

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

2023

Open to Public Inspection

For calendar year 2023 or tax year beginning , 2023, and ending ,20

HILLE FAMILY CHARITABLE FOUNDATION
10 N GREENWOOD AVE #103
TULSA, OK 74120

A Employer identification number
73-1521975

B Telephone number (see instructions)
(918) 592-0079

C If exemption application is pending, check here,

D 1 Foreign organizations, check here

2 Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

G Check all that apply:
Initial return
Final return
Address change
Initial return of a former public charity
Amended return
Name change

H Check type of organization:
[X] Section 501(c)(3) exempt private foundation
[] Section 4947(a)(1) nonexempt charitable trust
[] Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16)
\$ 56,402,123.
J Accounting method: [X] Cash [] Accrual
[] Other (specify)
(Part I, column (d), must be on cash basis.)

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes (cash basis only). Rows include Revenue (lines 1-12) and Operating and Administrative Expenses (lines 13-27).

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Part I – Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	HILLE FAMILY CHARITABLE FOUNDATION	73-1521975
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	10 N GREENWOOD AVE #103	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	TULSA, OK 74120	

Enter the Return Code for the return that this application is for (file a separate application for each return)..... **06**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.
 Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of THE FOUNDATION 10 N GREENWOOD AVE., STE 103 TULSA OK 74120
Telephone No. (918) 592-0079 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2024, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 20 23 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	3a \$	64.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.....	3b \$	5,480.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	3c \$	0.

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash – non-interest-bearing		5,900,542.	3,779,287.	3,779,287.	
	2	Savings and temporary cash investments					
	3	Accounts receivable					
		Less: allowance for doubtful accounts					
	4	Pledges receivable					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach sch)					
		Less: allowance for doubtful accounts					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges			502,200.	474,795.	474,795.
	10a	Investments – U.S. and state government obligations (attach schedule) STATEMENT 7			7,307,916.	7,307,916.	7,412,300.
	b	Investments – corporate stock (attach schedule) STATEMENT 8			7,862,242.	6,752,773.	12,606,688.
	c	Investments – corporate bonds (attach schedule)					
	11	Investments – land, buildings, and equipment: basis	31,238,692.				
	Less: accumulated depreciation (attach schedule) SEE STMT 9	1,433,815.		30,826,033.	29,804,877.	31,774,844.	
12	Investments – mortgage loans						
13	Investments – other (attach schedule) STATEMENT 10			2,253,623.	2,150,865.	10,773,640.	
14	Land, buildings, and equipment: basis	1,172,551.					
	Less: accumulated depreciation (attach schedule) SEE STMT 11	66,388.		22,684.	1,106,163.	1,106,163.	
15	Other assets (describe SEE STATEMENT 12)			13,159.	14,793.	13,159.	
16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)			54,688,399.	51,391,469.	67,940,876.	
Liabilities	17	Accounts payable and accrued expenses		10,000.			
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule) STMT 13			24,495,712.	24,495,712.	
	22	Other liabilities (describe SEE STATEMENT 14)			10,652.	10,346.	
23	Total liabilities (add lines 17 through 22)			24,516,364.	24,506,058.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 <input type="checkbox"/>						
	24	Net assets without donor restrictions					
	25	Net assets with donor restrictions					
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 <input checked="" type="checkbox"/>						
	26	Capital stock, trust principal, or current funds					
	27	Paid-in or capital surplus, or land, bldg., and equipment fund					
	28	Retained earnings, accumulated income, endowment, or other funds			30,172,035.	26,885,411.	
29	Total net assets or fund balances (see instructions)			30,172,035.	26,885,411.		
30	Total liabilities and net assets/fund balances (see instructions)			54,688,399.	51,391,469.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	30,172,035.
2	Enter amount from Part I, line 27a	2	-3,810,256.
3	Other increases not included in line 2 (itemize) SEE STATEMENT 15	3	551,661.
4	Add lines 1, 2, and 3	4	26,913,440.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 16	5	28,029.
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	26,885,411.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE STATEMENT 17				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)....		<input type="checkbox"/> If gain, also enter in Part I, line 7 <input type="checkbox"/> If (loss), enter -0- in Part I, line 7		2 1,770,691.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):		<input type="checkbox"/> If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- <input type="checkbox"/> in Part I, line 8.		3 0.

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 — see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary — see instructions)		
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)	1	25,809.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).	2	0.
3 Add lines 1 and 2.	3	25,809.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.....	5	25,809.
6 Credits/Payments:		
a 2023 estimated tax pymts and 2022 overpayment credited to 2023	6a	19,360.
b Exempt foreign organizations — tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868).	6c	22,000.
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d.	7	41,360.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	854.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	10	14,697.
11 Enter the amount of line 10 to be: Credited to 2024 estimated tax 14,697. Refunded	11	0.

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Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)	X
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? If "Yes," list the years	2a	X
20 __ , 20 __ , 20 __ , 20 __		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions.)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
20 __ , 20 __ , 20 __ , 20 __		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023?	4b	X

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Form 990-PF (2023)

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)	X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)	X
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)	X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)	X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)	X
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.	N/A	5b
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	5d
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a	X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b
8 Is the foundation 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?	8	X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 18		395,803.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
CHRISTOPHER J GREEN 1508 S NEWPORT AVENUE TULSA, OK 74120	STAFF 40	64,017.	0.	0.
RENEE S SMITH 3334 E. 30TH STREET TULSA, OK 74114	STAFF 40	67,509.	0.	0.
TONI A GRIFFEY 1712 W INDEPENDENCE ST TULSA, OK 74127	STAFF 40	85,414.		0.

