NORTH CAROLINA CENTER FOR THE CARE

OF HUNTINGTON'S DISEASE, INC.

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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? If "Yes." complete 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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 8 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners?

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NORTH CAROLINA CENTER FOR THE CARE

Form 990 (2023)

OF HUNTINGTON'S DISEASE

Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? Х 6a 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	8		
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?	2		Х
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion 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?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		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	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	nd finan	icial	
	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			
	BARBARA TRAPNELL - 919-859-1209			
	2054 KILDAIRE FARM ROAD #427, CARY, NC 27518			

Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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.

X Check this box if neither the organization r		orga	niza			nper	nsate			
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average		Position (do not check more than one					Reportable	Reportable	Estimated
	hours per week	box offi	oox, unless person is both an officer and a director/trustee)			is botl or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pe			(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	comp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) TERRY BUEHNER	line) 1.00	드	드	5	ᇂ	= =	윤			
DIRECTOR	1.00	Х						0.	0.	0.
(2) CHAD MERRELL	2.00	25				\vdash		· · ·	•	· ·
GOVERNANCE CHAIR		x		х				0.	0.	0.
(3) CHRIS MICHALAK	2.00	1								•
TREASURER		Х		х				0.	0.	0.
(4) CRAIG CHEPKE	1.00									
DIRECTOR		Х						0.	0.	0.
(5) SHANE HERRING	1.00									
DIRECTOR		Х						0.	0.	0.
(6) BURTON SCOTT	1.00									
SECRETARY		Х		X				0.	0.	0.
(7) ANTHONY MARTINEZ	2.00	1								
CHAIR		Х		Х		_		0.	0.	0.
(8) ALEASE DANIEL	1.00	1							_	
DIRECTOR		Х				_		0.	0.	0.
		4								
		<u> </u>				_				
		1								
						-				
		1								
		1								
						\vdash				
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		1								
		1								

hours per week (list any hours for related organizations below line) Description Description	Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	iH t	ghes	st C	ompensated Employee	s (continued)				
(list any hours for related organizations below line) 1b Subtotal 1 Total (add lines to and 1c) 2 Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c) 2 Total from the organization 3 Did the organization ist any former officer, director, trustee, key employee, or highest compensation from the organization 3 Did the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? // if "Yes," complete Schedule J for such individual 4 For any Individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? if "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization from the organization and related organizations greater than \$150,000? if "Yes," complete Schedule J for such individual 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? // yes," complete Schedule J for such person (A) (B) (C)		` '	Average hours per	box	not c	Pos heck i ss per	itior more rson	than	n an	Reportable compensation	Reportable compensation	on	l	(F) stimate nount o other	
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C)			(list any hours for related organizations below	ndividual trustee or director	stitutional trustee	fficer	ey employee	ighest compensated mployee	ormer	the organization (W-2/1099-MISC/	organizatior (W-2/1099-MI	ns SC/	fi org an	pensa rom the janizati d relate anizatio	e ion ed
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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B)						0	×	± ω							
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Total (add lines 1b and 1c)	1b	Subtotal	<u> </u>												0.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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) (B)															0.
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3				кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on		_	Yes	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person 5 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) (B) (C)	4	For any individual listed on line 1a, is the su	ım of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	he organization				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) (B) (C)	5	Did any person listed on line 1a receive or a	accrue comper	ısati	on fr	rom	any	unre	elate	ed organization or individ	dual for services				X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Sec	· · · · · · · · · · · · · · · · · · ·	npiete Scheaule	9 <i>J T</i>	or st	ıcn į	bers	son							
	1											pensa	tion fro	om	
			address	N	ONE	3					services	C			n
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	2			ot lir	nited	d to		_	ted	above) who received mo	ore than				

Form **990** (2023)

