Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047 2023

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

| For ca | lendar | year 2023 or tax year beginning | , 2023 | , and ending | | ,20 | |
|---------------------------------|-----------------|--|------------------------------------|--|--------------|--|--|
| HILI | LE FA | MILY CHARITABLE FOUNDA | rion | | Α | Employer identification num 73-1521975 | iber |
| 10 1 | I GRE | ENWOOD AVE #103 OK 74120 | | | В | Telephone number (see instr (918) 592-007 | |
| | ,,,, | | | | C If | f exemption application is pe | |
| G Ch | eck all | that apply: Initial return | Initial return of a form | mer public charity | D 1 | Foreign organizations, chec | k here |
| | | Final return Address change | Amended return Name change | | | Poreign organizations meeti | |
| H Ch | | pe of organization: X Section | 501(c)(3) exempt private t | foundation | | check here and attach comp | |
| I Fai | | ction 4947(a)(1) nonexempt charitab | e trust Other taxable | | | f private foundation status wa ection 507(b)(1)(A), check h | |
| | | II, column (c), line 16) | Other (specify) | asii Accidai | F If | f the foundation is in a 60-m | onth termination |
| | \$ | | t I, column (d), must be on | cash basis.) | | inder section 507(b)(1)(B), c | heck here |
| Part | co ne col | nalysis of Revenue and expenses (The total of amounts in dumns (b), (c), and (d) may not cessarily equal the amounts in umn (a) (see instructions).) | (a) Revenue and expenses per books | (b) Net investmer income | nt | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 2 | Contributions, gifts, grants, etc., received (attach schedule). Check X if the foundation is not required to attach Sch. | | | | | |
| | 3 | Interest on savings and temporary cash investments. | 207,814. | 207,81 | 14. | | |
| | 4 | Dividends and interest from securities | 367,026. | 367,02 | | | |
| Revenue | b | Gross rents | | | | | |
| | 6a b | Net gain or (loss) from sale of assets not on line 10. | | | | | |
| | 7 | Gross sales price for all assets on line 6a 6, 285, 990 Capital gain net income (from Part IV, line 2). | | 1,770,69 | 91. | | |
| Ş | 8 9 | Net short-term capital gain | | | | | |
| Щ | 10a | Gross sales less returns and | | | | CHARLE PAR IN | |
| | b | allowances | | | | | |
| | | Gross profit or (loss) (attach schedule). | | | | | no per un porture de |
| | 111 | Other income (attach schedule) | | 1,26 | 56 | | |
| | 12 | Total. Add lines 1 through 11 | | 2,346,79 | | 0. | |
| | 13 | Compensation of officers, directors, trustees, et | c. 395,803. | 77,01 | | | 318,794. |
| S | 14 | Other employee salaries and wages | , | 37,13 | | | 30,380. |
| Se | 15 | Pension plans, employee benefits | 0 | 15,84 | | | 48,544. |
| penses | | Legal fees (attach schedule) SEE . ST | | 115,85 | 50. | | 49,150. |
| <u> </u> | b | Accounting fees (attach sch) | | 206,43 | 22 | | 38,801. |
| ē | 17 | Interest | | 200,40 | 32. | | 30,001. |
| j ë | 18 | Taxes (attach schedule)(see instrs) SEE STM | 99,964. | 15,78 | 31. | | 26,745. |
| istr | 19 | Depreciation (attach schedule) and depletion SEE STMT | .5 878,190. | | | | |
| į | 20 | Occupancy | 35,540. | | | | |
| 5 | 22 | Printing and publications | | | - | | |
| 7 | 23 | Other expenses (attach schedule) | | | _ | | |
| Ĭ | | SEE STATEMENT | | 21,98 | 81. | | 22,519. |
| Ď | 24 | Total operating and administrative | A COE 471 | 400.00 | , T | | |
| - 1 | 25 | expenses. Add lines 13 through 23 | iv 4,685,471. 2,080,458. | 490,02 | 40. | | 534,933. 2,080,458. |
| Operating and Administrative Ex | 26 | Total expenses and disbursements. | 2,000,430. | | | | |
| 0 | 07 | Add lines 24 and 25 | 6,765,929. | 490,02 | 28. | 0. | 2,615,391. |
| | 27 a | Subtract line 26 from line 12: Excess of revenue over expenses | | | | | |
| | 1. | and disbursements | 0/020/2001 | 1 056 5 | CO | | |
| | b | Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) | | 1,856,76 | 09. | 0. | |
| | , c | Aujusted net income (if negative, enter -0-) | | THE RESERVE OF THE RE | - The Street | 0. | |

Form **8868**

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

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.

| | nt instructions. | | | | | |
|---|--|---|---|----------------------------|--------------------------------|--|
| | tions required to file an income tax return of 7004 to request an extension of time to file in | her than Form 99 ncome tax returns | 0-T (including 1120-C filers), partnership | s, REN | AICs, and trusts must | |
| <u> Part I I</u> | dentification | - Sales St. William 1929 | N | T-w | er identification number (TIN) | |
| Type or Print | or | | | | | |
| | HILLE FAMILY CHARITABLE FO | | | 73-1 | 521975 | |
| File by the due date for filing your | 10 N GREENWOOD AVE #103 City, town or post office, state, and ZIP code. For a fore | otions | | | | |
| return. See instructions. | TULSA, OK 74120 | ngii addiess, see ilisada | citoria, | | | |
| Enter the F | Return Code for the return that this application | on is for (file a sep | parate application for each return). | +0.900,000,000,000,000 | | |
| Applicati | on Is For | Return Code | Application Is For | | Return Code | |
| Form 990 | or Form 990-EZ | 01 | Form 4720 (other than individual) | | 09 | |
| Form 472 | 20 (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 104 | 11-A | - 08 | | 7777 | | |
| Part II — The bo Teleph If the co If this i check to | Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Automatic Extension of Time To Fi oks are in the care of THE FOUNDATION 1 one No. (918) 592-0079 organization does not have an office or place s for a Group Return, enter the organization this box | O N GREENWOOD Fax No of business in the | Organizations (see instructions) AVE., STE 103 TULSA OK 74120 e United States, check this box | this is | for the whole group, | |
| the o | uest an automatic 6-month extension of time organization named above. The extension is calendar year 20 23 or tax year beginning, 20, 20, 20, 20, 20 | for the organization | on's return for: | nizatio nal retu | | |
| nonre | s application is for Forms 990-PF, 990-T, 472 efundable credits. See instructions | <u></u> | | 3a | \$ 64. | |
| b If this tax p | s application is for Forms 990-PF, 990-T, 473 payments made. Include any prior year overp | 20, or 6069, enter ayment allowed a | any refundable credits and estimated is a credit. | 3b | \$ 5,480. | |
| c Bala EFTF | nce due. Subtract line 3b from line 3a. Inclue S (Electronic Federal Tax Payment System | de your payment of See instructions | with this form, if required, by using | 3с | \$ 0. | |

| Part | TI I | Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions,) | Beginning of year | # Elia 0 | |
|-----------------------------|-------|--|---|---|---------------------|--|
| - | | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | | t-bearing | 5,900,542. | 3,779,287. | 3,779,287. |
| | | | rary cash investments | | | |
| | 3 | Accounts receivable | | | | |
| | _ | Less: allowance for | doubtful accounts | | | and the second s |
| | 4 | Pledges receivable | | | E LANGUE VALUE DAGG | |
| | _ | Less: allowance for | | | | |
| | 5 | | ************************************** | | | |
| | 6 | | icers, directors, trustees, and other ach schedule) (see instructions) | | | |
| | 7 | Other notes and loans red | | | | |
| | | Less: allowance for | | | | |
| | - | | or use | | 454 505 | 474 705 |
| | 9 | | and deferred charges | 502,200. | 474,795. | 474,795. |
| Assets | 10a | Investments – U.S. | and state government STATEMENT 7 | 7,307,916. | 7,307,916. | 7,412,300. |
| Se | | Investments - cornerate | e stock (attach schedule) STATEMENT 8 | 7,862,242. | 6,752,773. | 12,606,688. |
| A | | | bonds (attach schedule) | 7,002,242. | 0,102,1101 | 12/000/000/ |
| | | Investments - land | | NA U.S. PIETLAND YOUR | Vector and the | THE STATE OF THE STATE OF |
| | '' | equipment: basis | 31,238,692. | | | |
| | | Less: accumulated depre (attach schedule) | | 30,826,033. | 29,804,877. | 31,774,844. |
| | 12 | Investments - more | | | | 40 550 640 |
| | 13 | | er (attach schedule)STATEMENT. 10. | 2,253,623. | 2,150,865. | 10,773,640. |
| | 14 | Land, buildings, and | | | | Mississipped and the state of t |
| | | Less: accumulated depre (attach schedule) | | 22,684. | 1,106,163. | 1,106,163. |
| | 15 | Other assets (descr | ribe SEE STATEMENT 12) | 13,159. | 14,793. | 13,159. |
| | 16 | Total assets (to be see the instructions | completed by all filers - s. Also, see page 1, item l) | 54,688,399. | 51,391,469. | 67,940,876. |
| | 17 | | and accrued expenses | 10,000. | | |
| | 18 | Grants payable | | | | |
| X | 19 | Deferred revenue. | | | | |
| <u>:</u> | 20 | | ctors,trustees, and other disqualified persons | | | |
| -iabilities | 21 | Mortgages and other not | es payable (attach schedule) STMT. 13 | 24,495,712. | 24,495,712. | |
| Ľ. | 22 | Other liabilities (des | scribe SEE STATEMENT 14) | 10,652. | 10,346. | |
| | 23 | Total liabilities (ad | d lines 17 through 22) | 24,516,364. | 24,506,058. | |
| _ | | | low FASB ASC 958, check here and | | | THE PARTY AND THE |
| SS | | | 25, 29, and 30 | | | |
| Vet Assets or Fund Balances | 24 | Net assets without | donor restrictions | | | |
| Bal | 25 | Net assets with dor | nor restrictions | | | |
| P | | Foundations that do | not follow FASB ASC 958, check here | | | |
| F | | and complete lines | 326 through 30X | | | |
| Ö | 26 | Capital stock, trust | principal, or current funds | | | |
| रि | 27 | | s, or land, bldg., and equipment fund | | | |
| Se | 28 | Retained earnings, accur | mulated income, endowment, or other funds | 30,172,035. | 26,885,411. | |
| As | 29 | | fund balances (see instructions) | 30,172,035. | 26,885,411. | |
| 호 | 30 | | I net assets/fund balances | 54,688,399. | 51,391,469. | |
| | t III | | nges in Net Assets or Fund Balanc | | | |
| 1 | Tota | l net assets or fund l | balances at beginning of year - Part II, colu | ımn (a), line 29 (must aç | gree with | 20 172 025 |
| _ | | | ed on prior year's return). | | | 30,172,035. -3,810,256. |
| 2 | | | | | | 551,661. |
| 3 | | increases not included in | line 2 (itemize) SEE STATEMENT 15 | | | 26, 913, 440. |
| 4 5 | | eases not included in line 2 | | anana ang nananana sa | 5 | 28,029. |
| 6 | | | balances at end of year (line 4 minus line 5) |) – Part II. column (b) I | | 26,885,411. |
| O | 1010 | ar riot assets or fulld | balances at one of year (into + minus into o, | , . a.t.ii, 301411111 (D), 1 | | 20,000,111. |

| The state of the s | osses for Tax on Investme | | | | (d) Date sold |
|--|--|--|---------------------------------|---|---------------------|
| | (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 acquire P — Purchase D — Donation | | | | |
| 1a SEE STATEMENT 17 | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other ba | asis ale | (h) Gain or ((e) plus (f) m | (loss) inus (g)) |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| Complete only for assets showin | g gain in column (h) and owned by th | e foundation on 12/31/69. | | (I) Gains (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 | | ain minús col. (k), t an -0-) or Losses (fi | ut not less |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| 3 Net short-term capital gain or If gain, also enter in Part I, lin | et capital loss) If gain, als lf (loss), el (loss) as defined in sections 1222(e 8, column (c). See instructions. | (5) and (6): If (loss), enter -0- | 2 | | L,770,691. |
| | on Investment Income (Secti | | 3 – see instruc | tions) | 0. |
| | ed in section 4940(d)(2), check here | | VC 1 | | |
| | (αταση copy of le s enter 1.39% (0.0139) of line 27b. ol. (b) | | ons, enter 📙 | 1 | 25,809. |
| 2 Tax under section 511 (dome | stic section 4947(a)(1) trusts and ta | axahle | - | | |
| foundations only; others, ente | r -0-) | | | | 0. |
| | | | | | 25,809. |
| | estic section 4947(a)(1) trusts and | | | | 0. |
| | ome. Subtract line 4 from line 3. If | zero or less, enter -0 | | . 5 | 25,809. |
| 6 Credits/Payments: | | E T | | | |
| | erpayment credited to 2023 | | 19,360 | 0. | |
| | - tax withheld at source | | | | |
| | extension of time to file (Form 8868 | | 22,000 | 0. | |
| | sly withheld | | | | |
| | dd lines 6a through 6d | | | | 41,360. |
| | ayment of estimated tax. Check he | | | | 854. |
| | s more than line 7, enter amount owed | | | | 0. |
| | he total of lines 5 and 8, enter the <mark>amount o</mark> | | * * * * * * * * * * * * * * * * | . 10 | 14,697. |
| 11 Enter the amount of line 10 to be: Cre | dited to 2024 estimated tax | 14,697. | Refunded. | | 0. |
| BAA | | | | Forn | 990-PF (2023) |