Total number of other employees paid over \$50,000 0

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
KAJEER YAR 2651 E 66TH ST TULSA, OK 74136	LEGAL AND CONSULTING	251,000.
FOX ALLEN REALTY 1345 E 15TH ST, STE A TULSA, OK 74120	MANAGEMENT	167,304.
DNA SECURITY LLC PO BOX 864 JENKS, OK 74037	SECURITY	93,768.
EIDE BAILLY PO BOX 2545 FARGO, ND 58108	PROFESSIONAL SERVICES	60,100.
Total number of others receiving over \$50,000 for professional services.....		0

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part VIII-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3.....		0.

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Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	20,663,124.
b	Average of monthly cash balances	1b	4,186,793.
c	Fair market value of all other assets (see instructions)	1c	43,090,959.
d	Total (add lines 1a, b, and c)	1d	67,940,876.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	24,495,712.
3	Subtract line 2 from line 1d	3	43,445,164.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	651,677.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	42,793,487.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,139,674.

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	2,139,674.
2a	Tax on investment income for 2023 from Part V, line 5	2a	25,809.
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	25,809.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,113,865.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,113,865.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	2,113,865.

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	2,615,391.
b	Program-related investments — total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	2,615,391.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7.....				2,113,865.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only.....			0.	
b Total for prior years: 20____, 20____, 20____		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018.....				
b From 2019.....				
c From 2020.....	859,918.			
d From 2021.....	190,178.			
e From 2022.....				
f Total of lines 3a through e.....	1,050,096.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 2,615,391.				
a Applied to 2022, but not more than line 2a....			0.	
b Applied to undistributed income of prior years (Election required – see instructions).....		0.		
c Treated as distributions out of corpus (Election required – see instructions).....	0.			
d Applied to 2023 distributable amount.....				2,113,865.
e Remaining amount distributed out of corpus.....	501,526.			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.....	1,551,622.			
b Prior years' undistributed income. Subtract line 4b from line 2b.....		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.....		0.		
d Subtract line 6c from line 6b. Taxable amount – see instructions.....		0.		
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount – see instructions.....			0.	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024.....				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions).....	0.			
8 Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions).....	0.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a.....	1,551,622.			
10 Analysis of line 9:				
a Excess from 2019.....				
b Excess from 2020.....	859,918.			
c Excess from 2021.....	190,178.			
d Excess from 2022.....				
e Excess from 2023.....	501,526.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling. _____

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed.					
b 85% (0.85) of line 2a.					
c Qualifying distributions from Part XI, line 4, for each year listed.					
d Amounts included in line 2c not used directly for active conduct of exempt activities.					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test — enter:					
(1) Value of all assets.					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b "Endowment" alternative test — enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed.					
c "Support" alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization.					
(4) Gross investment income.					

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
 NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
 NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p>a Paid during the year SEE STATEMENT 19</p>				
Total				3a 2,080,458.
b Approved for future payment				
Total				3b

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

2023

Department of the Treasury
Internal Revenue Service

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

Name HILLE FAMILY CHARITABLE FOUNDATION	Employer identification number 73-1521975
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions).....		1	25,809.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1.....	2 a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method.....	2 b		
c Credit for federal tax paid on fuels (see instructions).....	2 c		
d Total. Add lines 2a through 2c.....		2 d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty.....		3	25,809.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5.....		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3.....		5	25,809.

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

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.....	9	5/15/23	6/15/23	9/15/23	12/15/23
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.....	10	6,452.	6,452.	6,452.	6,453.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.....	11				19,360.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column.....	12				
13 Add lines 11 and 12.....	13				19,360.
14 Add amounts on lines 16 and 17 of the preceding column.....	14		6,452.	12,904.	19,356.
15 Subtract line 14 from line 13. If zero or less, enter -0-.....	15	0.	0.	0.	4.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-.....	16		6,452.	12,904.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18.....	17	6,452.	6,452.	6,452.	6,449.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column.....	18				

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

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (<i>C corporations with tax years ending June 30 and S corporations</i> : Use 3rd month instead of 4th month. <i>Form 990-PF and Form 990-T filers</i> : Use 5th month instead of 4th month.) See instructions.....	19 12/14/23	12/14/23	12/14/23	5/15/24
20 Number of days from due date of installment on line 9 to the date shown on line 19.....	20 213	182	90	152
21 Number of days on line 20 after 4/15/2023 and before 7/1/2023.....	21 46	15		
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 7% (0.07)	22 56.92	18.56		
23 Number of days on line 20 after 6/30/2023 and before 10/1/2023.....	23 92	92	15	
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 7% (0.07)	24 113.84	113.84	18.56	
25 Number of days on line 20 after 9/30/2023 and before 1/1/2024.....	25 75	75	75	16
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 8% (0.08)	26 106.06	106.06	106.06	22.62
27 Number of days on line 20 after 12/31/2023 and before 4/1/2024.....	27			91
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{366}$ x 8% (0.08)	28			128.28
29 Number of days on line 20 after 3/31/2024 and before 7/1/2024.....	29			45
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{366}$ x 8 %	30			63.43
31 Number of days on line 20 after 6/30/2024 and before 10/1/2024.....	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{366}$ x %	32			
33 Number of days on line 20 after 9/30/2024 and before 1/1/2025.....	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{366}$ x %	34			
35 Number of days on line 20 after 12/31/2024 and before 3/16/2025.....	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	36			
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36.....	37 276.82	238.46	124.62	214.33
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns.....	38			854.