			Check if Schedule O contains a respons	se c	or note to any line	e in this Part VIII			
			<u>.</u>			(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S S	1 :	_	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts	' '								
يَّجُ وَ					34,824.				
fts, Ar					34,024.				
ig ig	•								
ns, Sim	•		Government grants (contributions) 1e						
e ë	1	Ť	All other contributions, gifts, grants, and		420 AAC				
듗됨			similar amounts not included above 1f		428,006.				
d d	9	_	Noncash contributions included in lines 1a-1f 1g \$		3,684.	460 000			
<u>0 g</u>		h	Total. Add lines 1a-1f	·····		462,830.			
					Business Code	5 0 1 0			
e	2 8	а	VARIOUS	_		6,848.	6,848.		
Program Service Revenue	ı	b		_					
Sugar	•	С		_					_
am eve		d		_					
og B	•	е		_					
<u> </u>	1	f	All other program service revenue						
		g	Total. Add lines 2a-2f			6,848.			
	3		Investment income (including dividends, int		 				
			other similar amounts)			3,896.	3,896.		
	4		Income from investment of tax-exempt bond						
	5		Royalties	-					
			(i) Real		(ii) Personal				
	6 :	а	Gross rents 6a		``				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			Gross amount from sales of (i) Securitie	s	(ii) Other				
	, ,	а	assets other than inventory 7a		(1) 5 11.151				
		L	Less: cost or other basis						
ø		D							
ň		_							
eve	•	С.	Gain or (loss) 7c						
her Revenue			Net gain or (loss)	· · · · · ·					
	8 8	а	Gross income from fundraising events (not						
ō			including \$ of						
			contributions reported on line 1c). See		17 006				
					17,286.				
				8b	11,493.	F 500			5 500
			Net income or (loss) from fundraising events	3		5,793.			5,793.
	9 8	а	Gross income from gaming activities. See		l				
			Part IV, line 19	9a					
	ı	b	Less: direct expenses	9b					
	•	С	Net income or (loss) from gaming activities_						
	10 a	а	Gross sales of inventory, less returns						
			and allowances	10a					
	1	b		l0b					
			Net income or (loss) from sales of inventory						
					Business Code				
snc	11 :	а		l					
ne	i	b		-					
Miscellaneous Revenue		c		-					
ŠČ	Ì		All other revenue	-					
Σ	Ì		Total. Add lines 11a-11d						
	12		Total revenue. See instructions			479,367.	10,744.	0.	5,793.

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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 283,404. 209,098. 37,153. 37,153. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 21,106. 15,408. 2,849. 2,849. 10 Payroll taxes Fees for services (nonemployees): Management 203. 203. Legal 250. 2,700. 2,950. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 14,370. 152. 14,674. column (A), amount, list line 11g expenses on Sch O.) 4,365. 4,299. Advertising and promotion 12 11,040. 7,362. 3,678 Office expenses 13 Information technology 14 15 Royalties 2,943. 2,943. 16 Occupancy 9,913. 8,994. 919. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,450. 2,450. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 963. 963. Depreciation, depletion, and amortization 22 6,065. 6,065. 23 Other expenses. Itemize expenses not covered 24 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.) 17,568. 17,568. PROFESSIONAL DEVELOPMEN **PROGRAMS** 14,062. 14,062. 11,493. 11,493. FUNDRAISING EXPENSES 2,817. 2,817. d RECRUITMENT EXPENSES 2,482. 1.709. 773. e All other expenses 408,498. 308,358. 42,854. 57,286. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2023)

if following SOP 98-2 (ASC 958-720)

Check here

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 261,252. 94,283. 1 Cash - non-interest-bearing 135,000. Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 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 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 47,929. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 772. 309. 14 Intangible assets 14 60,000. 0. Other assets. See Part IV, line 11 15 15 309,953. 381,512. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 836. 1,526. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 836. 1,526. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 249,761. 27 204,365. 27 Net assets without donor restrictions Net assets with donor restrictions 59,356. 175,621. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

381,512. Form **990** (2023)

379,986.

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

309,117.

309,953.

32

33

1 0111	1330 (2020)				agc
Pa	rt 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			<u>367.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			498.
3	Revenue less expenses. Subtract line 2 from line 1	3	7	0,	869.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30	9,:	117.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	37	9,	986.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	s No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it		1

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization NORTH CAROLINA CENTER FOR THE CARE OF HUNTINGTON'S DISEASE, 26-4826165 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). 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). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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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.)