Form 990-PF (2023)

BAA

Part VI-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a Χ b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition..... 1b Х If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? 1c X d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. (2) On foundation managers. \$ \$ (1) On the foundation. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRS?..... X If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes. Χ 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?..... 4a **b** If "Yes," has it filed a tax return on Form 990-T for this year? 4b X Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 X If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?..... X 7 X Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV. 8a Enter the states to which the foundation reports or with which it is registered. See instructions. N/A If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General X (or designate) of each state as required by General Instruction G? If "No," attach explanation 8b Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) X for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII 9 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses..... 10 Χ At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions...... 11 11 Х Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions..... 12 X 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Telephone no. The books are in care of THE FOUNDATION (918) 592-0079 14 ZIP + 474120___ 10 N GREENWOOD AVE., STE 103 TULSA OK Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here...... and enter the amount of tax-exempt interest received or accrued during the year....... 15 N/AYes No At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a Χ bank, securities, or other financial account in a foreign country?..... 16 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

| 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): | 2011/201 | 100 | |
| (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) | | Х |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | | Х |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | Х | |
| (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) | N. Sey | Х |
| (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 | 10,4 | X |
| c Organizations relying on a current notice regarding disaster assistance, check here | | | MIS |
| 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? | | 35.5 | 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 | | | |
| 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. | | ADV. | 100 |
| 20 , 20 , 20 , 20 | STEEDS OF | | The same |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business | | 1 | |
| enterprise at any time during the year? | За | | 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 | | 5 % E |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | | 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? | | | X |
| BAA | Form 99 | 0-PF | |

| Part V | I-B | Statements Regarding Activiti | es for Which Form | 4720 May Be Requ | uired (continued) | | | | | |
|--------------|--------------------|--|---|---|--|--------------------|------------------|---------------|--|--|
| | - | he year, did the foundation pay or incur ar | • | | | 817 | Yes | No | | |
| | | ry on propaganda, or otherwise attemp | _ | | | |) | X | | |
| (2 |) Infli | uence the outcome of any specific publ directly or indirectly, any voter registra | lic election (see section tion drive? | 4955); or to carry | | 5a(2 | | Х | | |
| (3 |) Pro | vide a grant to an individual for travel, | an individual for travel, study, or other similar purposes? | | | | | | | |
| (4 |) Pro | vide a grant to an organization other than ection 4945(d)(4)(A)? See instructions | a charitable, etc., organiz | zation described | | 5a(4 | | Х | | |
| (5 |) Pro | vide for any purpose other than religious | us, charitable, scientific n of cruelty to children | , literary, or or animals? | | 5a(5 | Bilei | Х | | |
| b If | | nswer is "Yes" to 5a(1)—(5), did any of the ted in Regulations section 53.4945 or in a c | | | | | 100 | | | |
| S | ee ins | tructions | | | | ^A 5b | | | | |
| | - | | - | | · · · · · · · · · · · · · · · · · · · | | | | | |
| ta | x bec | nswer is "Yes" to question 5a(4), does the ause it maintained expenditure respons attach the statement required by Reg | sibility for the grant? | | | [/] A 5d | | | | |
| | | | | • • | | 1753 | | | | |
| or | ı a pe | foundation, during the year, receive ar resonal benefit contract? | | | | | | Х | | |
| | | foundation, during the year, pay premi to 6b, file Form 8870. | iums, directly or indirec | tly, on a personal bene | fit contract?. | 6b | 1000 | Х | | |
| 7a At | t any | time during the tax year, was the found | | | | 7a | | Х | | |
| | | did the foundation receive any proces | | | | /A 7b | | | | |
| | | oundation subject to the section 4960 tax of ss parachute payment(s) during the ye | | | | 8 | | Х | | |
| Part \ | | | | | |)/ | _ | | | |
| | | Information About Officers, Di and Contractors | | _ | | inployee | :5, | | | |
| 1 Li | ist all | officers, directors, trustees, and found | | | | | | | | |
| | | (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) Exper other | se acc allowa | ount, nces | | |
| SEE_S | TAT | EMENT 18 | | | | | | | | |
| | | | | 395,803. | 0. | | | 0. | | |
| | | | | 333,003. | 0. | | | 0. | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| -:-:: | | | 10 | | | | | | | |
| | | | | | | | | | | |
| 2 0 | ompe | nsation of five highest-paid employees (of | ther than those included | on line 1 – see instruction | ns). If none, enter "NONE." | | | | | |
| | | me and address of each employee | (b) Title, and average | | (d)Contributions to | (e) Exper | se acc | ount | | |
| · | | paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | other | allowa | nces | | |
| CHRI | STOP | PHER J GREEN NEWPORT AVENUE | STAFF | | | | | | | |
| TULS | \bar{A}, \bar{C} | NEWPORT AVENUE DK 74120 | 40 | 64,017. | 0. | | | 0. | | |
| RENE | E_S | SMITH | CENTE | | | | | | | |
| 3334 TULS | Α <u>Ε</u> | 30TH STREET OK 74114 | STAFF 40 | 67,509. | 0. | | | 0. | | |
| TONI | A C | GRIFFEY | CM3 DD | | | | | | | |
| 1712 TULS | $\frac{W}{A}$ | INDEPENDENCE ST | STAFF 40 | 85,414. | | | | 0. | | |
| | | | | i | | | | | | |
| | | | | | | | | | | |
| | 24242 | | | | | | | | | |
| | | | | | | | | | | |
| Total n | umhe | r of other employees paid over \$50.000 |) | unum a parsonne de la | | | | 0 | | |

Form 990-PF (2023) HILLE FAMILY CHARITABLE FOUNDATION 73-1521975 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 in | nstructions. 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 | MANACEMENT | 167-204- |
| TULSA, OK 74120 DNA SECURITY LLC | MANAGEMENT | 167,304. |
| 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 |
| | | <u> </u> |
| Part VIII-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc. | al information such as the number of | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part VIII-B Summary of Program-Related Investments (see instru | | |
| Describe the two largest program-related investments made by the foundation during the | e tax year on lines 1 and 2. | Amount |
| 1 <u>N/A</u> | | |
| | | |
| 2 | 40 | |
| - | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |
| BAA | | Form 990-PF (2023) |

Form 990-PF (2023) HILLE FAMILY CHARITABLE FOUNDATION 73-1521975

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

| 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 | | 20,663,124. |
| b Average of monthly cash balances | | 4,186,793. |
| c Fair market value of all other assets (see instructions) | CONTRACTOR OF THE PARTY OF THE | 43,090,959. |
| d Total (add lines 1a, b, and c) | | 67,940,876. |
| e Reduction claimed for blockage or other factors reported on lines 1a and | | |
| 1c (attach detailed explanation) | 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) | | 651,677. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 | | 42,793,487. |
| 6 Minimum investment return. Enter 5% (0.05) of line 5. | | 2,139,674. |
| Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private | | oundations |
| and certain foreign organizations, check here and do not complete this p | | |
| 1 Minimum investment return from Part IX, line 6 | 000000000 | 2,139,674. |
| | ,809. | , |
| b Income tax for 2023. (This does not include the tax from Part V.) | | |
| c Add lines 2a and 2b. | | 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 | | |
| 5 Add lines 3 and 4 | | 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: | | 321 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - |
| a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 | | 2,615,391. |
| b Program-related investments — total from Part VIII-B | | |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purpose | es 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the: | limits. | |
| a Suitability test (prior IRS approval required). | | |
| b Cash distribution test (attach the required schedule). | | 0.655.005 |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | 2,615,391. |
| BAA | | Form 990-PF (2023) |

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: | | | | 2,113,003. |
| | Enter amount for 2022 only | | | 0. | |
| | Total for prior years: 20, 20, 20 | | 0. | | |
| | Excess distributions carryover, if any, to 2023: | | | TENER OF THE | |
| | From 2018 | | | | |
| | From 2019 | | | | |
| | From 2020. 859, 918. | | | | SEAS WELL |
| | From 2021. 190,178. | | | | |
| | Total of lines 3a through e | 1,050,096. | | | |
| | Qualifying distributions for 2023 from Part XI, | 1,050,096. | | | |
| _ | line 4: \$2,615,391. | | | | |
| а | Applied to 2022, but not more than line 2a. | | | 0. | |
| | *** | | | Engstucy to the city | |
| D | Applied to undistributed income of prior years (Election required – see instructions) | | 0. | | |
| | Treated as distributions out of corpus | | F / 5 1 1 5 1 5 1 5 | | |
| · | (Election required – see instructions) | 0. | | | |
| d | Applied to 2023 distributable amount | | | | 2,113,865. |
| е | 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 | | | | Raige to the first |
| | indicated below: | | | | Burney Okt |
| а | 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. | | |
| С | Enter the amount of prior years' undistributed | | 0. | | |
| - | income for which a notice of deficiency has | | | | |
| | been issued, or on which the section 4942(a) tax has been previously assessed. | | 0. | | |
| Ч | Subtract line 6c from line 6b. Taxable | | | | |
| _ | amount - see instructions | | 0. | | |
| е | Undistributed income for 2022. Subtract line 4a from | | THE REST LEADING | | The said of the sa |
| , | line 2a. Taxable amount — see instructions. | | | 0. | |
| f | Undistributed income for 2023, Subtract lines | | | | |
| | 4d and 5 from line 1. This amount must be | | | | |
| 7 | distributed in 2024 | | THE COURSE THE SECOND | | 0. |
| / | 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 | | | |
| _ | | 0. | | | |
| 8 | Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions). | 0. | | | |
| 9 | Excess distributions carryover to 2024. | 0, | | | |
| J | Subtract lines 7 and 8 from line 6a | 1,551,622. | | | |
| | Analysis of line 9: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 190,178. | | | | 20 新 方 医黄疸 |
| | Excess from 2022 | | The state of the s | | ATTOM THE WAR |
| е | Excess from 2023 501, 526. | | | | ومراجات بالاستامان |

BAA

| 1 ai | tally Supplementary information (| oontinada) | | | |
|------|--|---|----------------------|--|-----------|
| 3 | Grants and Contributions Paid During the | Year or Approved for Ful | ure Paymen | t | |
| | Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| | Name and address (home or business) | or substantial contributor | recipient | oad ordinal risestavak | |
| а | Paid during the year | | | | |
| SEE | STATEMENT 19 | | | | |
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| | | | | U | |
| | Total | | | ************************************** | 2,080,458 |
| 1 | Approved for future payment | | | | |
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| - | Total | | 10 | 21- | |

| | | ACHVIIIES | | | | |
|-------------------------------|---|-------------------------|-----------------------------|--------------------------|--------------------------|--|
| J | Analysis of Income-Producing A amounts unless otherwise indicated. | | business income | Excluded by | section 512, 513, or 514 | /-> |
| Progra a | am service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (e) Related or exem function income (See instructions |
| b | | | | | | |
| _ c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f | | | | | | |
| g Fees a | and contracts from government agencies | | | | | |
| | pership dues and assessments. | | | | | |
| | t on savings and temporary cash investments. | | | 14 | 207,814. | |
| | ends and interest from securities. | | | 14 | 367,026. | |
| | ental income or (loss) from real estate: | | | | W 10 5 5 1 5 | A STATE OF THE STA |
| | financed property. | 531120 | -2,533,883. | | | |
| | ebt-financed property | | | | | |
| | tal income or (loss) from personal property | 532000 | -187,902. | | | |
| | (loss) from sales of assets other than inventory | | | 1.0 | 1,770,691. | |
| | ncome or (loss) from special events | | | 18 | 1,770,691. | |
| | s profit or (loss) from sales of inventory. | | | | | - |
| | evenue: a EXERBOTICS LLC | | | | 1,641. | |
| O thor is | b GREENARCH LLC | | | | -95,452. | |
| | c MISCELLANEOUS INCOME | | | | 1,266. | |
| | d P3K LLC | | | | -15,176. | |
| | 6 | | | | 10,170 | |
| Subto | otal. Add columns (b), (d), and (e) | W.72 J. W. | -2,721,785. | 1 20 65 | 2,237,810. | |
| Total. | Add line 12, columns (b), (d), and (e) | ***** | CEFE ENTERED FOR CONTRACTOR | | | -483,97 |
| | | | | | | |
| | heet in line 13 instructions to verify calculation | ons.) | | | | |
| e works | heet in line 13 instructions to verify calculation | C85 250 | hment of Exemp | t Purpos | es | |
| | heet in line 13 instructions to verify calculation Relationship of Activities to the | Accomplis | | | | y to the |
| e works | heet in line 13 instructions to verify calculation | Accomplis | | | | y to the nstructions.) |
| e works | heet in line 13 instructions to verify calculation Relationship of Activities to the | Accomplis | | | | y to the nstructions.) |
| e worksl art XV- ne No. | heet in line 13 instructions to verify calculation Relationship of Activities to the | Accomplis | | | | y to the nstructions.) |
| e worksl art XV- ne No. | heet in line 13 instructions to verify calculation Relationship of Activities to the | Accomplis | | | | y to the nstructions.) |
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| rt XV- ne No. | heet in line 13 instructions to verify calculation Relationship of Activities to the | Accomplis | | | | y to the nstructions.) |
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| e worksl irt XV- ne No. | heet in line 13 instructions to verify calculation Relationship of Activities to the | Accomplis | | | | y to the nstructions.) |