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

**STATEMENT 1
FORM 990-PF, PART I, LINE 11
OTHER INCOME**

	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
EXERBOTICS LLC.....	\$ 1,641.		
GREENARCH LLC.....	-95,452.		
MISCELLANEOUS INCOME.....	1,266.	\$ 1,266.	
P3K LLC.....	-15,176.		
RENTAL INCOME - NONINVESTMENT PROPERTY.....	717,863.		
TOTAL	\$ 610,142.	\$ 1,266.	\$ 0.

**STATEMENT 2
FORM 990-PF, PART I, LINE 16A
LEGAL FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES.....	\$ 165,500.	\$ 115,850.		\$ 49,150.
TOTAL	\$ 165,500.	\$ 115,850.	\$ 0.	\$ 49,150.

**STATEMENT 3
FORM 990-PF, PART I, LINE 16C
OTHER PROFESSIONAL FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BROKER FEES.....	\$ 92,176.	\$ 92,176.		
PROFESSIONAL FEES.....	153,057.	114,256.		\$ 38,801.
TOTAL	\$ 245,233.	\$ 206,432.	\$ 0.	\$ 38,801.

**STATEMENT 4
FORM 990-PF, PART I, LINE 18
TAXES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAXES.....	\$ 51,362.			
FOREIGN TAXES.....	7,278.	\$ 7,278.		
PAYROLL TAXES.....	40,220.	8,503.		\$ 26,745.
STATE TAXES.....	1,104.			
TOTAL	\$ 99,964.	\$ 15,781.	\$ 0.	\$ 26,745.

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**STATEMENT 5
FORM 990-PF, PART I, LINE 19
ALLOCATED DEPRECIATION**

DATE ACQUIRED	COST BASIS	PRIOR YR DEPR	METHOD	RATE	LIFE	CURRENT YR DEPR	NET INVEST INCOME	ADJUSTED NET INCOME
LAPTOP COMPUTERS								
2/04/19	5,154	2,883	S/L	0.1429		737	0	0
LAPTOPS, IPAD & DESKTOP COMPUTERS								
5/09/19	12,843	6,728	S/L	0.1429		1,835	0	0
SONICWALL TX37005								
5/03/22	1,548	344	S/L	0.3333		516	0	0
COMPUTER EQUIPMENT								
5/13/22	5,910	788	S/L	0.2		1,182	0	0
WEBSITE DESIGN								
11/30/22	8,200	228	S/L	0.3333		2,733	0	0
BUILDING - 21 N GREENWOOD								
3/31/22	28,747,444	552,835	S/L	0.0256		737,084	0	0
REFRIGERATOR W/ ICE CUBER & BIN								
4/12/22	5,260	789	S/L	0.2		1,052	0	0
PORTABLE BAR - VISTA								
9/26/22	5,321	190	S/L	0.1429		760	0	0
LOAN COSTS								
12/05/22	161,472	1,346	S/L	0.1		16,147	0	0
TENANT IMPROVEMENTS - 4TH FL								
11/01/22	1,588,624	17,651	S/L	0.0667		105,961	0	0
TENANT IMPROVEMENTS								
12/14/23	798,769		S/L	0.0083		6,630	0	0
21 N GREENWOOD								
7/12/23	301,896		S/L	0.0118		3,553	0	0

**STATEMENT 6
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES.....	\$ 1,136.			
CLEANING.....	2,400.			
CORPORATE EVENT.....	744.			
DUES AND SUBSCRIPTIONS.....	3,734.			
EMPLOYEE BENEFITS.....	97,349.			
INSURANCE.....	11,963.	\$ 5,982.		\$ 5,981.
MEALS & ENTERTAINMENT.....	612.			
NONDEDUCTIBLE CHARITABLE CONT.....	733.			540.
OFFICE EXPENSES.....	31,997.	15,999.		15,998.
PAYROLL FEES.....	50.			
PENALTIES AND INTEREST.....	775.			
RENTAL EXPENSES.....	2,569,513.			
REPAIRS AND MAINTENANCE.....	18.			
TELEPHONE EXPENSE.....	6,768.			

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**STATEMENT 6 (CONTINUED)
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
UTILITIES.....	\$ 1,573.			
TOTAL	<u>\$ 2,729,365.</u>	<u>\$ 21,981.</u>	<u>\$ 0.</u>	<u>\$ 22,519.</u>

**STATEMENT 7
FORM 990-PF, PART II, LINE 10A
INVESTMENTS - U.S. AND STATE GOVERNMENT OBLIGATIONS**

U.S. GOVERNMENT OBLIGATIONS	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MERRILL LYNCH 435	MKT VAL	\$ 7,307,916.	\$ 7,412,300.
	TOTAL	<u>\$ 7,307,916.</u>	<u>\$ 7,412,300.</u>