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 5 The portion of fotal contributions by each person (either than a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of fotal contributions by each person (either 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, Solviaci line 5 from line 4 6 Public support, Solviaci line 5 from line 4 7 Amounts from line 4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources 1,083. 710. 1,712. 628. 3,896. 8,029 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gail or loss from the sale of capital assets (Explain in Part VII) 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 15 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 Section C. Computation of public Support Percentage 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 Public support percentage from 2022 Schedule A, Part II, line 14 16 Public support percentage from 2022 Schedule A, Part II, line 14 16 Public support percentage from 2022 Schedule A, Part II, line 14 16 Public support percentage from 2022 Schedule A, Part II, line 14 17 In 16 Public support percentage from 2022 Schedule A, Part II, line 14 17 In 16 Public support percentage from 2022 Sine do column (f), divided by line 11, column (fi) 18 Jusport test - 2022. If the organization of the check	Sec	tion A. Public Support						
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b 10% -facts-and-circumstances test - 2022. 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		and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
	b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
		more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		organization meets the facts-and-circu	umstances test. Th	e organization qua	llifies as a publicly	supported organiz	ation	
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	18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·

Schedule A (Form 990) 2023

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.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not											
	include any "unusual grants.")											
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose											
3	Gross receipts from activities that are not an unrelated trade or business under section 513											
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf											
5	The value of services or facilities furnished by a governmental unit to the organization without charge											
6	Total. Add lines 1 through 5											
78	Amounts included on lines 1, 2, and 3 received from disqualified persons											
ŀ	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											
(Add lines 7a and 7b											
	Public support. (Subtract line 7c from line 6.)											
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
9	Amounts from line 6											
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources											
k	Unrelated business taxable income											
	(less section 511 taxes) from businesses acquired after June 30, 1975											
	Add lines 10a and 10b											
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.)						<u> </u>					
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,					
	check this box and stop here											
	ction C. Computation of Publi					т т						
15	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>					
16	Public support percentage from 2022					16	%					
	ction D. Computation of Inves					Т Т						
	7 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))											
18												
19	a 33 1/3% support tests - 2023. If the						7 is not					
-	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization											
k	33 1/3% support tests - 2022. If the											
20	line 18 is not more than 33 1/3%, che											

332023 12-21-23

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
2		
3a		
3b		
3с		
30		
_		
4a		
4b		
4.		
4c		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
35		
0-		
9c		
10a		
10b		
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Pai	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
_	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
		r		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	suppo	orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	'	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
		nese activities constituted substantially all of its activities.	2a		
b		re activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	ΛL		
•		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
h		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. e organization exercise a substantial degree of direction over the policies, programs, and activities of each	od		
D		supported organizations? If "Voc " describe in Part VI the role placed by the experimetion in this record	3h		

332025 12-21-23 Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
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 mu	st complete S	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
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			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	unization (see	

Schedule A (Form 990) 2023

instructions).

Par	't V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	3			
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior -	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 t	he organization is responsive			
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
	LAGGGG II GIII 2020				

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12;
	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.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
SNAVELY, GLEN	118,679.	86,651.
TEVA PHARMACEUTICALS	168,000.	135,972.
THE GRIFFIN FOUNDATION	277,000.	244,972.
THE HOMER FAMILY CHARITABLE FUND	125,000.	92,972.
BETTY HOWARD	50,000.	17,972.
TERRY BUEHNER	36,939.	4,911.
GENETECH	76,000.	43,972.
NEUROCRINE BIOSCIENCES	77,500.	45,472.
Total Excess Contributions to Schedule A, Part II, Line 5		672,894.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

NORTH CAROLINA CENTER FOR THE CARE

OF HUNTINGTON'S DISEASE, INC.

Employer identification number

26-4826165

Filers of:		Section:
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990	-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General F	Rule	
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special R	ules	
9	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.
c I	contributor, during iterary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering a instead of the contributor name and address), II, and III.
i)	vear, contributions s checked, enter ho purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
answer "N	lo" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 prequirements 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) (2023)

Name of organization
NORTH CAROLINA CENTER FOR THE CARE
OF HUNTINGTON'S DISEASE, INC.