Page 13

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | | | | | | Total Santa | Van | Na. |
|---------------------|--------------------------------|--|--|---|--|---|--|--|-------------|---------------------|
| de | scribed | rganization direct d in section 501(c) o political organiz |) (other than sec | ngage in any of the follow tion 501(c)(3) organizatio | ing with any ns) or in sec | other organization tion 527, | n | | Yes | No |
| | | | | a noncharitable exempt of | rganization o | of: | | | | |
| (1) |) Cash | | | | | | | 1a (1) | | X |
| (2) |) Other | r assets | | | | | | 1a (2) | | Х |
| | | nsactions: | | | | | | 7.55 | | |
| ٠, ٠ | , | | | mpt organization | | | and the second s | 1b(1) | | _X_ |
| ٠, | | | | ble exempt organization. | | | | 1b(2) | | X |
| | | | | r assets | | | 1 | 1b(3) | | X |
| ٠, | , | | - | | | | | 1b (4) 1b (5) | | X |
| ٠. | • | - | | ip or fundraising solicitation | | | | 1b(5) | | X |
| | | | | its, other assets, or paid ϵ | | | | 1c | | X |
| | _ | | | | | | | | | |
| d If the ar | the ans e goods ov trans | wer to any of the a s, other assets, or s saction or sharing | bove is "Yes," con services given by arrangement, sl | mplete the following schedu the reporting foundation. If the now in column (d) the value | le. Column (b he foundation ue of the go c |) should always sho received less than ids, other assets, | ow the fair market val fair market value in or services received | ue of | | |
| (a) Line | | (b) Amount involved | | of noncharitable exempt organization | | 1 1 1 | sfers, transactions, and s | | ngement | .s |
| N/A | | | | | | | | | | |
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| 2 a Is de | the fou escribe | ndation directly or d in section 501(c | indirectly affiliated c) (other than sec | d with, or related to, one or ction 501(c)(3)) or in secti | more tax-exei on 527? | mpt organizations | Stemen # 3 # 5 #s and # 1 # 1 # 1 # 5 # 5 # 5 # 5 # 5 # 5 # 5 | . Yes | s X | No |
| | | complete the follow | | | | | | | 11 | |
| | (a) | Name of organization | ation | (b) Type of organ | ization | (c |) Description of rela | tionship | | |
| N/A | | | | | | | | | | |
| | | | | | | | | | | |
| | | | _ | | | | | | | |
| | | | | | | | | | | =6 |
| | Under pr | enalties of periury. I dec | clare that I have exam | I ined this return, including accomp | anving schedules | and statements, and to | the best of my knowledge | and belief. | it is true | |
| Sign | correct, | and complete. Declarat | ion of preparer (other | than taxpayer) is based on all info | rmation of which | preparer has any know | ledge. | | | |
| Here | | | | E | | | | May the this return preparer See inst | rn with the | uss ne nelow? |
| licic | 2000 | | | Data. | | EXECUTIVE | DIR. | | | |
| | Signat | ture of officer or trustee Print/Type preparer's | | Preparer's signature/ | | Title Date | | PTIN | Yes | No |
| | | | | MINO | DIIDMC | 11/1 1/24 | Check X if | | 7211 | |
| Paid | | JEFFREY J. | | | BURNS | 111.21-1 | self-employed | P0008 | 1344 | |
| Prepa | | Firm's name | | BURNS CPA 1ST STREET, SUIT | E 602 | | Firm's EIN 73-14 | 139761 | | |
| Use O | niy | Firm's address | | 74114 | E 00Z | | Phone no. (918) | 747- | 8350 |) |
| BAA | | | TOLIBR, OR | 1.4774 | | | (510) | Form 9 9 | | |
| _, | | | | | | | | , 01/11/04 | | ,, |

Form **2220**

FORM 990-PF

Underpayment of Estimated Tax by Corporations
Attach to the corporation's tax return.

2023

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

HILLE FAMILY CHARITABLE FOUNDATION

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

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty

Employer identification number

73-1521975

| owed | d and bill the corporation. However, the corporation may 38, on the estimated tax penalty line of the corporation's | still us incom | se Form 2220 to fig ne tax return, but d e | ure the penalty. If s o not attach Form 2 | o, enter t 220. | he amoun | t from page 2, |
|------|---|-------------------|--|---|--------------------|----------|---------------------|
| Par | t I Required Annual Payment | | | | | | |
| 1 | Total tax (see instructions) | | ······································· | | | 1 | 25,809. |
| 2 a | Personal holding company tax (Schedule PH (Form 112 on line 1 | | | 2 a | | 14.0 | |
| | Look-back interest included on line 1 under section 460 long-term contracts or section 167(g) for depreciation u forecast method | nder th | ne income | 2 b | | | |
| | Credit for federal tax paid on fuels (see instructions) Total. Add lines 2a through 2c | | | 2 c | | 2 d | |
| | Subtract line 2d from line 1. If the result is less than \$5 does not owe the penalty | 00, do | not complete or file | e this form. The co | poration | 3 | 25,809. |
| 4 | Enter the tax shown on the corporation's 2022 income to zero or the tax year was for less than 12 months, skip this | ax retu | urn. See instruction | s. Caution: If the ta | k is | 4 | 23,609. |
| 5 | Required annual payment. Enter the smaller of line 3 of | r line 4 | 4. If the corporation | is required to skip | line 4, | 5 | 25 200 |
| Par | enter the amount from line 3 t II Reasons for Filing — Check the boxes by | | that apply If a | ny hoves are ch | ecked t | | 25,809. |
| 1 41 | file Form 2220 even if it does not owe a | pena | alty. See instruc | tions. | ccrca, | ine corp | oration must |
| 6 | The corporation is using the adjusted seasonal insta | allmen | t method. | | | | * |
| 7 | The corporation is using the annualized income inst | tallmer | nt method. | | | | |
| 8 | The corporation is a "large corporation" figuring its | first re | quired installment b | pased on the prior y | ear's tax. | | |
| Par | t III Figuring the Underpayment | | | | | | |
| | | | (a) | (b) | (0 | :) | (d) |
| 9 | Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (<i>Form 990-PF filers</i> : Use 5th month), 6th, 9th, and 12th months of the corporation's tax year | 9 | 5/15/23 | 6/15/23 | 9/1 | 5/23 | 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 | C 450 | C 450 | | C 450 | 6.452 |
| 11 | Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on | 10 | 6,452. | 6,452. | | 6,452. | 6,453. |
| | line 15. See instructions | 11 | | | | | 19,360. |
| 12 | going to the next column. Enter amount, if any, from line 18 of the preceding column | 12 | | | | | |
| | Add lines 11 and 12 | 13 | | | | | 19,360. |
| | Add amounts on lines 16 and 17 of the preceding column | 14 | | 6,452. | 1 | 2,904. | 19,356. |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0 | 15 | 0. | 0,452. | | 0. | 4. |
| 16 | If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0 | 16 | | 6,452. | 1: | 2,904. | |
| 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 | 0,452. | 0,432. | | U, 3JL. | 0,449. |

Part IV Figuring the Penalty (b) (a) (c) (d) Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th 19 12/14/23 12/14/23 12/14/23 5/15/24 month instead of 4th month.) See instructions Number of days from due date of installment 20 213 182 90 152 on line 9 to the date shown on line 19...... Number of days on line 20 after 4/15/2023 and before 7/1/2023..... 21 46 15 Number of days Underpayment on line 21 × 7% (0.07) on line 17 365 22 56.92 18.56 Number of days on line 20 after 6/30/2023 and before 10/1/2023..... 15 23 92 92 Number of days 24 Underpayment x 7% (0.07) on line 23 on line 17 365 24 113.84 113.84 18.56 Number of days on line 20 after 9/30/2023 and before 1/1/2024..... 16 25 75 75 75 Number of days Underpayment x 26 × 8% (0.08) on line 25 on line 17 365 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 Underpayment x Number of days 28 on line 27 × 8% (0.08) on line 17 366 28 128.28 Number of days on line 20 after 3/31/2024 and before 7/1/2024 29 45 Number of days Underpayment x on line 29 x on line 17 366 30 63.43 Number of days on line 20 after 6/30/2024 and before 10/1/2024..... 31 Number of days Underpayment on line 31 on line 17 366 32 33 Number of days on line 20 after 9/30/2024 and before 1/1/2025..... Number of days Underpayment on line 33 X on line 17 34 Number of days on line 20 after 12/31/2024 and before 3/16/2025..... 35 Number of days 36 Underpayment on line 35 x on line 17 365 36 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36..... 37 276.82 124.62 214.33 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. 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.

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

| u u | (A) REVENU PER BOO | e in | (B) NET VESTMENT INCOME | (C) ADJUSTED NET INCOME |
|---|--------------------------|-----------------|-------------------------------|-------------------------------|
| EXERBOTICS LLC. GREENARCH LLC. MISCELLANEOUS INCOME. P3K LLC. | -95,4 1,2 -15,1 | 266. \$ 176. | 1,266. | |
| RENTAL INCOME - NONINVESTMENT PROPERTY TOTAL | \$ 610,1 | 142. \$ | 1,266. | \$ 0. |

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

| | | (A) | | (B) NET | | (C) | | (D) |
|------------|-----|----------|----|-----------------|------|--------|----|------------|
| | | XPENSES | II | WESTMENT | | JUSTED | (| CHARITABLE |
| | _P: | ER BOOKS | _ | INCOME | _NET | INCOME | | 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 ER BOOKS | Ι | (B) NET NVESTMENT INCOME | (C) JUSTED INCOME | (| (D) CHARITABLE PURPOSES |
|----------------------------------|----|---------------------------------|----|---------------------------------|-----------------------------|-------|-------------------------------|
| BROKER FEES PROFESSIONAL FEES | \$ | 92,176. 153,057. 245,233. | \$ | 92,176. 114,256. 206,432. | \$ 0. | \$ \$ | 38,801. 38,801. |

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

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

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

| DATE <u>ACQUIRED</u> LAPTOP COMPU | COST BASIS UTERS | PRIOR YR DEPR | METHOD | RATE | CURRENT LIFE YR DEPR | NET INVEST | ADJUSTED NET INCOME |
|-----------------------------------|------------------------|--------------------|--------|--------|-------------------------|------------|------------------------|
| 2/04/19 | 5,154 | 2,883 | S/L | 0.1429 | 737 | 0 | 0 |
| LAPTOPS, IPA 5/09/19 | AD & DESKTOR 12,843 | COMPUTERS 6,728 | | 0.1429 | 1,835 | 0 | 0 |
| SONICWALL TX 5/03/22 | X37005 1,548 | 344 | S/L | 0.3333 | 516 | 0 | 0 |
| COMPUTER EQU 5/13/22 | JIPMENT 5,910 | 788 | S/L | 0.2 | 1,182 | 0 | 0 |
| WEBSITE DESI 11/30/22 | IGN 8,200 | 228 | S/L | 0.3333 | 2,733 | 0 | 0 |
| BUILDING - 2 3/31/22 | | OOD 552,835 | S/L | 0.0256 | 737,084 | 0 | 0 |
| REFRIGERATOR 4/12/22 | R W/ ICE CUE 5,260 | BER & BIN 789 | S/L | 0.2 | 1,052 | 0 | 0 |
| PORTABLE BAI 9/26/22 | R - VISTA 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 IMPRO | | 1TH FL 17,651 | S/L | 0.0667 | 105,961 | 0 | 0 |
| TENANT IMPRO | OVEMENTS 798,769 | | S/L | 0.0083 | 6,630 | 0 | 0 |
| 21 N GREENWO 7/12/23 | OOD 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. CLEANING | \$ | 1,136. 2,400. | | | | | |
| CORPORATE EVENT | | 744. | | | | | |
| DUES AND SUBSCRIPTIONS EMPLOYEE BENEFITS | | 3,734. 97,349. | | | | | |
| INSURANCE. | | 11,963. | Ś | 5,982. | | Ś | 5,981. |
| MEALS & ENTERTAINMENT | | 612. | 7 | 0,302. | | 7 | 0,301. |
| NONDEDUCTIBLE CHARITABLE CONT | | 733. | | | | | 540. |
| OFFICE EXPENSES. | | 31,997. | | 15,999. | | | 15,998. |
| PAYROLL FEES | | 50. | | | | | |
| PENALTIES AND INTERESTRENTAL EXPENSES | , | 775. | | | | | |
| DEDATES AND MATREMANANCE | 4 | 2,569,513. 18. | | | | | |
| TELEPHONE EXPENSE | | 6,768. | | | | | |
| IDDELITORD DATE BROKE S. S. S | | 0,700. | | | | | |