**STATEMENT 8
FORM 990-PF, PART II, LINE 10B
INVESTMENTS - CORPORATE STOCKS**

CORPORATE STOCKS	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MERRILL LYNCH 217	MKT VAL	\$ 4,792,266.	\$ 10,274,652.
MERRILL LYNCH 352	MKT VAL	1,960,507.	2,332,036.
	TOTAL	<u>\$ 6,752,773.</u>	<u>\$ 12,606,688.</u>

**STATEMENT 9
FORM 990-PF, PART II, LINE 11
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE	FAIR MARKET VALUE
MACHINERY AND EQUIPMENT	\$ 10,581.	\$ 2,791.	\$ 7,790.	\$ 0.
BUILDINGS	28,747,444.	1,289,919.	27,457,525.	29,965,029.
IMPROVEMENTS	1,588,624.	123,612.	1,465,012.	0.
LAND	730,571.		730,571.	0.
MISCELLANEOUS	161,472.	17,493.	143,979.	0.
TOTAL	<u>\$ 31,238,692.</u>	<u>\$ 1,433,815.</u>	<u>\$ 29,804,877.</u>	<u>\$ 29,965,029.</u>

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**STATEMENT 10
FORM 990-PF, PART II, LINE 13
INVESTMENTS - OTHER**

<u>OTHER INVESTMENTS</u>	<u>VALUATION METHOD</u>	<u>BOOK VALUE</u>	<u>FAIR MARKET VALUE</u>
EXERBOTICS (PARTNERSHIP)	COST	\$ 100,079.	\$ 100,079.
GREENARCH LLC	COST	230,525.	230,525.
OTHER HOLDINGS @ P3K	COST	668,680.	668,680.
PERRY PRESTON GROUP (P3K LLC)	COST	1,121,607.	1,121,607.
ONETULSA LLC	COST	29,974.	29,974.
TOTAL		\$ 2,150,865.	\$ 2,150,865.

**STATEMENT 11
FORM 990-PF, PART II, LINE 14
LAND, BUILDINGS, AND EQUIPMENT**

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>	<u>FAIR MARKET VALUE</u>
MACHINERY AND EQUIPMENT	\$ 71,886.	\$ 56,205.	\$ 15,681.	\$ 0.
BUILDINGS	301,896.	3,553.	298,343.	0.
IMPROVEMENTS	798,769.	6,630.	792,139.	0.
TOTAL	\$ 1,172,551.	\$ 66,388.	\$ 1,106,163.	\$ 0.

**STATEMENT 12
FORM 990-PF, PART II, LINE 15
OTHER ASSETS**

<u>ACCRUED DIVIDEND INCOME</u>	<u>BOOK VALUE</u>	<u>FAIR MARKET VALUE</u>
ACCRUED DIVIDEND INCOME	\$ 14,793.	\$ 13,159.
TOTAL	\$ 14,793.	\$ 13,159.

**STATEMENT 13
FORM 990-PF, PART II, LINE 21
MORTGAGES AND OTHER NOTES PAYABLE**

<u>MORTGAGES PAYABLE</u>	<u>BALANCE DUE</u>
OKLAHOMA FIDELITY BANK	\$ 20,000,000.
BANK OF AMERICA	4,495,712.
TOTAL MORTGAGES PAYABLE	\$ 24,495,712.

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**STATEMENT 14
FORM 990-PF, PART II, LINE 22
OTHER LIABILITIES**

ACCRUED PAYROLL.....	\$	6,361.
CREDIT CARD PAYABLE.....		3,985.
	TOTAL \$	<u>10,346.</u>

**STATEMENT 15
FORM 990-PF, PART III, LINE 3
OTHER INCREASES**

ADJUSTMENTS TO COST BASIS.....	\$	1,813.
DIFFERENCE IN VALUE OF LAND DONATION.....		549,848.
	TOTAL \$	<u>551,661.</u>

**STATEMENT 16
FORM 990-PF, PART III, LINE 5
OTHER DECREASES**

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	28,029.
	TOTAL \$	<u>28,029.</u>

**STATEMENT 17
FORM 990-PF, PART IV, LINE 1
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

ITEM	(A) DESCRIPTION	(B) HOW ACQUIRED	(C) DATE ACQUIRED	(D) DATE SOLD
1	2500000 US TSY 2.625%	PURCHASED	12/21/2022	12/31/2023
2	MERRILL LYNCH 02217	PURCHASED	VARIOUS	VARIOUS
3	MERRILL LYNCH 02217	PURCHASED	VARIOUS	VARIOUS
4	MERRILL LYNCH 02352	PURCHASED	VARIOUS	VARIOUS
5	MERRILL LYNCH 02352	PURCHASED	VARIOUS	VARIOUS
6	MERRILL LYNCH 02352	PURCHASED	VARIOUS	VARIOUS
7	GAIN FROM EXERBOTICS K-1	PURCHASED	VARIOUS	VARIOUS
8	21 N GREENWOOD	PURCHASED	3/31/2022	4/12/2023

ITEM	(E) GROSS SALES	(F) DEPREC. ALLOWED	(G) COST BASIS	(H) GAIN (LOSS)	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS (I) - (J)	(L) GAIN (LOSS)
1	2500000.		2453130.	46,870.				\$ 46,870.
2	1441313.		906,742.	534,571.				534,571.
3	1418836.		314,765.	1104071.				1104071.
4	321,726.		325,464.	-3,738.				-3,738.
5	421,421.		355,052.	66,369.				66,369.
6	15.		0.	15.				15.
7	22,533.		0.	22,533.				22,533.
8	160,152.		160,152.	0.				0.
							TOTAL \$	<u>1770691.</u>