Employer identification number

26-4826165

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
NORTH CAROLINA CENTER FOR THE CARE
OF HUNTINGTON'S DISEASE, INC.

Employer identification number

26-4826165

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			
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$\$\$\$	Person X Payroll			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions \$\$	Person Payroll Complete Part II for noncash contributions.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)			

Name of organization
NORTH CAROLINA CENTER FOR THE CARE
OF HUNTINGTON'S DISEASE, INC.

Employer identification number

26-4826165

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			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization **Employer identification number** NORTH CAROLINA CENTER FOR THE CARE OF HUNTINGTON'S DISEASE, INC. 26-4826165 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Inspection

Name of the organization

NORTH CAROLINA CENTER FOR THE CARE OF HUNTINGTON'S DISEASE, INC.

Employer identification number 26-4826165

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	Counts. Complete if the
		(a) Donor advised fund	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in c	donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat		servation of a histo	orically important land area
	Protection of natural habitat	· —		ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution i	n the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b	-			2b
c	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included on line 2c acquir	•••		
-	on a historic structure listed in the National Register	• • • •		2d
3	Number of conservation easements modified, transferred, rele			
Ü	year	asca, extinguished, or termin	ated by the organi	zation during the tax
4	Number of states where property subject to conservation ease	ament is located		
5	Does the organization have a written policy regarding the peri		andling of	
3	violations, and enforcement of the conservation easements it	• • • • • • • • • • • • • • • • • • • •	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	etan and volunteen neare develous to membering, mepeeting, r	arraining of Violationic, and orni	oromig comportation	on eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing	a conservation ea	sements during the year
-	, under the expenses meaned in monitoring, indposting, marian	ing of violations, and officions	g concervation ca	comente dannig the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of se	ction 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?			· — —
9	In Part XIII, describe how the organization reports conservatio			
·	balance sheet, and include, if applicable, the text of the footnote		•	
	organization's accounting for conservation easements.	oto to the organization o infant		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasur	es, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		•	
1a	If the organization elected, as permitted under FASB ASC 958		statement and hala	ance sheet works
	of art, historical treasures, or other similar assets held for public	, .		
	service, provide in Part XIII the text of the footnote to its finance			ice of public
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	exhibition, education, or resea		or public service,
				¢
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	curse or other similar assets		
2				provide
_	the following amounts required to be reported under FASB AS			c
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	IUI FUIIII 99U.		Schedule D (Form 990) 2023

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	O (Form 990) 2023		HUNTINGTON				26-4826165	
art III	Organizations	Mainta	ining Collections	of	Art, Historica	ıl Treasures, o	r Other Similar Assets (continu	ed)
Usin	g the organization's ac	cquisition	n, accession, and othe	r red	cords, check any o	of the following that	make significant use of its	
colle	ction items (check all	that appl	y).					
_	l poster a substitute a							