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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 |
|----------------|------------------------------|---------------------------|-------------------------|-------------------------------|
| UTILITIESTOTAL | \$ 1,573. \$ 2,729,365. | \$ 21,981. | \$ 0. | \$ 22,519. |

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

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

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

| CORPORATE STOCKS | VALUATIONMETHOD | BOOK VALUE | FAIR MARKET VALUE | |
|--|-----------------------------------|--|--|--|
| MERRILL LYNCH 217 MERRILL LYNCH 352 | MKT VAL \$ MKT VAL TOTAL \$ | 4,792,266. 1,960,507. 6,752,773. | \$ 10,274,652. 2,332,036. \$ 12,606,688. | |

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 BUILDINGS IMPROVEMENTS LAND MISCELLANEOUS | \$ 10,5 28,747,4 1,588,6 730,5 161,4 TOTAL \$ 31,238,6 | 1,289,919. 24. 123,612. 71. | \$ 7,790. 27,457,525. 1,465,012. 730,571. 143,979. \$ 29,804,877. | \$ 0. 29,965,029. 0. 0. 0. \$ 29,965,029. |

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

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

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

| CATEGORY | · · · · · · · · · · · · · · · · · · · | BASIS | ACCUM. DEPREC. | BOOK VALUE | FAIR MARKET VALUE |
|--|---------------------------------------|------------------------|----------------------|---------------------------|-------------------|
| MACHINERY AND EQUIPMENT BUILDINGS IMPROVEMENTS | \$ | 71,886. 301,896. | 3,553. | 298,343. | 0. |
| THE VOA CHUIN 12 | TOTAL \$ | 798,769. 1,172,551. | 6,630. \$ 66,388. | 792,139. \$ 1,106,163. | \$ 0. |

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

| | | BO | OK VALUE | FA | AIR MARKET VALUE |
|--------------------|--------------|----------|--------------------|----------|---------------------|
| ACCRUED DIVIDEND I | INCOME TOTAL | \$ \$ | 14,793. 14,793. | \$ \$ | 13,159. 13,159. |

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

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

| 2023 | FEDER | AL STAT | EMENTS | | | PAGE 5 |
|---|--|--|---|---|--|---|
| CLIENT HILLE | HILLE FAMILY | CHARITABL | E FOUNDAT | ION | | 73-152197 |
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| STATEMENT 14 FORM 990-PF, PART I OTHER LIABILITIES | I, LINE 22 | | | | | |
| ACCRUED PAYROLL CREDIT CARD PAYAB | LE | | | | ************************************** | 6,361. 3,985. |
| | | | | TO | OTAL \$ | 10,346. |
| STATEMENT 15 FORM 990-PF, PART I OTHER INCREASES | II, LINE 3 | | | | | |
| ADJUSTMENTS TO CO DIFFERENCE IN VAL | ST BASISUE OF LAND DONATION | | | | \$ OTAL <u>\$</u> | 1,813. 549,848. 551,661. |
| | INS OR LOSSES ON IN | VESTMENTS., | | | STAL \$ | 28,029. 28,029. |
| STATEMENT 17 FORM 990-PF, PART I CAPITAL GAINS AND | V, LINE 1 LOSSES FOR TAX ON II | NVESTMENT | INCOME | | | |
| ITEM 1 2500000 US 1 2 MERRILL LYNC 3 MERRILL LYNC 4 MERRILL LYNC 5 MERRILL LYNC 6 MERRILL LYNC 7 GAIN FROM EX 8 21 N GREENWO | CH 02217 CH 02217 CH 02352 CH 02352 CH 02352 KERBOTICS K-1 | | (B) FACOUI PURCHA PURCHA PURCHA PURCHA PURCHA PURCHA PURCHA PURCHA PURCHA | RED ACC ASED 12/ ASED ASED ASED ASED ASED ASED | DATE OUIRED '21/2022 VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS | (D) DATE SOLD 12/31/202 VARIOU VARIOU VARIOU VARIOU VARIOU VARIOU VARIOU 4/12/202 |
| | (F) (G) DEPREC. COST ALLOWED BASIS 2453130. 906,742. 314,765. 325,464. 355,052. 0. 0. 160,152. | (H) GAIN (LOSS) 46,870. 534,571. 1104071. -3,738. 66,369. 15. 22,533. 0. | | (J) ADJ. BAS. 12/31/69 | (K) EXCESS (I)-(J) | (L) GAIN (LOSS) \$ 46,870 534,571 1104071 -3,738 66,369 15 22,533 0 \$ 1770691 |

TOTAL \$ 1770691.

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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. |

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | -r -u | 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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| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|--|-----------------------|---------------------------|--|---------------|
| CATHOLIC CHARITIES 2450 N HARVARD AVE TULSA OK 74115 | REBITTOROTTI | 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. |
| CROSSTOWN 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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| *************************************** | DONEE | FOUND- ATION | PURPOSE OF | |
|--|--------------|-----------------|---|--------------|
| NAME AND ADDRESS | RELATIONSHIP | STATUS | GRANT | AMOUNT |
| 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. |

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| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | Al | MOUNT |
|--|-----------------------|---------------------------|--|----|---------|
| 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. |

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| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|--|-----------------------|---------------------------|---------------------|--------------|
| 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. |

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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 |
|---|-----------------------|---------------------------|---------------------|------------|
| PEOPLE BULIDERS INC 1709 N MADISON TULSA OK 74114 | | POF | GENERAL | \$ 500. |

TOTAL \$ 2,080,458.

Earm 8879-TE

Department of the Treasury Internal Revenue Service

IRS E-file Signature Authorization

| E-file Signature Authorization | OMB No. 1545-0047 |
|--------------------------------|-------------------|
| for a Tax Exempt Entity | |

For calendar year 2023, or fiscal year beginning

2023, and ending

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2023

Name of filer EIN or SSN HILLE FAMILY CHARITABLE FOUNDATION 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..... 2a Form 990-EZ check here. . 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here... **b Balance due** (Form 8868, line 3c) 5a Form 8868 check here.... 6a Form 990-T check here.... 7a Form 4720 check here. 8a Form 5227 check here..... 9a Form 5330 check here. . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Form 8038-CP check here. 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)
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 X I authorize <u>JEFFREY J BURNS CPA</u> 67890 as my signature to enter my PIN FRO 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 **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 Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

JEFFREY J. BURNS

ERO's signature

Date

Exempt Organization Business Income Tax Return OMB No. 1545-0047 Form 990-T (and proxy tax under section 6033(e)) For calendar year 2023 or other tax year beginning __, 2023, and ending Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if Check box if name changed and see instructions.) D Employer identification number address changed Print | HILLE FAMILY CHARITABLE FOUNDATION 73-1521975 B Exempt under section 10 N GREENWOOD AVE #103 Group exemption number (see instructions) X 501(C)(3) Type |TULSA, OK 74120 408(e) 220(e) Check box if an amended return. 408A 530(a) 529(a) C Book value of all assets at end of year..... 529A 51,391,469 G Check organization type 501(c) corporation X 501(c) trust 401(a) trust Other trust State college/university 6417(d)(1)(A) Applicable entity Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T).... During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?..... If "Yes," enter the name and identifying number of the parent corporation. The books are in care of THE FOUNDATION 10 N GREENWOOD AVE., STE 103 TULSA OTelephone number (918)592-0079 **Total Unrelated Business Taxable Income** Part I Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).... 1 1,641. Reserved 2 3 1,641 Charitable contributions (see instructions for limitation rules). 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3...... 5 1,641. 6 Deduction for net operating loss. See instructions..... 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5..... 7 1,641. Specific deduction (generally \$1,000, but see instructions for exceptions)..... 8 1,000. Trusts. Section 199A deduction. See instructions..... 9 10 Total deductions. Add lines 8 and 9..... 10 1,000. **Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7. enter zero 11 641. Tax Computation Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21). 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: X Tax rate schedule or Schedule D (Form 1041)..... 2 64. 3 Proxy tax. See instructions..... 3 4 Other tax amounts. See instructions. 4 5 Alternative minimum tax. 5 Tax on noncompliant facility income. See instructions..... 6 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies. 7 64. Part III Tax and Payments 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).... 1a **b** Other credits (see instructions)..... 1b c General business credit. Attach Form 3800 (see instructions)..... 1c d Credit for prior-year minimum tax (attach Form 8801 or 8827)..... e Total credits. Add lines 1a through 1d..... 0. 1e 2 Subtract line 1e from Part II. line 7..... 2 64. **3a** Amount due from Form 4255..... 3a **b** Amount due from Form 8611..... 3b c Amount due from Form 8697..... 3с 3d e Other amounts due (see instructions)..... 3f 0.

section 1294. Enter tax amount here

Total tax. Add lines 2 and 3f (see instructions).

Check if includes tax previously deferred under

64.

4

5

| Par | t III | Tax and Payments (continued) | | | | | | | |
|-------------|----------|---|-------------|---|------------------|---------------------|-----------------|----------|--------|
| 6a | Payme | ents: Preceding year's overpayment credited to the current year | 6a | | | | | | |
| b | | nt year's estimated tax payments. Check if section 643(g) election | | | | 5 113 | | | |
| | applies | S | 6b | | 5,480. | | | | |
| | | eposited with Form 8868. | 6c | | | 3 | | | |
| | | n organizations: Tax paid or withheld at source (see instructions). | 6d | | | | | | |
| | | p withholding (see instructions) | 6e | | | | | | |
| | | for small employer health insurance premiums (attach Form 8941) /e payment election amount from Form 3800 | 6f | | | -800 | | | |
| _ | | ent from Form 2439 | 6g 6h | | | 200 | | | |
| | | from Form 4136. | 6i | | | 1 3 19 | | | |
| | | (see instructions). | 6j | | | THE Y | | | |
| 7 | | payments. Add lines 6a through 6j. | | 215 P 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | >-07A17A140-000 | 7 | | E / | 180. |
| 8 | | ated tax penalty (see instructions). Check if Form 2220 is attached | | | | 8 | | 5,4 | 100. |
| 9 | | ue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owe | | | | 9 | - | | |
| 10 | | Dayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount | | | | 10 | | 5 / | 16. |
| 11 | Enter | the amount of line 10 you want: Credited to 2024 estimated tax | | 5,416. R | efunded | 11 | | J, 4 | η. |
| Par | t IV | Statements Regarding Certain Activities and Other Informa | | | tions) | | | | |
| 1 | | time during the 2023 calendar year, did the organization have an interest in or a | | | | er a | T | Yes | No |
| | financ | cial account (bank, securities, or other) in a foreign country? If "Yes," the organiz | ation r | may have to | file FinCEN | l Form | 114, | 1.072 | |
| | Report | t of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign | countr | y here | | | | | X |
| 2 | During | g the tax year, did the organization receive a distribution from, or was it the | grant | or of, or tra | nsferor to, a | foreig | n trust?. | | X |
| | If "Yes | s," see instructions for other forms the organization may have to file. | | | | | | 1000 | Halls. |
| 3 | Enter | the amount of tax-exempt interest received or accrued during the tax year | | | \$ | | 0. | | |
| 4 | | | | | 2017 NOL d | orri (o) (| | | |
| 7 | | n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here | | | | - | | 3 | |
| 5 | | 2017 NOL carryovers. Enter the Business Activity Code and available post- | | | | | | Live | |
| , | | nts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the | | | | uuce i | ile | 175 | 0.0 |
| | - | Business Activity Code | tax yet | | post-2017 N | IOI cai | rryover | z, fri | |
| | | | | Ś | | | | | Aless. |
| | | | | ¢ | | | | | |
| | | | | s | | | | 833 | Total. |
| | | | | т ¢ | | | | 211 | |
| • | _ | | | Υ | | | | | |
| | | ved for future use. | | | | | ****** | | , a 80 |
| D | Reser | ved for future use | 1.1.1.1.1.1 | * * * * * * * * * * * * | | | | | 0 10 |
| Par | 2.550000 | Supplemental Information | | | | | | | |
| PIO | vide an | y additional information. See instructions, | | | | | | | |
| | | , | | | | | | | |
| _ | | Under penalties of perjury, I declare that I have examined this return, including accompanying schebellef, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all | dules an | d statements, a | nd to the best o | my kno | wledge and | | |
| Sig Her | n | belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all | informa | tion of which pr | 1 | May the | IRS discuss the | s return | with |
| Her | е | l E | XECU | TIVE DI | R. | the prepinstruction | arer shown bel | ow (see | - I |
| | | Signature of officer Date Ti | tle | | | | X YE | s | No |
| De! | J | The fire | ate | 1-11 | Check X if | PT | | | |
| Paid Pro | naror | JEFFREY J. BURNS JEFFREY BURNS | 11/1/ | 124 | self-employed | | 0008734 | 4 | |
| Use | parer | Firm's name JEFFREY J BURNS CPA | |): | Firm's EIN | 73-1 | .439761 | | |
| Onl | y | Firm's address 2727 E. 21ST STREET, SUITE 602 | | | | | | | |
| | | TULSA, OK 74114 | | | Phone no. | (91 | L8) 747- | -835 | 0 |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