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**STATEMENT 18
FORM 990-PF, PART VII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARY ANN HILLE 3915 S LEWIS PLACE TULSA, OK 741015	CO TRUSTEE, MBR 10.00	\$ 0.	\$ 0.	\$ 0.
MARGARET YAR 2651 E 66TH ST TULSA, OK 74136	EXECUTIVE DIR. 40.00	171,132.	0.	0.
SHIRLEY MARTIN 4611 E 55TH TULSA, OK 74135	GRANT MANAGER 40.00	119,897.	0.	0.
LESLIE HAMRICK 3523 WEST LAKE DRIVE MARTINEX, GA 30907	GRANT OFFICER 7.00	52,387.	0.	0.
SHEILA LEQUERICA 867 GRANADA ROAD SEALY, TX 77474	GRANT OFFICER 7.00	52,387.	0.	0.
TOTAL		\$ 395,803.	\$ 0.	\$ 0.

**STATEMENT 19
FORM 990-PF, PART XIV, LINE 3A
RECIPIENT PAID DURING THE YEAR**

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
BELLE'S BUDS RESCUE PO BOX 421 PATTISON TX 77466		PC	GENERAL OPERATING FOR ENVIRONMENT & ANIMALS	\$ 1,500.
BIT BY BIT 16544 A SOUTH HWY 169 OOLOGAH OK 74053		PC	EVENT SPONSORSHIP	5,000.
BIT BY BIT 16544 A SOUTH HWY 169 OOLOGAH OK 74053		PC	GENERAL OPERATING	25,000.
BLAZE'S TRIBUTE EQUINE RESCUE PO BOX 670 JONES OK 73049		PC	GENERAL OPERATING	2,000.

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**STATEMENT 19 (CONTINUED)
FORM 990-PF, PART XIV, LINE 3A
RECIPIENT PAID DURING THE YEAR**

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
CATHOLIC CHARITIES 2450 N HARVARD AVE TULSA OK 74115		PC	GENERAL OPERATING	\$ 15,000.
COMMUNITY FOOD BANK OF EASTERN OK 1304 N KENOSHA AVE TULSA OK 74106		PC	2ND & FINAL MYG - CAPITAL CAMPAIGN	300,500.
CROSTOWN LEARNING CENTER 2501 E ARCHER ST TULSA OK 74110		PC	GENERAL OPERATING	30,000.
DONORSCHOOSE 134 WEST 37TH STREET. 11TH FLOOR NEW YORK NY 10018		PC	CONTRIBUTION FOR CLASSROOMS	648.
FIRST TEE OF TULSA 5223 E 41ST ST N TULSA OK 74115		PC	PROGRAM EXPANSION	10,000.
GERTRUDE HERBERT INSTITUTE OF ART, INC. 506 TELFAIR ST AUGUSTA GA 30901		PC	SUMMER - 22 CAMP SCHOLARSHIPS	2,500.
FRIENDS OF AUSTIN COUNTY COLT PROGRAM PO BOX 29 CAT SPRING TX 78933		PC	GENERAL OPERATING	2,000.
IRON GATE 501 W ARCHER ST TULSA OK 74105		PC	GENERAL OPERATING	75,000.
JDRF NATIONAL 200 VASEY STREET, 28TH FLOOR NEW YORK NY 10281		PC	HEALTH/MEDICAL RESEARCH	100,000.
KIPP OF TULSA, INC 1661 E VIRGIN ST TULSA OK 74106		PC	GENERAL OPERATING FOR EDUCATION	25,000.
HOLY HIGHWAY EVANGELISTIC CENTER 1019 E 54TH PL N TULSA OK 74106		PC	GENERAL OPERATING	1,000.

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HILLE FAMILY CHARITABLE FOUNDATION

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STATEMENT 19 (CONTINUED)
FORM 990-PF, PART XIV, LINE 3A
RECIPIENT PAID DURING THE YEAR

<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
NEIGHBORS ALONG THE LIN 5000 CHARLES PAGE BLVD TULSA OK 74127		PC	GENERAL OPERATING	\$ 5,000.
LINDSEY HOUSE 1607 N HARTFORD AVE TULSA OK 74106		PC	GENERAL OPERATING	10,000.
PHILOS HOSPITALITY HOUSE TULSA 1135 S VICTOR AVE TULSA OK 74127		PC	GENERAL OPERATING	5,500.
REVITALIZE T-TOWN 14 E 7TH ST TULSA OK 74119		PC	EVENT SPONSORSHIP AND CLIENT SPECIALIST POSITION	107,060.
RISE AUGUSTA PO BOX 1604 AUGUSTA GA 30903		PC	GENERAL OPERATING	3,000.
SOUTH PEORIA NEIGHBORHOOD 5780 S PEORIA AVE TULSA OK 74105		PC	GENERAL OPERATING FOR EDUCATION	10,000.
STONE RIDGE ELEMENTARY 10000 W MEMORIAL RD YUKON OK 73099		PC	CONTRIBUTIONS FOR CLASSROOMS	750.
TULSA AREA UNITED WAY 1430 S BOULDER TULSA OK 74119		PC	GENERAL CAMPAIGN FOR OPERATIONS	100,000.
TULSA COMMUNITY FOUNDATION 7030 SOUTH YALE AVENUE, STE 600 TULSA OK 74136		PC	COMM IMPROVEMENT/PUBL IC SOCIETAL BENEFIT - 5TH OF 10 MYG - GATHERING PLACE	325,000.
TULSA DEBATE LEAGUE PO BOX 35711 TULSA OK 74153		PC	GENERAL OPERATING	5,000.
YMCA OF TULSA 420 S MAIN ST TULSA OK 74103		PC	CAPITAL CAMPAIGN	500.