Par	rt iii Organizations Maintaining C	ollections of An	i, Historicai Tre	easures, or o	Otner 5	imilar As	ssets _{(conti}	nued)	
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).								
а	Public exhibition	d	Loan or exc	change program	n				
b	Scholarly research	е	Other						
С	Preservation for future generations								
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 of	or receive donations of	of art, historical trea	sures, or other	similar as	sets			
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	rt IV Escrow and Custodial Arran	gements Complet	te if the organization	n answered "Ye	es" on For	m 990, Par	t IV, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian, or other intermed	liary for contributior	ns or other asse	ets not inc	luded			
	on Form 990, Part X?						. Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	owing table:						
							Amour	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial accour	nt liability?		Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	rt V Endowment Funds Complete it	the organization ans	wered "Yes" on Fo						
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years	back (e) Fou	r years	back
1a	Beginning of year balance								
b	Contributions	60,000.							
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	60,000.							
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment100	%							
С		_%							
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered	d for the				
	organization by:							Yes	
	(i) Unrelated organizations?						I		X
									X
b	If "Yes" on line 3a(ii), are the related organiza						<u>3b</u>		<u> </u>
4 Dor	Describe in Part XIII the intended uses of the		wment funds.						
Par	rt VI Land, Buildings, and Equipm		Dest IV Beer 44 - 0) F 000 F	D = 14 W 15 = 1	- 40			
	Complete if the organization answere						T		
	Description of property	(a) Cost or o basis (investment)	, ,	t or other (other)		umulated ciation	(d) Boo	ok valu	e
1a	Land								
b	Buildings								
	Leasehold improvements								
d	Equipment			595.		500	•	,	95.
е	Other								
Total	il. Add lines 1a through 1e. <i>(Column (d) must e</i>	egual Form 990. Part	X. line 10c. column	(B))					95.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.	1010100 Tage 0
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives	(-,	(2)	,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Part IX Other Assets Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organi	on Form 000 Port IV line	a 11d Soc Form 000 Port V line 15	
	Description	e Tru. See Politi 990, Part A, iiile 15.	(b) Book value
	Description		60,000.
(1) ENDOWMENT (2)			00,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		60,000.
Part X Other Liabilities	. (2)		,
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col	. (B))		
2. Liability for uncertain tax positions. In Part XIII, provide	` "	o the organization's financial statements the	nat reports the

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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

Par	TXI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return	
	Complete if the organization answered "Yes" on Form 990, Part	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	·	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5 Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. linet XII Reconciliation of Expenses per Audited Financial	Statements With Expense		
Fai		•	es per neturn	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 0-1		
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)		20	
e o	Add lines 2a through 2d			
3 4	Subtract line 2e from line 1			
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	A 1.11: A 1.41		4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. II			
	rt XIII Supplemental Information	<u> 16.70.)</u>		
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV. lines 1b and 2b: Par	t V. line 4: Part X. line 2: Part	XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			,
		•		

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

2023

Open to Public Inspection

	AROLINA CENTER FOR INGTON'S DISEASE, :			ARE		Employer ide 26-4826	ntification number
	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17.	Form 990-EZ	filers are not
required to complete this part Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	cion of cion of fundra (includ	non-governising of onal fundamental	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	tò (or fı	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total List all states in which the organizatio or licensing.	n is registered or licensed to solicit c		utions	or has been notified	it is ex	kempt from reç	gistration

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023

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 gro	oss income on Form 990-	EZ, lines 1 and 6t	o. List events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF OUTING		NONE	` '
			RALEIGH			(add col. (a) through
			(event type)	(event type) (total number)	col. (c))
Revenue						
š	1	Gross receipts	52,080.			52,080.
Ä	Ī	Greed recorpte	02,000			
	2	Less: Contributions	34,824.			34,824.
			,			, , , , , , , , , , , , , , , , , , , ,
	3	Gross income (line 1 minus line 2)	17,256.			17,256.
		,	,			<u>, </u>
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
Direct Expenses						
ct E	7	Food and beverages				
)ire						
_	8	Entertainment				
	9	Other direct expenses				11,493.
	10	Direct expense summary. Add lines 4 through	·		·	11,493.
	11	Net income summary. Subtract line 10 from li				5,763.
Pa	rt I					•
		\$15,000 on Form 990-EZ, line 6a.				
_			(a) Pingo	(b) Pull tabs/ins	tant (a) Other gaming	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive	bingo (c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
'n	2	Cash prizes				
Direct Expenses						
per	3	Noncash prizes				
Ě						
rec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes	%	
	6	Volunteer labor	No No	No	No 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	En	ter the state(s) in which the organization condu	cts gaming activities: _			
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these s	tates?		Yes No
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	minated during tl	ne tax year?	Yes No
b	If "	Yes," explain:				
	_					
	_					
33208	32 00	9-13-23			Sch	edule G (Form 990) 2023

Schedule G (Form 990) 2023

NORTH CAROLINA CENTER FOR THE CARE OF HUNTINGTON'S DISEASE, INC.