2023

OMB No. 1545-0047

pen to Public Inspection for

Department of the Treasury Internal Revenue Service

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

| | Name of the organization HILLE FAMILY CHARITABLE FOUNDATION | 73-1521975 | | ation number | | |
|--|--|------------------|-------------------|--|---------|-------------|
| C Unrelated business activity code (see instructions) 532000 | | | | | : 1 | of 4 |
| E [| Describe the unrelated trade or business EVENT RENTAL | | | -l | | |
| Pa | | | (A) Income | (B) Expenses | | (C) Net |
| 1 | a Gross receipts or sales | | | - 3313; 341 | 181 | |
| | b Less returns and allowances c Balance | 1c | | | | |
| 2 | The second of th | 2 | | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | | |
| 4 | Form 1120)). See instructions | 4a | | THE REAL PROPERTY. | | |
| | b Net gain (loss) (Form 4797) (attach Form 4797). See instructions. | 4b | | | | |
| | c Capital loss deduction for trusts | 4c | | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement). | 5 | | | | |
| 6 | | 6 | 275,060. | 633,76 | 60. | -358,700. |
| 7 | Unrelated debt-financed income (Part V) | 7 | 442,803. | | | -1,934,088. |
| 8 | | | <u> </u> | | | |
| | organization (Part VI) | 8 | | | | |
| 9 | | | | | | |
| | organizations (Part VII) | 9 | | | | |
| 10 | the state of the s | 10 | | | | |
| 11 | Advertising income (Part IX) | 11 | | | | |
| 12 | (| 12 | | | notice. | |
| 13 | | 13 | 717,863. | | | -2,292,788. |
| Pa | Deductions Not Taken Elsewhere. See instructions for I connected with the unrelated business income. | imitatio | ons on deductions | s. Deductions m | ust b | e directly |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | 1 | |
| 2 | | | | | 2 | |
| 3 | | | | | 3 | |
| 4 | Bad debts | | | | 4 | |
| 5 | Interest (attach statement). See instructions | | | | 5 | |
| 6 | Taxes and licenses. | | | | 6 | |
| 7 | Depreciation (attach Form 4562). See instructions | | | | | |
| 8 9 | Less depreciation claimed in Part III and elsewhere on return | | | | 8b | |
| 10 | | | | | 9 | |
| 11 | Employee benefit programs | | | | 10 | |
| 12 | | | | ********** | 12 | |
| 13 | | 2000 | | | 13 | |
| 14 | | (0)15/3(5/5) | | | 14 | |
| 15 | | 100000000 | | >>=xe2xe2xecccd41x8-3-2-2575.7 | 15 | |
| 16 | | | | | | - |
| | line 13, column (C) | | | | 16 | -2,292,788. |
| 17 | Deduction for net operating loss. See instructions | age to see a see | | | 17 | |
| 18 | | | | The second services of the ser | 18 | -2,292,788. |

| 1 Inventory at beginning of year. 2 Purchases. 3 Cost of labor. 4 Additional section 263A costs (attach statement). 5 Other costs (attach statement). 6 Total. Add lines 1 through 5. 7 Inventory at end of year. 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased With Real Property | |
|--|-------------------|
| Cost of labor. Additional section 263A costs (attach statement). Other costs (attach statement). Total. Add lines 1 through 5. Inventory at end of year. Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased With Real Property | 3 4 5 6 7 8 No y) |
| 4 Additional section 263A costs (attach statement). 5 Other costs (attach statement). 6 Total. Add lines 1 through 5. 7 Inventory at end of year. 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased With Real Property | 4 |
| Other costs (attach statement). Total. Add lines 1 through 5. Inventory at end of year. Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased With Real Property | 5 6 7 8 No y) |
| Total. Add lines 1 through 5. Inventory at end of year. Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased With Real Property | 6 7 8 No Y) |
| 7 Inventory at end of year 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased With Real Property | 7 8 No Yes No |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 No Yes No |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased With Real Property | Yes No |
| Part IV Rent Income (From Real Property and Personal Property Leased With Real Property | y) |
| Notice And Statement Statement | |
| | structions. |
| 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See ins | |
| A 21 N GREENWOOD, TULSA, OK 74120 | |
| В 🔲 | |
| c | |
| D [] | |
| 2 Rent received or accrued A B C | D |
| 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 | |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A | 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. S | See instructions. |
| A 21 N GREENWOOD AVE, TULSA, OK 74120 | |
| B | |
| c T | |
| D | |
| 2 Gross income from or allocable to debt- | D |
| financed property | |
| 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) | |
| 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 | 9 % |
| 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. | |
| Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B). Total dividends - received deductions included in line 10. | |

| Par | t VI Interest, Annui | ties, Royalties, | | | | nizati | | struction | | - r age o |
|------|--|---|--|-------------------------|--|----------------------------|---|--|---|--|
| 1000 | Exempt Controlled Organizations | | | | | | | | | |
| | Name of controlled organization | 2 Employer identification number | 3 Net unrelated income (loss) (see instructions) | | 4 Total of specified payments made | | 5 Part of co that is incl the contr organiza gross in | olumn 4 uded in olling tion's | conn | ctions directly ected with in column 5 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | Nonexer | npt Contro | lled Organization | ıs | | | | |
| | 7 Taxable income | 8 Net unrelated income (loss) (see instructions | paymer | f specified nts made | 10 Part of included in organizatio | n the c | controlling | | Deduction nnected wi in colum | th income |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | Add columns | | | | | and 11. Enter |
| | t VII Investment Inc | ome of a Section | n 501(c)(7), | (9), or (| 17) Organizati | umn (A | ١). | | column | |
| | 1 Description of income | 2 Amour | directly | | Deductions tly connected th statement) | y connected (attach statem | | nt) | 5 Total deductions and set-asides (add columns 3 and 4) | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | Add smove | ts in column 2. | | | | 1 10 10 | | المستحددة | s in column 5. |
| _ | S | Enter here line 9, c | and on Part I, olumn (A). | | | | | | Enter here | and on Part I, olumn (B). |
| Par | t VIII Exploited Exer | npt Activity Inco | ome, Other | Than Ad | vertising Inco | me (| see instruction | ns) | | |
| 1 | Description of exploited | d activity: | | | | | | | 8 | |
| 2 | Gross unrelated busine | | rade or busin | ess. Ente | r here and on F | Part I. | line 10. col | (A) | 2 | |
| | Expenses directly conr | | | | | | | | | |
| | Part I, line 10, column | | | | | | | <u> </u> | 3 | |
| 4 | Net income (loss) from lines 5 through 7 | | | | | | | | 4 | |
| 5 | Gross income from act | ivity that is not ur | related busin | ness incor | me | | | ! | 5 | |
| 6 | Expenses attributable | = | | | | | | | 6 | |
| _ | Excess exempt expens | | | | | | | | | |
| | line 4. Enter here and | on Part II, line 12 | | | | | | 7 | 7 | |
| BAA | | | TE | EA0213 L | 10/23/23 | | | Sched | lule A (For | m 990-T) 2023 |

| Part IX Advertising Income | | | | |
|--|------------------------------|----------------------|--------------------------------------|---|
| Name(s) of periodical(s). Check box | if reporting two or more pe | riodicals on a consc | lidated basi | S. |
| | | | 2 | |
| Enter amounts for each periodical listed ab | ove in the corresponding o | olumn, | | * |
| | Α | В | С | D |
| 2 Gross advertising income | 62/01/2/6/2 | | | |
| a Add columns A through D. Enter here a | and on Part I, line 11, colu | mn (A), | | 30000000000 |
| 3 Direct advertising costs by periodical | | | | |
| a Add columns A through D. Enter here a | and on Part I, line 11, colu | mn (B), | | ******** |
| Advertising gain (loss). Subtract line 3 from For any column in line 4 showing a gain, colines 5 through 8. For any column in line 4 a loss or zero, do not complete lines 5 through 8. For any column in line 4. Readership costs. Circulation income. Excess readership costs. If line 6 is less line 5, subtract line 6 from line 5. If line less than line 6, enter -0 | omplete showing ugh 7, | | | on |
| Part X Compensation of Officers, Di | rectors, and Trustees (s | ee instructions) | | <u></u> |
| 1 Name | 2 T | itle tin | Percent of ne devoted business | 4 Compensation attributable to unrelated business |
| | | | % | |
| | | | 00 | |
| | | | % | |
| Total. Enter here and on Part II, line 1 | | | | |
| Part XI Supplemental Information (se | | | | |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

2023

OMB No. 1545-0047

pen to Public Inspection for

Department of the Treasury Internal Revenue Service

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

| A Name of the organization | | | | | B Employer identification number 73–1521975 | | | |
|--|--|---------|-----------------------|--|---|--------------|--|--|
| HILLE FAMILY CHARITABLE FOUNDATION | | | | | 5 | | | |
| C Unrelated business activity code (see instructions) 790000 | | | | | e: 2 | of 4 | | |
| E Descr | ribe the unrelated trade or business EXERBOTICS | | | | | | | |
| Part I | Unrelated Trade or Business Income | | (A) Income | (B) Expense | s | (C) Net | | |
| | ross receipts or sales | | | | YAV | | | |
| | ss returns and allowances c Balance | 1c | | | | | | |
| | ost of goods sold (Part III, line 8). | 2 | | | | | | |
| | ross profit. Subtract line 2 from line 1c | 3 | | | | | | |
| 4a C | apital gain net income (attach Schedule D (Form 1041 or | | | | 33 | | | |
| | orm 1120)). See instructionset gain (loss) (Form 4797) (attach Form 4797). See | 4a | | (A) 1 (1 (S) E3 | | | | |
| | structions | 4b | | | 100 | | | |
| | apital loss deduction for trusts. | 4c | | | | | | |
| | aprilar loss deduction for trusts | 40 | | | | | | |
| J 111 | attach statement) | 5 | 1 641 | | 327 | 1 (41 | | |
| | ent income (Part IV) | 6 | 1,641. | 11,7-15-16-18 | | 1,641. | | |
| | nrelated debt-financed income (Part V) | 7 | | | | | | |
| | iterest, annuities, royalties, and rents from a controlled | H | | | - | | | |
| | ganization (Part VI) | 8 | | | | | | |
| | evestment income of section 501(c)(7), (9), or (17) | | | | | | | |
| | ganizations (Part VII) | 9 | | | | | | |
| 10 E: | xploited exempt activity income (Part VIII) | 10 | | | | | | |
| | dvertising income (Part IX) | 11 | | | - 4 | | | |
| | ther income (see instructions; attach statement) | 12 | | 4 - 1 C - C V - C | 35 | | | |
| | otal. Combine lines 3 through 12 | 13 | 1,641. | - W | | 1,641. | | |
| Part II | Deductions Not Taken Elsewhere. See instructions for I | imitati | | | nust he | | | |
| | connected with the unrelated business income. | | | 1 20000101101 | ., | anoony | | |
| 1 C | ompensation of officers, directors, and trustees (Part X) | | | | 1 | | | |
| | alaries and wages | | | | 2 | | | |
| | epairs and maintenance | | | | 3 | | | |
| | ad debts | | | | 4 | | | |
| | iterest (attach statement). See instructions | | | | 5 | | | |
| | axes and licenses | | | | 6 | | | |
| | epreciation (attach Form 4562). See instructions | | | | | - | | |
| | ess depreciation claimed in Part III and elsewhere on retur | | | | 8b | | | |
| | epletion | | THE COLUMN THE STREET | Unit control of the c | 9 | | | |
| 10 C | ontributions to deferred compensation plans | | | | 10 | | | |
| | mployee benefit programs | | | | 11 | | | |
| | xcess exempt expenses (Part VIII) | | | | 12 | | | |
| | xcess readership costs (Part IX) | | | | 13 | | | |
| 14 0 | ther deductions (attach statement) | | | E-1005-10000000 | 14 | | | |
| 15 To | otal deductions. Add lines 1 through 14 | | | | 15 | | | |
| 16 U | nrelated business income before net operating loss deduct | ion. S | ubtract line 15 fror | m Part I, | | | | |
| lir | ne 13, column (C) | m | | | 16 | 1,641. | | |
| 17 D | eduction for net operating loss. See instructions. | | 080 800 | | 17 | | | |
| 18 U | nrelated business taxable income. Subtract line 17 from I | ine 16 | } | | 18 | 1,641. | | |