CLIENT HILLE

HILLE FAMILY CHARITABLE FOUNDATION

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**STATEMENT 19 (CONTINUED)
FORM 990-PF, PART XIV, LINE 3A
RECIPIENT PAID DURING THE YEAR**

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
YOUTH SRVICES OF TULSA 311 S MADISON AVE TULSA OK 74120		PC	2ND & FINAL MYG - GENERAL OPERATING	\$ 20,000.
A NEW LEAF 2306 S 1ST PL BROKEN ARROW OK 74012		PC	GENERAL OPERATING	500.
RIVER PARKS FOUNDATION 2121 S COLUMBIA AVE., STE 205 TULSA OK 74114		PC	2ND & FINAL MYG - TURKEY MOUNTAIN TRAILS	50,000.
TULSA DAY CENTER 415 W ARCHER ST TULSA OK 74103		PC	MEDICAL CLINIC SUPPORT	10,000.
BOOKER T. WASHINGTON FOUNDATION PO BOX 52663 TULSA OK 74152		PF	EDUCATION SUPPORT	4,000.
FOUNDATION FOR TULSA SCHOOLS 3027 S NEW HAVEN #116 TULSA OK 74114		PF	EDUCATION SUPPORT	1,500.
FOOD ON THE MOVE PO BOX 1626 TULSA OK 74101		PF	GENERAL OPERATING	2,500.
GREATER AUGUSTA ARTS COUNCIL 1301 GREENE STREET AUGUSTA GA 30904		PF	GENERAL OPERATING	1,000.
RIVER PARK AUTHORITY 2121 S COLUMBIA AVE, STE 205 TULSA OK 74114		POF	GENERAL OPERATING	900.
AUGUSTA LOCALLY GROWN 631 CHAFEE AVE AUGUSTA GA 30904		POF	GENERAL	1,000.
BELLVILLE INDEPENDENT SCHOOL DISTRICT 518 SOUTH MATHEWS STREET BELLVILLE TX 77418		PF	EDUCATION SUPPORT	1,650.

CLIENT HILLE

HILLE FAMILY CHARITABLE FOUNDATION

73-1521975

11/15/24

10:53AM

STATEMENT 19 (CONTINUED)
FORM 990-PF, PART XIV, LINE 3A
RECIPIENT PAID DURING THE YEAR

<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
BOYS & GIRLS CLUB OF AUSTIN COUNTY 1815 S TESCH STREET BELLVILLE TX 77418		PC	GENERAL	\$ 1,000.
COMMUNITY HEALTH CONNECTION 12020 EAST 31ST STREET TULSA OK 74146		POF	GENERAL	25,000.
GATESWAY FOUNDATION 2448 E 81ST ST, STE 5200 TULSA OK 74137		POF	BALLOON FESTIVAL	1,000.
PALMER CONTINUUM OF CARE INC 222 W 8TH ST TULSA OK 74119		POF	GENERAL	1,000.
POLO TRAINING FOUNDATION 852 E ROAD LOXAHATCHEE FL 33470		POF	GENERAL	850.
SEALY CHRISTIAN PANTRY PO BOX 162 SEALY TX 77474		POF	GENERAL	1,000.
TURN BACK THE BLOCK PO BOX 3366 AUGUSTA GA 30914		POF	GENERAL	2,500.
WORK TO RIDE INC 98 CHAMOUNIX DRIVE PHILADELPHIA PA 19131		POF	GENERAL	2,000.
AMERICAN RED CROSS 10151 E 11TH ST TULSA OK 74128		POF	GENERAL	10,000.
GIRL SCOUTS OF EASTERN OKLAHOMA 4810 SOUTH 129TH E AVENUE TULSA OK 74134		POF	GENERAL	15,600.
TEACH FOR AMERICA 3441 E ARCHER ST TULSA OK 74115		POF	GENERAL	50,000.
GREENWOOD RISING INC 23 N GREENWOOD AVE TULSA OK 74120		POF	MUSEUM	710,000.

CLIENT HILLE

HILLE FAMILY CHARITABLE FOUNDATION

73-1521975

11/15/24

10:53AM

STATEMENT 19 (CONTINUED)
FORM 990-PF, PART XIV, LINE 3A
RECIPIENT PAID DURING THE YEAR

<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
PEOPLE BULIDERS INC 1709 N MADISON TULSA OK 74114		POF	GENERAL	\$ 500.
			TOTAL	<u>\$ 2,080,458.</u>

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

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20_____

2023

Department of the Treasury
Internal Revenue Service

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

Name of filer HILLE FAMILY CHARITABLE FOUNDATION EIN or SSN 73-1521975

Name and title of officer or person subject to tax
MARGARET YAR EXECUTIVE DIR.

