

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

C Name of organization **NORTH CAROLINA CENTER FOR THE CARE OF HUNTINGTON'S DISEASE, INC.**
 Doing business as **DBA HD REACH**
 Number and street (or P.O. box if mail is not delivered to street address) **2054 KILDAIRE FARM ROAD, #427** Room/suite _____
 City or town, state or province, country, and ZIP or foreign postal code **CARY NC 27518**

D Employer identification number **26-4826165**

E Telephone number **919-859-1209**

F Name and address of principal officer:
CHAD MERRELL
2054 KILDAIRE FARM ROAD #427
CARY NC 27518

G Gross receipts \$ **425,321**

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

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

J Website: **WWW.HDREACH.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2009** **M** State of legal domicile: **NC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDING ACCESS TO HEALTHCARE, EDUCATION, AND SOCIAL ASSISTANCE TO PATIENTS AND FAMILIES AFFECTED BY HUNTINGTON'S DISEASE IN NORTH CAROLINA.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	8	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	4	
	6	Total number of volunteers (estimate if necessary)	29	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 229,539 Current Year: 393,515
		9	Program service revenue (Part VIII, line 2g)	16,140 11,832
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,234 3,396	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101,062 7,591	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	351,975 416,334	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	234,324 244,548	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	
	b	Total fundraising expenses (Part IX, column (D), line 25)	43,555	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	38,952 55,540	
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	273,276 300,088	
	19	Revenue less expenses. Subtract line 18 from line 12	78,699 116,246	
	20	Total assets (Part X, line 16)	Beginning of Current Year: 195,951 End of Year: 309,953	
	21	Total liabilities (Part X, line 26)	3,080 836	
	22	Net assets or fund balances. Subtract line 21 from line 20	192,871 309,117	

Part II Signature Block

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

Sign Here Signature of officer: **CHRIS MICHALAK** *Chris Michalak* **TREASURER** Date: **4/26/2023**

Paid Preparer Use Only Print/Type preparer's name: **JOHN H. COLLAR, III** Preparer's signature: **JOHN H. COLLAR, III** Date: **04/25/23** Check if self-employed PTIN: **P00454705**

Firm's name: **NORTON COLLAR LUND LILLEY, PLLC** Firm's EIN: **56-2034483**

Firm's address: **7701 SIX FORKS RD STE 100 RALEIGH, NC 27615** Phone no.: **919-841-1000**

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