| Part | III Cost of Goods Sold Enter method | d of inventory valuation | | | |
|--|---|--|------------------------|------------------------|--------|
| 1 | Inventory at beginning of year | 1/7 | | | |
| 2 | Purchases | | | | |
| 3 | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statement) | | | | |
| 5 | Other costs (attach statement). | | | | |
| 6 | Total. Add lines 1 through 5. | | | | |
| 7 | Inventory at end of year | | | | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | | | | |
| 9 | Do the rules of section 263A (with respect to property p | roduced or acquired for r | esale) apply to the or | ganization? | Yes No |
| Part IV Rent Income (From Real Property and Personal Property Leased With Real Property) | | | | | |
| Part | | | | | |
| 1 | Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| | A 🔲 | | | | |
| | В 🔲 | | | | |
| | С | | | | |
| | D | | | | |
| 2 | Rent received or accrued | Α | В | С | D |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% but not more than 50%) | | | | |
| h | From real and personal property (if the | | | | |
| D | 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, colum | ns A through D. Enter I | nere and on Part I. I | ine 6. column (A) | |
| 4 | Deductions directly connected with the | To the sage of the | TOTO GITA OTT ATCT! | into o, dolarim (riyim | |
| | income in lines 2a and 2b (attach statement). | | | | |
| 5 | Total deductions. Add line 4, columns A throu | igh D. Enter here an | d 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 | | | | |
| | В | | | | |
| | c | | | | |
| | D [] | | | | |
| 2 | Gross income from or allocable to debt- | A | В | С | D |
| | financed property | | | | |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | | |
| а | Straight line depreciation (attach statement) | | | | |
| | Other deductions (attach statement) STATEMENT. 3 | | | | |
| | , | | | | |
| С | Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt- | | | | |
| 5 | financed property (attach statement) | | | | |
| - | property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | | ક | % | % |
| 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 (R) | |
| 11 | Total dividends - received deductions include | ed in line 10 | mana on raiti, inte / | TERRETARING CONTRACTOR | |

| Pai | t VI Interest, Annuit | ies, Royalties, | and Rents F | rom Co | ntrolled Organ | nizati | ons (see ins | truction | ns) |
|-------|--|---|--|-------------------------|---|---------|---|--------------|---|
| | | | | | Exempt Contro | olled (| Organizations | ; | |
| | 1 Name of controlled organization | 2 Employer identification number | 3 Net unr income (see instru | (loss) | 4 Total of specified payments made | | 5 Part of column that is included i the controlling organization's gross income | | 6 Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | | Nonexen | npt Contro | lled Organizations | 3 | | | |
| | 7 Taxable income | 8 Net unrelated income (loss) (see instructions | paymer | f specified its made | 10 Part of concluded in organization | the c | ontrolling | | Deductions directly nnected with income in column 10 |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | <u> </u> | | | | |
| | Add columns 5 and 10. Enter here and on Part I, line 8, column (A). Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) | | | | | | | | |
| | 1 Description of income | | t of income | 3 D direct | Deductions tly connected h statement) | 7 | 4 Set-asides tach statemen | | 5 Total deductions and set-asides (add columns 3 and 4) |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | A did a section | - De la Company | | | | | | Gran Bank Revised National |
| Total | | Enter here line 9, c | s in column 2. and on Part I, olumn (A). | | | | | | dd amounts in column 5. Enter here and on Part I, line 9, column (B). |
| | t VIII Exploited Exem | | me, Other | Than Ad | vertising Incom | me (s | ee instruction | ns) | |
| | Description of exploited | | , 233, | A | Paradistreed Victoria | | | · III | |
| | Gross unrelated busines | | ade or busine | ess Ente | r here and on P | art I | line 10 col | (A) | 2 |
| | | | | | | | | () <u>-</u> | |
| - | 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 lines 5 through 7 | unrelated trade of | r business. S | Subtract li | ne 3 from line 2 | . If a | gain, compl | ete - | 4 |
| 5 | Gross income from acti | | | | | | | | 5 |
| | Expenses attributable to | - | | | | | | | 6 |
| | Excess exempt expension 4. Enter here and continued to the continued to th | es. Subtract line ! | 5 from line 6, | but do n | ot enter more th | an th | e amount o | n 🗀 | 7 |
| | | | | | | | | | |

| Par | t IX Advertising Income | | | | |
|------------------|--|-----------------------|----------------|--|---|
| 1 | Name(s) of periodical(s). Check box if reporting | g two or more perio | dicals on a co | nsolidated basi | S. |
| | A | | | | |
| Ent | er amounts for each periodical listed above in the | corresponding colu | umn. | | |
| | Í | Α Ι | В | С | l D |
| 2 | Gross advertising income | | | | |
| а | Add columns A through D. Enter here and on Pa | rt I, line 11, columr | ı (A) | | |
| 3 | Direct advertising costs by periodical [| | | | |
| а | Add columns A through D. Enter here and on Pa | rt I, line 11, columr | (B) | | **** |
| 5 6 7 8 | 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 | | | | |
| Par | t X Compensation of Officers, Directors, | and Trustees (see | instructions) | | · · · · · · · · · · · · · · · |
| | 1 Name | 2 Title | | 3 Percent of time devoted to business | Compensation attributable to unrelated business |
| | | | | % | |
| | | | | 0/0 | |
| | | | | 00 | |
| | II. Enter here and on Part II, line 1 | | | | |
| | t XI Supplemental Information (see instruction | | | | |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| | ame of the organization | B Employer identification number | | | | |
|--------------|--|----------------------------------|-------------------|---|------------------|--|
| H | ILLE FAMILY CHARITABLE FOUNDATION | | | 73-1521975 | | |
| C Ur | related business activity code (see instructions) 620000 | | | D Sequence: 3 | of 4 | |
| E De | scribe the unrelated trade or business P3K LLC | | | | | |
| Parl | I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net | |
| | Gross receipts or sales | | | | | |
| | Less returns and allowances c Balance | 1c | | 2 2 THE 12 ST | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | | ER PRES & UNITED | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | | |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | , | | | | |
| h | Net gain (loss) (Form 4797) (attach Form 4797). See | 4a | | | | |
| | instructions | 4b | | | | |
| С | Capital loss deduction for trusts. | 4c | | | | |
| 5 | Income (loss) from a partnership or an S corporation | | | | | |
| | (attach statement). | 5 | -15,176. | | -15,176. | |
| 6 | Rent income (Part IV) | 6 | | | 10/1/01 | |
| 7 | Unrelated debt-financed income (Part V) | 7 | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| _ | organization (Part VI) | 8 | | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | |
| 10 | organizations (Part VII) | 9 | | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | | |
| 11 | Advertising income (Part IX) | 11 | | | | |
| 12 13 | Other income (see instructions; attach statement) | 12 | | | Site Vilener | |
| Contract Co. | Total. Combine lines 3 through 12 | 13 | -15,176. | | -15,176. | |
| Part | Deductions Not Taken Elsewhere. See instructions for I connected with the unrelated business income. | ımıtatı | ons on deductions | . Deductions must | be directly | |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | | |
| 2 | Salaries and wages | | | | | |
| 3 | Repairs and maintenance. | | | | | |
| 4 | Bad debts | | | | | |
| 5 | Interest (attach statement). See instructions | | | *************************************** | | |
| 6 | Taxes and licenses. | | | | | |
| 7 | Depreciation (attach Form 4562). See instructions | | 7 I | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | n | 8a | 8b | | |
| 9 | Depletion | | | | · | |
| 10 | Contributions to deferred compensation plans | | | | | |
| 11 | Employee benefit programs | | (0).1/ | | | |
| 12 | Excess exempt expenses (Part VIII) | | | | | |
| 13 | Excess readership costs (Part IX) | | | | | |
| 14 | Other deductions (attach statement) | | | | | |
| 15 | Total deductions. Add lines 1 through 14. | | | | | |
| 16 | Unrelated business income before net operating loss deduct line 13, column (C) | | | | 45.45 | |
| 17 | | | | | -15,176. | |
| 17 10 | Deduction for net operating loss. See instructions. | | | | | |
| 18 | Unrelated business taxable income. Subtract line 17 from I | ine 16 | . A. A | a 18 | -15,176. | |

| Part | III Cost of Goods Sold Enter method | d of inventory valuation | | | |
|------|---|--------------------------|-------------------------|-----------------------|-------------|
| 1 | Inventory at beginning of year | | | | |
| 2 | Purchases | | | | |
| 3 | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statement | nt) | | 4 | |
| 5 | Other costs (attach statement) | | | | |
| 6 | Total. Add lines 1 through 5 | | | | |
| 7 | Inventory at end of year | | | | |
| 8 | Cost of goods sold. Subtract line 7 from line | | | | |
| 9 | Do the rules of section 263A (with respect to property p | | | | Yes No |
| | | | | | Tes No |
| Part | IV Rent Income (From Real Property and | d Personal Propert | y Leased With R | eal Property) | |
| 1 | Description of property (property street address | s, city, state, ZIP cod | de). Check if a dual | -use. See instruction | ons. |
| | A \square | | | | |
| | В | | | | |
| | С | | | | |
| | D | | | | |
| 2 | Rent received or accrued | Α | В | С | D |
| | | | | | |
| а | 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) | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| С | 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, colum | no Albrevel D. Feler I | | - C l (A) | |
| | | ns A through D. Enter i | iere and on Part I, iin | le 6, column (A). | |
| 4 | Deductions directly connected with the income in lines 2a and 2b (attach statement). | | | | |
| _ | | L D Falantana | Las David Bas 6 | | |
| 5 | Total deductions. Add line 4, columns A throu | | on Part I, line 6, 0 | column (B). | |
| Part | V Unrelated Debt-Financed Income (see | instructions) | | | |
| 1 | Description of debt-financed property (street a | ddress, city, state, Z | IP code). Check if a | a dual-use. See ins | tructions. |
| | A [| | | | |
| | В | | | | |
| | С | | | | |
| | D 🗌 | | | | - |
| 2 | Gross income from or allocable to debt- | Α | В | С | D |
| 2 | financed property | | | | |
| 9 | Deductions directly connected with or | | | | |
| 3 | allocable to debt-financed property | | | | |
| а | Straight line depreciation (attach statement) | | | | |
| | Other deductions (attach statement) STATEMENT . 3 | | | | |
| | | - | | | |
| С | 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 | 8 | ્ર | 90 | % |
| 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 a | and on Part I, line 7. | column (B). | |
| 11 | Total dividends - received deductions include | | | | |

| Pai | rt VI Interest, Annu | ities, F | Royalties, ar | nd Rents F | rom Co | ntrolled Orga | nizat | ions (see ins | structio | ns) | |
|------------|--|----------|---|------------------------------------|-------------------------|------------------------------------|-------------------|-------------------|-----------------------------|------|---|
| | | | | | | Exempt Cont | rolled | Organizations | 3 | | |
| | Name of controlled organization | ide | Employer entification number | 3 Net unr income (see instru | (loss) | 4 Total of spec payments ma | | | uded ir olling tion's | | 6 Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) (4) | | | | | | | | | | | |
| (4) | | | | | | | | | | 7 | |
| | | | | Nonexen | npt Contro | lled Organization | ns . | | | | |
| | 7 Taxable income | in | let unrelated come (loss) e instructions) | 9 Total or paymen | f specified nts made | 10 Part of included in organizatio | n the d | controlling | | onne | eductions directly ected with income in column 10 |
| (1) | | | | | | 7 | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | lst VII Investment Inc | ome (| of a Section | 501(c)(7) | (9) or (| | on Part umn (A | 1, line 8, \). | her | e ar | ımns 6 and 11. Enter nd on Part I, line 8, column (B). |
| 110000 | 1 Description of income | 201110 | 2 Amount o | | | Deductions | | 4 Set-asides | 5) | 5 | Total deductions and |
| | | | 2 minodite | or income | direct | tly connected h statement) | | ttach statemer | nt) | , | set-asides (add columns 3 and 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | 6.1.1 | | | | | | | | |
| Tota | S , | | Add amounts i Enter here an line 9, colu | d on Part I. | | | | | | Ente | amounts in column 5. er here and on Part I, line 9, column (B). |
| Par | t VIII Exploited Exer | npt A | ctivity Incom | ne, Other | Than Ad | vertising Inco | me (| see instruction | ns) | | |
| 1 | Description of exploite | d activ | ity: | | | | | | | | |
| 2 | | | | de or busine | ess. Ente | r here and on F | Part I | line 10 col | (A) - | 2 | |
| 3 | 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A) 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | | | | | | | | | | |
| 4 | 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | | | | | | | | | | |
| 5 | Gross income from act | | | | | | | | | 5 | |
| 6 | Expenses attributable | | | | | | | | - | 6 | |
| 7 | Excess exempt expens | | | | | | | | | 0 | |
| | line 4. Enter here and | on Par | t II, line 12 | | EA0213 L 1 | | | | | 7 | |
| BAA | | | | TE | .EA0213 L 1 | 0/23/23 | | | Sche | dule | A (Form 990-T) 2023 |