Sch	edule G (Form 990) 2023 OF HUNTINGTON'S DISEASE, INC. 26-4	8261	L65	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\	/es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	\	es/	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	/es	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	,	/es	
	retain the state gaming license?	1	res	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year \$ IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III and III	d III line	- 0 0)b 10b
· u	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, IIIIe	S 9, S	ю, тою,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

NORTH CAROLINA CENTER FOR THE CARE OF HUNTINGTON'S DISEASE, INC. 26-4826165 Page 4 Schedule G (Form 990) Part IV Supplemental Information (continued)

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.

Inspection

OMB No. 1545-0047

Name of the organization

NORTH CAROLINA CENTER FOR THE CARE OF HUNTINGTON'S DISEASE, INC.

Employer identification number 26-4826165

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BY HUNTINGTON'S DISEASE IN NORTH CAROLINA.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
EDUCATION PROGRAM - HEALTH CARE PROFESSIONALS - TO IMPROVE KNOWLEDGE
AND MEDICAL CARE OF HUNTINGTON'S DISEASE: ITS DIAGNOSIS, TREATMENT, AND
ON- GOING AND FUTURE RESEARCH FINDINGS, AND CREATE A MEETING FORUM FOR
KNOWLEDGE EXCHANGE.
EXPENSES \$ 41,098. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
NO REVIEW WAS OR WILL BE CONDUCTED.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUAL REVIEW
FORM 990, PART VI, SECTION B, LINE 15A:
BOARD APPROVAL BASED ON THE RECOMMENDATION OF A COMPENSATION COMMITTEE
FORM 990, PART VI, SECTION C, LINE 19:
NO DOCUMENTS AVAILABLE TO THE PUBLIC.

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

Schedule O (Form 990) 2023

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C Lin	e Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT													
1	(D)TELEPHONE SYSTEM	03/01/15	200DB	5.00	HY17	3,659.		3,659.					0.	
3	(D)LENOVA IDEA/PAD #YD01NBD1	02/01/17	200DB	5.00	НҮ17	800.		800.					0.	
4	(D)LENOVA IDEA/PAD #YD01NBLJ	02/01/17	200DB	5.00	HY17	800.		800.					0.	
5	(D)LENOVA IDEA/PAD #YD01NBOX	02/01/17	200DB	5.00	НҮ17	800.		800.					0.	
6	(D)HP PROBOOK #SCD6424L83	02/01/17	200DB	5.00	HY17	853.		853.					0.	
7	(D)HP PROBOOK #5CD7092D9R	05/01/17	200DB	5.00	НҮ17	819.		819.					0.	
8	(D)LENOVA IDEA/PAD YD024LVU	05/01/17	200DB	5.00	НУ17	749.		749.					0.	
10	HP PROBOOK 635 AERO G8 NOTEBOOK	03/31/23	200DB	5.00	НҮ19	в 595.			476.	119.			500.	24.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					9,075.		8,480.	476.	119.	0.		500.	24.
	OTHER													
2	(D)WEB DESIGN	10/19/10	197	180M	HY43	3,500.				3,500.	3,500.		0.	3,500.
9	ORGANIZATIONAL EXPENSES	09/14/09		180M	НУ43	6,950.				6,950.	6,177.		463.	6,640.
	* 990 PAGE 10 TOTAL OTHER					10,450.				10,450.	9,677.		463.	10,140.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT					19,525.		8,480.	476.	10,569.	9,677.		963.	10,164.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					18,930.			0.	10,450.	9,677.			10,140.

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						595.			476.	119.	0.			24.
	DISPOSITIONS/RETIRED						11,980.			0.	3,500.	3,500.			3,500.
	ENDING BALANCE ENDING ACCUM DEPR LESS						7,545.			476.	7,069.	6,177.			6,664.
	DISPOSITIONS											7,140.			
	ENDING BOOK VALUE											405.			