Part I Type of Return and Return Information

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

1a Form 990 check here.	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a Form 990-EZ check here.	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here.	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a Form 8868 check here.	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here.	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	64 .
7a Form 4720 check here.	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here.	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here.	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here.	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize JEFFREY J BURNS CPA to enter my PIN 67890 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

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

73259512345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature JEFFREY J. BURNS  Date 11/15/24

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

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

2023

For calendar year 2023 or other tax year beginning _____, 2023, and ending _____,

Go to www.irs.gov/Form990T for instructions and the latest information.

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

Department of the Treasury Internal Revenue Service

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

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year: 51,391,469; D Employer identification number: 73-1521975; E Group exemption number; F Check box if an amended return.

G Check organization type: 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

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

J Enter the number of attached Schedules A (Form 990-T): 4

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsiary controlled group? Yes No

L The books are in care of THE FOUNDATION 10 N GREENWOOD AVE., STE 103 TULSA Telephone number (918) 592-0079

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount: 641.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Total amount: 64.

Part III Tax and Payments

Table with 5 main rows for Part III: Tax and Payments. Columns include sub-rows (1a-1d, 3a-3e), line number, description, and amount. Total amount: 64.

Part III Tax and Payments (continued)

6a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	5,480.
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	5,480.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	5,416.
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 5,416. Refunded	11	0.

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

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year. \$ 0.		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part 1, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
-----		\$ -----	
-----		\$ -----	
-----		\$ -----	
-----		\$ -----	
6a	Reserved for future use		
6b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	EXECUTIVE DIR.	Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN	
	JEFFREY J. BURNS	JEFFREY J. BURNS	11/12/24		P00087344	
	Firm's name	JEFFREY J BURNS CPA			Firm's EIN	73-1439761
	Firm's address	2727 E. 21ST STREET, SUITE 602 TULSA, OK 74114			Phone no.	(918) 747-8350

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A 21 N GREENWOOD, TULSA, OK 74120
 B
 C
 D

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%).....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	275,060.			
c Total rents received or accrued by property Add lines 2a and 2b, columns A through D...	275,060.			
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)...				275,060.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement).	633,760.			
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B).....				633,760.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A 21 N GREENWOOD AVE, TULSA, OK 74120
 B
 C
 D

	A	B	C	D
2 Gross income from or allocable to debt-financed property.....	442,803.			
3 Deductions directly connected with or allocable to debt-financed property	SEE STATEMENT 2			
a Straight line depreciation (attach statement)	683,190.			
b Other deductions (attach statement) STATEMENT 3...	1,693,701.			
c Total deductions (add lines 3a and 3b, columns A through D).....	2,376,891.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement).....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement).....				
6 Divide line 4 by line 5.....	100.0000 %	%	%	%
7 Gross income reportable. Multiply line 2 by line 6.	442,803.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A).....				442,803.
9 Allocable deductions. Multiply line 3c by line 6....	2,376,891.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).....				2,376,891.
11 Total dividends - received deductions included in line 10.....				

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

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

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

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

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

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

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

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A).....	_____			
3 Direct advertising costs by periodical.....				
a Add columns A through D. Enter here and on Part I, line 11, column (B).....	_____			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13.....	_____			

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
Total. Enter here and on Part II, line 1.....			_____

Part XI Supplemental Information (see instructions)

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A Name of the organization HILLE FAMILY CHARITABLE FOUNDATION	B Employer identification number 73-1521975
C Unrelated business activity code (see instructions) 790000	D Sequence: 2 of 4

E Describe the unrelated trade or business **EXERBOTICS**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance			
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)	1,641.		1,641.
6	Rent income (Part IV)			
7	Unrelated debt-financed income (Part V)			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10	Exploited exempt activity income (Part VIII)			
11	Advertising income (Part IX)			
12	Other income (see instructions; attach statement)			
13	Total. Combine lines 3 through 12	1,641.		1,641.

Part II	Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.		
1	Compensation of officers, directors, and trustees (Part X)		1
2	Salaries and wages		2
3	Repairs and maintenance		3
4	Bad debts		4
5	Interest (attach statement). See instructions		5
6	Taxes and licenses		6
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b
9	Depletion		9
10	Contributions to deferred compensation plans		10
11	Employee benefit programs		11
12	Excess exempt expenses (Part VIII)		12
13	Excess readership costs (Part IX)		13
14	Other deductions (attach statement)		14
15	Total deductions. Add lines 1 through 14		15
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16
17	Deduction for net operating loss. See instructions		17
18	Unrelated business taxable income. Subtract line 17 from line 16		18

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____
 B _____
 C _____
 D _____

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

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____
 B _____
 C _____
 D _____

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

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

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

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

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

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

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

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

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____
 B _____
 C _____
 D _____

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

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____
 B _____
 C _____
 D _____

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

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

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

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A).
 Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Totals

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

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A).
 Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Totals

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

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

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A Name of the organization HILLE FAMILY CHARITABLE FOUNDATION	B Employer identification number 73-1521975
C Unrelated business activity code (see instructions) 531110	D Sequence: 4 of 4

E Describe the unrelated trade or business **GREENARCH LLC**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)	-95,452.		-95,452.
6	Rent income (Part IV)			
7	Unrelated debt-financed income (Part V)			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10	Exploited exempt activity income (Part VIII)			
11	Advertising income (Part IX)			
12	Other income (see instructions; attach statement)			
13	Total. Combine lines 3 through 12	-95,452.		-95,452.