| Par | t IX | Advertising Income | | | | | |
|--------|--------------|--|------------------------|----------------|---|---------------------|---|
| 1 | Na | ame(s) of periodical(s). Check box if reporting | g two or more perio | dicals on a co | onsolidated bas | is. | |
| | Α | | | | | _ | |
| | В | | | | | | |
| | D | | | | | | |
| Ent | _ | nounts for each periodical listed above in the | corresponding colu | ımn | | | Ti- |
| | | The same for each periodical field above in the | A I | В | C | | D |
| 2 | Gros | ss advertising income | | | | | |
| а | Add | columns A through D. Enter here and on Pa | art I, line 11, columr | ı (A) | | | |
| 3 | | ct advertising costs by periodical | | | | | |
| а | Add | columns A through D. Enter here and on Pa | art I, line 11, column | ı (B) | | (acertawaranara) | |
| 4 | | ertising gain (loss). Subtract line 3 from line 2. | | | | | |
| | | any column in line 4 showing a gain, complete | | | | | |
| | | 5 through 8. For any column in line 4 showing | | | | | |
| | | s or zero, do not complete lines 5 through 7, | | | | | |
| - | | enter -0- on line 8 | | | | | |
| 5 6 | | dership costsulation income | | | | | |
| 7 | | ess readership costs. If line 6 is less than | | | | | |
| , | line | 5, subtract line 6 from line 5. If line 5 is than the first than line 6, enter -0 | | | | | |
| 8 | Exc | ess readership costs allowed as a | | | | | |
| | dedi line | uction. For each column showing a gain on 4, enter the lesser of line 4 or line 7 | | | | | |
| а | Add | line 8, columns A through D. Enter the great | ter of the line 8a, co | olumns total o | r -0- here and o | on | |
| | | II, line 13 | | | • | | |
| Par | t X | Compensation of Officers, Directors, | and Trustees (see | instructions) | | | |
| | | 1 Name | 2 Title | : | 3 Percent of time devoted to business | 4 Comper to unre | nsation attributable elated business |
| | | | | | % | | |
| | | | | | % | | |
| | | | | | % | | |
| Tota | ıl. En | ter here and on Part II, line 1 | | | % | | |
| Par | t XI | Supplemental Information (see instruction | ons) | | | ; | |
| 1110 | | The state of the s | / | | | | |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| Н | ILLE FAMILY CHARITABLE FOUNDATION | 73-1521975 | | | | | |
|-------------|---|------------|---|---|-----------------|--------|--|
| C Ur | related business activity code (see instructions) 531110 | | | D Sequence: | quence: 4 of 4 | | |
| E De | scribe the unrelated trade or business GREENARCH LLC | | | | | | |
| Part | Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) N | et | |
| | Gross receipts or sales | | | | | 100 11 | |
| b | Less returns and allowances c Balance | 1c | | | 10000 | | |
| 2 | Cost of goods sold (Part III, line 8). | 2 | | | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | | | | | | |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a | | | 4680 | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See | 44 | | | | | |
| | instructions | 4b | | | | | |
| С | Capital loss deduction for trusts | 4c | | | | | |
| 5 | Income (loss) from a partnership or an S corporation | | | | | | |
| _ | (attach statement). | 5 | -95,452. | | -95 | 5,452. | |
| 6 | Rent income (Part IV) | 6 | | | | | |
| 7 8 | Unrelated debt-financed income (Part V) | 7 | | | | | |
| ٥ | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) | 0 | | | | | |
| | organizations (Part VII) | | | | | | |
| 10 | Exploited exempt activity income (Part VIII) | | | | | | |
| 11 | Advertising income (Part IX) | | | | | | |
| 12 | Other income (see instructions; attach statement) | 12 | | | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | -95,452. | | -95 | ,452. | |
| Part | | imitat | ions on deductions | . Deductions mu | st be directly | | |
| | connected with the unrelated business income. | | | | - 1 | | |
| 1 | Compensation of officers, directors, and trustees (Part X) Salaries and wages | | | ********** | 1 2 | | |
| 3 | Repairs and maintenance | 000000000 | C. L. W. W. W. T. C. E. E. W. W. W. W. W. W. W. W. W. | | 3 | | |
| 4 | Bad debts | | | | 4 | | |
| 5 | Interest (attach statement). See instructions | | | | 5 | | |
| 6 | Taxes and licenses. | | | | 6 | | |
| 7 | | | 10.5 | | | | |
| 8 | Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return | | Bb | | | | |
| 9 | Depletion | | | | 9 | | |
| 10 | Contributions to deferred compensation plans | | 0 | | | | |
| 11 12 | Employee benefit programs | | | | 11 | | |
| 13 | Excess exempt expenses (Part VIII) | 8 8 8 8 | | ********* | 13 | | |
| 14 | Other deductions (attach statement) | (20302.30) | | ********** | 4 | | |
| 15 | Total deductions. Add lines 1 through 14 | | | ************************************** | 15 | | |
| 16 | Unrelated business income before net operating loss deduct | | | | | | |
| | line 13, column (C) | | | | -9! | 5,452. | |
| 17 | Deduction for net operating loss. See instructions | | | 50.00.000.000.000.000.000.000.000.000.0 | 17 | | |
| 18 | Unrelated business taxable income. Subtract line 17 from l | ine 16 | L | | 18 -9! | 5,452. | |
| DAA | For Description Budgette, Ast Notice and Later att. | | | 0.1.1 | In A /Cares 000 | | |

| Part | III Cost of Goods Sold Enter method | of inventory valuation | | | |
|--|---|--------------------------|-------------------------|--|------------|
| 1 | Inventory at beginning of year | | | | · |
| 2 | Purchases | | | 2 | |
| 3 | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statemer | | | | |
| 5 | Other costs (attach statement) | | | | |
| 6 | Total. Add lines 1 through 5 | | | | |
| 7 | Inventory at end of year. | | | | |
| 8 | Cost of goods sold. Subtract line 7 from line 6 | | | | |
| 9 | Do the rules of section 263A (with respect to property pr | oduced or acquired for i | resale) apply to the or | ganization? | Yes No |
| Part | IV Rent Income (From Real Property and | l Personal Proper | ty Leased With F | Real Property) | |
| 1 | Description of property (property street addres | s, citv, state, ZIP co | de). Check if a dua | al-use. See instruction | ons. |
| | A | | , | | |
| | ВП | | | | |
| | С | | | c | |
| | D | | | H | |
| 2 | Rent received or accrued | Α | В | С | D |
| а | From personal property (if the percentage of | | | | |
| u | 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) | | | | |
| С | Total rents received or accrued by property Add lines 2a and 2b, columns A through D | | | | |
| 3 | NES . | - ^ !! | | | |
| | Total rents received or accrued. Add line 2c, column | is A through D. Enter | nere and on Part I, II | ne 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 throu | ah D. Enter here an | d on Part Llina 6 | aclumn (D) | |
| Part | | | d off raft i, lifle o, | COIGITIT (B) | |
| MANAGE STATE OF THE PARTY OF TH | | | | | |
| 1 | Description of debt-financed property (street ac | ddress, city, state, Z | IP code). Check if | a dual-use. See ins | tructions. |
| | Α 📗 | | | | |
| | В | | | | |
| | C | | | | |
| | о Ц | Α | В | С | D |
| 2 | Gross income from or allocable to debt- financed property | | | | |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | | |
| а | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) STATEMENT 3 | | | | |
| С | 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 | % | % | ર | 96 |
| 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, colum | n (A) | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | ľ | |
| 10 | Total allocable deductions. Add line 9, columns A t | hrough D. Enter here | and on Part I, line 7, | column (B) | |
| 11 | Total dividends - received deductions include | d in line 10 | | ************************************** | |

| Par | t VI Interest, Annui | ties, R | loyalties, ar | nd Rents F | rom Co | ntrolled Orgai | nizati | ions (see ins | tructio | ns) | |
|-------|---|---------|--|------------------------------------|-------------------------|----------------------------------|------------------|---|-----------------------------|---------|---|
| | | | | | | Exempt Conti | rolled | Organizations | | | |
| | Name of controlled organization | ide | Employer ntification number | 3 Net uni income (see instru | (loss) | 4 Total of speci payments mad | | 5 Part of co that is inclu the contr organiza gross inc | uded in olling tion's | | 6 Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | | Nonexen | npt Contro | lled Organization: | s | | | _ | |
| | 7 Taxable income | ind | et unrelated come (loss) instructions) | 9 Total o | f specified nts made | | columi | ontrolling | c | onn | eductions directly ected with income in column 10 |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Total | s | ome o | f a Section | 501(c)(7) | (9) or (| | n Part ımn (A | I, line 8, N). | hei | re a | umns 6 and 11. Enter nd on Part I, line 8, column (B). |
| I all | 1 Description of income | onic o | 2 Amount o | | | Deductions | | 4 Set-asides | 5) | 5 | Total deductions and |
| | T Bescription of meetine | | ZAMOGNE | or income | direc | tly connected h statement) | | ttach statemen | t) | 3 | set-asides (add columns 3 and 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | Add amounts | in column 2 | | | | | | 0 -1 -1 | |
| Total | S.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Enter here an | id on Part I, | | | | | | Ent | amounts in column 5. er here and on Part I, line 9, column (B). |
| Par | VIII Exploited Exen | ıpt Ac | tivity Incon | ne, Other | Than Ad | vertising Inco | me (s | see instruction | ns) | _ | |
| | Description of exploited | | | | | | | | - 18 | E V | |
| | | | | de or husin | acc Enta | r here and on E | Part I | line 10 col | (A) | 2 | |
| | 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A) 2 Expenses directly compacted with production of unrelated business income. Enter here and an | | | | | | | | | | |
| J | 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | | | | | | | | | | |
| 4 | Net income (loss) from | unrela | ited trade or | business. S | Subtract li | ne 3 from line 2 | 2. If a | gain, compl | ete 🗂 | 4 | |
| _ | lines 5 through 7 | | | | | | | | | | |
| | Gross income from acti | | | | | | | | _ | 5 | |
| | Expenses attributable t | | | | | | | | | 6 | |
| | 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 | | | | | | | | | | |

| Par | t IX Advertising Income | | | | |
|------|--|-----------------------|-----------------|---------------------------------------|---|
| 1 | Name(s) of periodical(s). Check box if reporting | g two or more perio | dicals on a co | nsolidated bas | is. |
| | A 🗍 | | | | |
| | В | | | | |
| | с 🔲 | | | | |
| | D 🔲 | | | | |
| Ent | er amounts for each periodical listed above in the | corresponding col | umn <u>.</u> | | |
| • | One and additional in a | Α | В | С | D |
| 2 | Gross advertising income | | | | |
| а | Add columns A through D. Enter here and on Pa | rt I, line 11, columr | ı (A) | | (1.4.4.(1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4. |
| 3 | Direct advertising costs by periodical | | | | |
| а | Add columns A through D. Enter here and on Pa | rt I, line 11, column | ı (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 | | | | |
| а | Add line 8, columns A through D. Enter the great Part II, line 13 | ter of the line 8a, c | olumns total or | -0- here and | on |
| Par | | | | | |
| | 1 Name | 2 Title | | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
| | | | | % | |
| | | | | % | |
| | | | | % | |
| | . = | | | 윙 | |
| Tota | I. Enter here and on Part II, line 1. | | | | |
| rar | t XI Supplemental Information (see instruction | ns) | | | |