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 179

Identifying number

NORTH CAROLINA CENTER FOR THE CARE OF HUNTINGTON'S DISEASE, FORM 990 PAGE 10 26-4826165 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 2,890,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 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 2024. 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. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 476. 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 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 Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use only - see instructions) (f) Method (a) Classification of property (e) Convention (g) Depreciation deduction 3-year property 19a 119. 5 YRS. HY 200DB 24 5-year property b 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h 27.5 yrs MM S/L S/L MM 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L b 30-year 30 yrs MM S/L С 40-vear 40 yrs MM S/L d 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. 500. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 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

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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other	Informat	ion (Caut	ion: S	See the i	nstruc	tions for li	mits fo	r passer	nger auto	mobiles.)	
24a Do you have evidence to support the business/investme	nt use cla	imed?	Y	es	No	24b If "Y	es," is	the evic	lence wri	tten?	Yes	No
(a) (b) (c) Type of property (list vehicles first) placed in service use percentage	. I oti	(d) Cost or her basis		(e) is for depresiness/invesuse only	stment	(f) Recovery period	(g) Method/ Convention			(h) Depreciation deduction		(i) cted n 179 ost
25 Special depreciation allowance for qualified listed	property	placed in	service	e during	the ta	x year and	L					
used more than 50% in a qualified business use								25	5			
26 Property used more than 50% in a qualified busine	ess use:											
: : 5	%											
: :	%											
: :	%											
27 Property used 50% or less in a qualified business u	use:											
	%		_				S/L -					
	%		_				S/L -					
	%						S/L -					
28 Add amounts in column (h), lines 25 through 27. E										1		
29 Add amounts in column (i), line 26. Enter here and										. 29		
		3 - Inform										
Complete this section for vehicles used by a sole prop												
to your employees, first answer the questions in Section	on C to s	ee if you n	neet ar	n excep	tion to	completin	ng this	section	for those	vehicles.		
	Ι,	, T			Т		1				T	
OO Tabal basis and formation at a flow delices during the		a)	-	b)	,,	(c)	١ ,,	(d)		(e)	(f	
Total business/investment miles driven during the	Vehi	cie 1	veni	cle 2	Ve	ehicle 3	Ve	ehicle 4	ve	hicle 5	Vehic	cie b
year (don't include commuting miles)					-							
31 Total commuting miles driven during the year					<u> </u>							
32 Total other personal (noncommuting) miles												
driven												
33 Total miles driven during the year.												
Add lines 30 through 32	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
during off-duty hours?	165	NO	165	INO	168	, NO	163	NO	165	NO	162	NO
35 Was the vehicle used primarily by a more												
than 5% owner or related person?												
36 Is another vehicle available for personal												
use?												
Section C - Questions f	or Empl	overs Wh	o Prov	ride Veh	icles 1	for Use by	/ Their	Employ	/ees			
Answer these questions to determine if you meet an ex										aren't		
more than 5% owners or related persons.			3					1 7				
37 Do you maintain a written policy statement that pro	ohibits al	l personal	use o	f vehicle	es, incl	uding com	nmuting	g, by yo	ur		Yes	No
employees?												
38 Do you maintain a written policy statement that pro												
employees? See the instructions for vehicles used	by corpo	orate offic	ers, diı	rectors,	or 1%	or more o	wners					
39 Do you treat all use of vehicles by employees as pe												
40 Do you provide more than five vehicles to your em												
the use of the vehicles, and retain the information												
41 Do you meet the requirements concerning qualified												
Note: If your answer to 37, 38, 39, 40, or 41 is "Ye	s," don't	complete	Section	on B for	the co	vered veh	icles.					
Part VI Amortization	4.3								, ,		(6)	
(a) Description of costs Date	(b) amortization	А	(c) mortizab	ole		(d) Code			e) tization	Aı	(f) mortization	
·	begins		amount			section			percentage	fc	or this year	
42 Amortization of costs that begins during your 2023	tax year	r:			1							
	: :											
	: : :							DMCD 1	1.0			162
43 Amortization of costs that began before your 2023							ر,د	r IAT.T.	43			<u> 163.</u>
14 Total. Add amounts in column (f). See the instruct	ions for v	vhere to re	eport						44			<u> 463.</u>

FORM 4562	PART VI	- AMORTIZA	STA	STATEMENT 1			
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.	
ORGANIZATIONAL EXPENSE	09/14/09	6,950.		180M	6,177.	463.	
TOTAL TO FORM 4562, LINE	43					463.	