Part II	Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	
15	Total deductions. Add lines 1 through 14		15	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-95,452.
17	Deduction for net operating loss. See instructions		17	
18	Unrelated business taxable income. Subtract line 17 from line 16		18	-95,452.

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____
 B _____
 C _____
 D _____

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

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____
 B _____
 C _____
 D _____

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

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

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

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

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

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

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

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

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

Depreciation and Amortization (Including Information on Listed Property)

2023

Department of the Treasury Internal Revenue Service

Attach to your tax return.

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

Attachment Sequence No. 179

Name(s) shown on return

HILLE FAMILY CHARITABLE FOUNDATION

Identifying number

73-1521975

Business or activity to which this form relates

RENTAL ACTIVITY - 21 N GREENWOOD

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for election details and 13 rows for property descriptions and costs. Includes columns for description, cost, and elected cost.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for special depreciation allowance and other depreciation details.

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

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2023.

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, residential rental property, and nonresidential real property.

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Class life, Recovery period, Convention, Method, and Depreciation deduction. Includes rows for 12-year, 30-year, and 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows for summary totals: Listed property amount, Total depreciation deduction, and Basis attributable to section 263A costs.

**STATEMENT 1
SCHEDULE A, PART IV, LINE 4
DEDUCTIONS DIRECTLY CONNECTED WITH INCOME**

THE VISTA AT 21		
ADVERTISING		\$ 2,671.
CLEANING AND MAINTENANCE		5,466.
DEPRECIATION		170,798.
INTEREST		293,480.
TELEPHONE		53.
WAGES AND SALARIES		92,026.
BANK CHARGES		1,195.
EMPLOYEE BENEFITS		8,051.
LANDSCAPING		14,840.
OFFICE EXPENSE		651.
EMPLOYEE BENEFITS		41,267.
SECURITY		3,262.
	TOTAL	\$ <u>633,760.</u>

**STATEMENT 2
SCHEDULE A, PART V, LINE 3A
STRAIGHT LINE DEPRECIATION**

<u>DATE ACQUIRED</u>	<u>COST BASIS</u>	<u>PRIOR YR DEPR</u>	<u>METHOD</u>	<u>RATE</u>	<u>LIFE</u>	<u>YEARS REMAIN</u>	<u>CURRENT YR DEPR</u>	<u>ALLOWABLE DEPR AMT</u>
<u>21 N GREENWOOD AVE, TULSA, OK 74120</u>								
BUILDING - 21 N GREENWOOD								
3/31/22	28,747,444	552,835	SL	0.0256	39	38	737,084	\$ 588,119
PORTABLE BAR - VISTA								
9/26/22	5,321	190	SL	0.1429	7	6	760	606
LOAN COSTS								
12/05/22	161,472	1,346	SL	0.1	10	9	16,147	12,884
TENANT IMPROVEMENTS - 4TH FL								
11/01/22	1,588,624	17,651	SL	0.0667	15	14	105,961	84,546
TENANT IMPROVEMENTS								
12/14/23	798,769		SL	0.0083	15	15	6,630	5,290
21 N GREENWOOD								
7/12/23	301,896		SL	0.0118	39	39	3,553	2,835
							TOTAL	\$ <u>694,280.</u>

**STATEMENT 3
SCHEDULE A, PART V, LINE 3B
OTHER DEDUCTIONS ALLOCABLE TO DEBT-FINANCED PROPERTY**

<u>21 N GREENWOOD AVE, TULSA, OK 74120</u>		
ADVERTISING		\$ 182.
AMORTIZATION		16,147.
CLEANING AND MAINTENANCE		84,041.
INSURANCE		70,034.
LEGAL AND PROFESSIONAL FEES		182,918.
LICENSES AND PERMITS		774.

STATEMENT 3 (CONTINUED)
SCHEDULE A, PART V, LINE 3B
OTHER DEDUCTIONS ALLOCABLE TO DEBT-FINANCED PROPERTY

INTEREST.....	\$ 1,275,962.
TAXES.....	14,303.
TELEPHONE.....	6,755.
UTILITIES.....	130,248.
WAGES AND SALARIES.....	68,990.
SECURITY.....	109,080.
BANK CHARGES.....	12.
LANDSCAPING.....	11,271.
OFFICE EXPENSE.....	13,297.
PROPERTY TAXES.....	138,684.
	TOTAL \$ 2,122,698.
	PERCENT ALLOCABLE 0.7979
	TOTAL <u>\$ 1,693,701.</u>

2023

GENERAL ELECTIONS

PAGE 1

CLIENT HILLE

HILLE FAMILY CHARITABLE FOUNDATION

73-1521975

11/15/24

10:53AM

ELECTION TO NOT CLAIM ADDITIONAL DEPRECIATION

PURSUANT TO IRC SECTION 168(K)(7), THE ORGANIZATION HEREBY ELECTS TO NOT CLAIM THE ADDITIONAL DEPRECIATION DEDUCTION FOR THE FOLLOWING CLASSES OF PROPERTY IN THE TAX YEAR ENDED 12/31/23.

ALL ELIGIBLE CLASSES OF PROPERTY

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE ORGANIZATION HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION 1.263(A)-1(F).

HILLE FAMILY CHARITABLE FOUNDATION
10 N GREENWOOD AVE #103
TULSA, OK 74120
73-1521975