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

2023

Attachment Sequence No. 179

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

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

Identifying number 73-1521975

| HII | LLE FAMILY CHARITA | ABLE FOUNDA | TION | | | | 73-1521975 | |
|---|--|---|--|---|--|---|----------------------------------|-------|
| | ess or activity to which this form relat | Tritte | | | | · | | |
| | NTAL ACTIVITY = 21 | | | | | | | |
| Pai | Election To Exp Note: If you have ar | ense Certain ny listed property | Property Under Se, complete Part V before | ction 179 e yo u complete F | art I. | | | |
| 1 | Maximum amount (see ins | | | | | | 1 1,160,0 | 00. |
| 2 | Total cost of section 179 p | roperty placed in | service (see instruction | ıs) | | | 2 | |
| 3 | Threshold cost of section 1 | 179 property befo | re reduction in limitation | n (see instruction | s) | | 3 2,890.0 | 00 |
| 4 | Reduction in limitation. Su | | | | | | 4 | V.V. |
| 5 | Dollar limitation for tax year | ar. Subtract line 4 | from line 1. If zero or I | less, enter -0 If | married filing | | _ | |
| 6 | separately, see instruction | S. Description of property | * | (b) Cost (business | | (2) = 1 = 1 = 1 | 5 | |
| | (a) | Description of property | | (b) Cost (business | use only) | (c) Elected cost | | |
| | | | | | | | THE REAL PROPERTY. | |
| 7 | Listed property. Enter the | amount from line | 20 | | 1 7 | | | |
| 8 | Total elected cost of section | aniount ironi iine | Add amounts in column | (a) lines 6 and 7 | , | | 8 | SST V |
| 9 | Tentative deduction. Enter | the smaller of li | ne 5 or line 8 | (c), lines o and / | | | 9 | |
| 10 | Carryover of disallowed de | duction from line | 13 of your 2022 Form 4 | 1562 | | | 10 | |
| 11 | Business income limitation | | | | | | 11 | |
| 12 | Section 179 expense dedu | ction. Add lines | and 10, but don't enter | r more than line | 11 | | 12 | |
| 13 | Carryover of disallowed de | duction to 2024. | Add lines 9 and 10, less | s line 12 | . 13 | | A CALOUS DE | W.S. |
| Note | : Don't use Part II or Part II | I below for listed | property. Instead, use F | Part V. | EID AND | | | |
| Par | t II Special Depreci | ation Allowar | ce and Other Depr | eciation (Don't | include listed | property. See | instructions.) | |
| 14 | | | | | | | | |
| | tax year. See instructions. | | · · · · · · · · · · · · · · · · · · · | Property) pla | PATAGE | | 14 | |
| 15 | Property subject to section | | | | | | 15 | |
| 16 | | | | | | | 16 | |
| Par | t III MACRS Deprec | iation (Don't in | clude listed property. Se | ee instructions) | | | | |
| | | | Section | | | | | |
| | | | | VII A | | | | |
| 17 | MACRS deductions for ass | ets placed in ser | | | ********** | | 17 859.9 | 52 |
| 17 18 | MACRS deductions for ass If you are electing to group asset accounts, check here | any assets plac | vice in tax years beginn | ing before 2023. | or more den | eral = | 859,9 | 52. |
| | If you are electing to group asset accounts, check here | o any assets plac | vice in tax years beginn ed in service during the | ing before 2023. tax year into one | e or more gene | eral 🔲 | | 52. |
| | If you are electing to group asset accounts, check here | o any assets plac | vice in tax years beginn | ing before 2023. tax year into one | e or more gene | eral 🔲 | | |
| 18 | If you are electing to group asset accounts, check here Section B (a) Classification of property | - Assets Placed (b) Month and year placed in service | vice in tax years beginn ed in service during the in Service During 2023 (C) Basis for depreciation (business/investment use | tax year into one Tax Year Using (d) | the General D | epreciation Sy | /stem (g) Depreciation | |
| 18 | If you are electing to group asset accounts, check here Section B (a) Classification of property 3 -year property | - Assets Placed (b) Month and year placed in service | vice in tax years beginn ed in service during the in Service During 2023 (C) Basis for depreciation (business/investment use | tax year into one Tax Year Using (d) | the General D | epreciation Sy | /stem (g) Depreciation | |
| 18 | If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property | - Assets Placed (b) Month and year placed in service | vice in tax years beginn ed in service during the in Service During 2023 (C) Basis for depreciation (business/investment use | tax year into one Tax Year Using (d) | the General D | epreciation Sy | /stem (g) Depreciation | |
| 19 a | If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 5-year property 7-year property | - Assets Placed (b) Month and year placed in service | vice in tax years beginn ed in service during the in Service During 2023 (C) Basis for depreciation (business/investment use | tax year into one Tax Year Using (d) | the General D | epreciation Sy | /stem (g) Depreciation | |
| 19 a | If you are electing to group asset accounts, check here Section B (a) Classification of property a 3-year property 5-year property 10-year property | - Assets Placed (b) Month and year placed in service | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) | tax year into one Tax Year Using (d) Recovery period | the General D (e) Convention | epreciation Sy (f) Method | (g) Depreciation deduction | |
| 19 a | If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 15-year property | - Assets Placed (b) Month and year placed in service | vice in tax years beginn ed in service during the in Service During 2023 (C) Basis for depreciation (business/investment use | tax year into one Tax Year Using (d) | the General D | epreciation Sy | /stem (g) Depreciation | |
| 19 a | If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 20-year property | - Assets Placed (b) Month and year placed in service | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) | tax year into one Tax Year Using (d) Recovery period | the General D (e) Convention | epreciation Sy (f) Method | (g) Depreciation deduction | |
| 19 a | If you are electing to group asset accounts, check here Section B (a) Classification of property 3 -year property 7 -year property 110-year property 20-year property 20-year property 215-year property | - Assets Placed (b) Month and year placed in service | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) | tax year into one Tax Year Using (d) Recovery period 15 | the General December (e) Convention | epreciation Sy (f) Method S/L | (g) Depreciation deduction | |
| 19 a | If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 110-year property 20-year property 20-year property Residential rental | - Assets Placed (b) Month and year placed in service | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) | tax year into one Tax Year Using (d) Recovery period 15 25 yrs 27.5 yrs | the General D (e) Convention MQ | epreciation Sy (f) Method S/L S/L S/L | (g) Depreciation deduction | |
| 19 a k | If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 110-year property 20-year property 20-year property Residential rental property | - Assets Placed (b) Month and year placed in service | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) 798,769. | tax year into one Tax Year Using (d) Recovery period 15 25 yrs 27.5 yrs 27.5 yrs | the General D (e) Convention MQ MM MM | epreciation Sy (f) Method S/L S/L S/L S/L | (g) Depreciation deduction | 30. |
| 19 a k | If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real | - Assets Placed (b) Month and year placed in service | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) | tax year into one Tax Year Using (d) Recovery period 15 25 yrs 27.5 yrs | the General Documention (e) Convention MQ MM MM MM | epreciation Sy (f) Method S/L S/L S/L S/L S/L S/L | (g) Depreciation deduction | 30. |
| 19 a k | If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property. | - Assets Placed (b) Month and year placed in service | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) 798,769. | tax year into one Tax Year Using (d) Recovery period 15 25 yrs 27.5 yrs 27.5 yrs 39 yrs | the General D (e) Convention MQ MM MM MM MM MM | s/L S/L S/L S/L S/L S/L S/L S/L | (g) Depreciation deduction 6, 6 | 30. |
| 19 a k c c c c c f f t i | If you are electing to group asset accounts, check here Section B (a) Classification of property 3 -year property 5 -year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C — | - Assets Placed (b) Month and year placed in service | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) 798,769. | tax year into one Tax Year Using (d) Recovery period 15 25 yrs 27.5 yrs 27.5 yrs 39 yrs | the General D (e) Convention MQ MM MM MM MM MM | s/L S/L S/L S/L S/L S/L S/L S/L S/L | (g) Depreciation deduction 6, 6 | 30. |
| 19 a b c c c c c c c c c c c c c c c c c c | If you are electing to group asset accounts, check here Section B (a) Classification of property 3 -year property 5 -year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Class life | - Assets Placed (b) Month and year placed in service | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) 798,769. | tax year into one Tax Year Using (d) Recovery period 15 25 yrs 27.5 yrs 27.5 yrs 39 yrs | the General D (e) Convention MQ MM MM MM MM MM | s/L S | (g) Depreciation deduction 6, 6 | 30. |
| 19 a b c c c c c c c c c c c c c c c c c c | If you are electing to group asset accounts, check here Section B (a) Classification of property 3 3-year property 5 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Class life 0 12-year | - Assets Placed (b) Month and year placed in service 7/12/23 - Assets Placed in | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) 798,769. | tax year into one Tax Year Using (d) Recovery period 15 25 yrs 27.5 yrs 27.5 yrs 39 yrs Tax Year Using the | the General December (e) Convention MQ MM MM MM MM MM MM MM MM M | S/L | (g) Depreciation deduction 6, 6 | 30. |
| 19 a b c c c c c c c c c c c c c c c c c c | If you are electing to group asset accounts, check here Section B (a) Classification of property 3 -year property 5 -year property 10 -year property 20 -year property 20 -year property Residential rental property Nonresidential real property Class life 12-year 30 -year | - Assets Placed (b) Month and year placed in service 7/12/23 - Assets Placed in | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) 798,769. | tax year into one Tax Year Using (d) Recovery period 15 25 yrs 27.5 yrs 27.5 yrs 39 yrs Tax Year Using the | the General December (e) Convention MQ MM MM MM MM MM MM MM MM M | s/L S | (g) Depreciation deduction 6, 6 | 30. |
| 19 a k c c c c c c c c c c c c c c c c c c | If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 110-year property 20-year property 125-year property 125-year property 15-year property 16 Residential rental property Nonresidential real property Section C 1 Class life 112-year 130-year | - Assets Placed (b) Month and year placed in service 7/12/23 - Assets Placed in | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) 798,769. | tax year into one Tax Year Using (d) Recovery period 15 25 yrs 27.5 yrs 27.5 yrs 39 yrs Tax Year Using the | the General December (e) Convention MQ MM MM MM MM MM MM MM MM M | S/L | (g) Depreciation deduction 6, 6 | 30. |
| 19 a k c c c c c c c c c c c c c c c c c c | If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Class life 112-year 30-year 40-year | - Assets Placed (b) Month and year placed in service 7/12/23 - Assets Placed in service | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) 798,769. | tax year into one Tax Year Using (d) Recovery period 15 25 yrs 27.5 yrs 27.5 yrs 39 yrs Tax Year Using the | the General Document on MQ MQ MM MM MM MM MM MM MM MM | S/L | (g) Depreciation deduction 6, 6 | 30. |
| 19 a b c c c c c c c c c c c c c c c c c c | If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Class life 112-year 30-year 40-year Listed property. Enter amo | - Assets Placed (b) Month and year placed in service 7/12/23 - Assets Placed in service | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) 798,769. | tax year into one Tax Year Using (d) Recovery period 15 25 yrs 27.5 yrs 27.5 yrs 39 yrs Tax Year Using the 12 yrs 30 yrs 40 yrs | MM | s/L S | (g) Depreciation deduction 6, 6 | 30. |
| 18 19 a k C C C C C C C C C C C C C C C C C C | If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Class life 112-year 30-year 40-year | 7/12/23 Assets Placed (b) Month and year placed in service 7/12/23 Assets Placed in service 7/12/23 Assets Placed in service | in Service During 2023 (C) Basis for depreciation (business/investment use only — see instructions) 798,769. 301,896. | tax year into one Tax Year Using (d) Recovery period 15 25 yrs 27.5 yrs 27.5 yrs 39 yrs Tax Year Using the 12 yrs 30 yrs 40 yrs | MQ MM | s/L S/L S/L S/L S/L S/L S/L S/L | (g) Depreciation deduction 6, 6 | 30. |

2023

11/15/24

FEDERAL STATEMENTS

PAGE 1

CLIENT HILLE

HILLE FAMILY CHARITABLE FOUNDATION

73-1521975 10:53AM

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

| THE VISTA AT 21 | | |
|--------------------------|--------------|----------|
| ADVERTISING | . Š | 2,671. |
| CLEANING AND MAINTENANCE | 558 | 5,466. |
| DEPRECIATION | (223) GWT | 170,798. |
| INTEREST | | 293,480. |
| IELEPHONE | 000.00 | 53. |
| WAGES AND SALARIES | | 92,026. |
| DANK CHARGES | | 1,195. |
| EMPLOILE BENEFIIS | | 8,051. |
| LANDSCAPING | | 14,840. |
| OFFICE EXPENSE | 0.00 | 651. |
| EMPLOYEE BENEFITS | 1919 • | 41,267. |
| SECURITY | | 3,262. |
| TO | | 633,760. |
| | | |

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

| | COST BASIS | PRIOR YR DEPR | METHOD | RATE | LIFE | YEARS REMAIN | CURRENT YR DEPR | ALLOWABLE DEPR AMT |
|----------------------------|----------------------|------------------|--------|--------|------|-----------------|--------------------|-----------------------|
| 21 N GREENWOOD | AVE, TUL | SA, OK 741 | 20 | | | | | |
| | N GREENWO 747,444 | OD 552,835 | SL | 0.0256 | 39 | 38 | 737,084 | \$ 588,119 |
| PORTABLE BAR - 9/26/22 | VISTA 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 IMPROVE 11/01/22 1, | MENTS - 4 588,624 | TH FL 17,651 | SL | 0.0667 | 15 | 14 | 105,961 | 84,546 |
| TENANT IMPROVE 12/14/23 | MENTS 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 TOTAL | 2,835 \$ 694,280. |

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

21 N GREENWOOD AVE, TULSA, OK 74120

| ADVERTISING | \$ 182. |
|-----------------------------|------------|
| AMORT LZATION | 16,147. |
| CHEANING AND MAINTENANCE | 84,041. |
| INSURANCE | 70,034. |
| LEGAL AND PROFESSIONAL FEES | 182,918. |
| LICENSES AND PERMITS | 774. |
| | |

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FEDERAL STATEMENTS

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CLIENT HILLE

HILLE FAMILY CHARITABLE FOUNDATION

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| 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 | |
| TOTAL | \$1.693.701 |
| 2011111 | 41,000,101. |

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GENERAL ELECTIONS

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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